299-225-025-619

15, 1915

TIFICATE TO [redacted] REGISTRAR.
OF HEALTH.

Idaho

[redacted] STATE BOARD OF HEALTH

Record No. 34694

File No.

Registered No.

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City or Town of Stites

Registration Dist. No. ..... (No. ....., ..... St.; ..... Ward)

FULL NAME OF CHILD Morgonis Fay Bailey (If child is not yet named, make supplemental report, as directed.)

Sex of Child: Female | Twin, Triplet or other? Single | and Number in order of birth | Legitimate? Yes | Date of Birth: Sept 25, 1907 (Month) (Day) (Year)

| FATHER | MOTHER |
|---|---|
| Full Name: Elmer E. Bailey | Full Maiden Name: Lillian B. Fromwald |
| Residence: Stites Idaho | Residence: Stites Idaho |
| Color: Wh. | Color: Wh. |
| Age at last Birthday: 39 (Years) | Age at last Birthday: 26 (Years) |
| Birthplace (State or Country): Salem, Ills. | Birthplace (State or Country): Ohio |
| Occupation: Physician | Occupation: Housewife |

Number of child of this mother: one

Number of children, this mother, now living: one

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

*I hereby certify that I attended the birth of this child, who was* { *born alive* / ~~*stillborn*~~ }† *and that it occurred on* Sept. 25 1907, *at* 8 P.M.

(Signature) E. E. Bailey

× (Physician or Midwife)

Address Stites, Idaho

Filed DEC, 1915

Registrar.

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

*Give name added from a supplemental report*

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

*N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.*

8.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—[illegible]

*N. B. In case of more than one child at a birth, a [illegible] RETURN [illegible] the number of each [illegible] state*

BUTA
DELAYED

Decl 02 1902-318549

216-111 1016-132-

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL S[redacted]

V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF [redacted]

County of Cassia

City of ~~Town~~ Albion

Registration District No. _____ File No. 41960

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Home

FULL NAME OF CHILD Charles Lorenzo Sawyers

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Year) |
|---|---|---|---|---|
| Boy | | | Yes | July 11 1902 |

| | FATHER | | MOTHER |
|---|---|---|---|
| FULL NAME | Jesse Adam Sawyers | FULL MAIDEN NAME | Zella Albertson Sawyers |
| RESIDENCE | Albion Idaho | RESIDENCE | Albion Idaho |
| COLOR | white | AGE AT LAST BIRTHDAY (Years) | 34 |
| COLOR | white | AGE AT LAST BIRTHDAY (Years) | 19 |
| BIRTHPLACE | Ft Worth Texas | BIRTHPLACE | Albion Idaho |
| OCCUPATION | Farmer | OCCUPATION | Domestic. |

Number of child of this mother, including present birth 2 two Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Zella Albertson Bristow
Dr R T Storry
(Physician or midwife)

Address Albion Idaho.

Given names added from a supplemental report.

_____ 19____

Filed June 1919

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FILED 1916

212-110-014-689

Form V. S. No. 11-G—25m-8-8-17

**PLACE OF BIRTH**

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

**STATE OF IDAHO**
**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF BIRTH**

63076

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Henry Lewis Bashor

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Year) |
|---|---|---|---|---|
| Male | | | yes | Nov. 10 1902 |

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | William E. Bashor | FULL MAIDEN NAME | Maud Whistler |
| RESIDENCE | Nampa - Idaho | RESIDENCE | Nampa - Idaho |
| COLOR | White | COLOR | White |
| AGE AT LAST BIRTHDAY | 27 (Years) | AGE AT LAST BIRTHDAY | 22 (Years) |
| BIRTHPLACE | Missouri | BIRTHPLACE | Ohio |
| OCCUPATION | Farming | OCCUPATION | Housewife |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 - 0 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M. D. (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 10 1918 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of twin one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1982

DELAYED

[redacted] 4-15-18

769-11-2001-466

County of Ada

City of Boise

No. 407 Bannock St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

69713

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 177

**Full Name of Child** Samuel Mc. Poindexter

| SEX OF CHILD | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | DATE OF BIRTH (Month) (Day) (Year) |
|---|---|---|---|---|---|
| male | | | | yes | July 19th 1902 |

| | FATHER | | MOTHER |
|---|---|---|---|
| FULL NAME | Chas. W. Poindexter | FULL MAIDEN NAME | Mary A Dooley |
| RESIDENCE | Boise City Ida. | RESIDENCE | Boise Idaho |
| COLOR | | AGE AT LAST BIRTHDAY (Years) 47 | COLOR white |
| | | | AGE AT LAST BIRTHDAY (Years) 27 |
| BIRTHPLACE | State Maine | BIRTHPLACE | Montana |
| OCCUPATION | Deputy State Treasurer ~~Merchant~~ | OCCUPATION | |

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address City 1001 State St.

Filed 6/14 1919 L. Hofferman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1967
JUN 2 8 1972

369-126
PL [redacted]
C40-765

Form V. S. No. 11—[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

91884

County of Shoshone

City of Burke

Registration District No. ____ File No. 91884

No. ____ St

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Peter Torreano

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| male | | | | yes | Aug. 26 1902 |

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Frank Torreano | FULL MAIDEN NAME | Julia Ponzetti |
| RESIDENCE | Burke, Idaho | RESIDENCE | Burke, Idaho |
| COLOR | white | COLOR | white |
| AGE AT LAST BIRTHDAY | 34 (Years) | AGE AT LAST BIRTHDAY | 22 (Years) |
| BIRTHPLACE | San Martino, Italy | BIRTHPLACE | Cinta, Italy |
| OCCUPATION | Miner | OCCUPATION | housewife |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. S. Collins M.D.

Dr. I. S. Collins,
(Physician or midwife)

Address 219 Paulsen Bldg., Spokane, Wash

Given names added from a supplemental report.

____ 19____

____ Registrar.

Filed July 10 1921 H. L. Beardsley Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

/CE OF BIRTH

193-201-001-134

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

File No. 92847

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Casilda Achabal

Sex of Child female | Twin triplet or other? No | and | Number in order of birth First | Legitimate? Yes | Date of Birth Sept. 1st. 1902 (Month) (Day) (Year)

(To be answered only in event of plural births)

| FATHER | MOTHER |
|---|---|
| FULL NAME: Juan Bautista Achabal. | FULL MAIDEN NAME: Benedicta Aldecoa |
| RESIDENCE: Boise, Idaho | RESIDENCE: Boise, Idaho |
| COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years) | COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years) |
| BIRTHPLACE: Yspaster, Vizcaya, Spain | BIRTHPLACE: Nachitua, Vizcaya, Spain |
| OCCUPATION: Sheep man | OCCUPATION: Housewife |

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

(Signature) John Archabal

The Father.

(Physician or midwife)

Address 218 E. Idaho St. Boise, Idaho.

Filed Sept 2 1921 R. J. Pratt

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1948

FEB

JUL 28 1967

DELAYED

865-163-848-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Pierce

# CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. 107129

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Sam Hong

(Certificate of no value without full name of child.)

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| male | | | | Yes | Aug 3 1902 |

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Hong Sing | FULL MAIDEN NAME | Tong See |
| RESIDENCE | | RESIDENCE | |
| COLOR | Yellow | COLOR | Yellow |
| AGE AT LAST BIRTHDAY (Years) | 47 | AGE AT LAST BIRTHDAY (Years) | 24 |
| BIRTHPLACE | China | BIRTHPLACE | China |
| OCCUPATION | Merchant | OCCUPATION | Housewife |

## CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reichenbach

(Physician or midwife)

Address .....

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

Filed Jan 2 1922 G. Walmsley State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1949

JUN 7 1950

DELAYED

463-120-009-463

PLACE OF BIRTH

RECEIVED JAN 2 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Hope.

Registration District No. 80.

File No. 107454

No. St.

Primary Registration District No. 2157.

Registered No. 4

Hospital

FULL NAME OF CHILD Charley Thomas Neot

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Year) |
|---|---|---|---|---|
| Male | | | yes | July 20 1902 |

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Samuel Neot | FULL MAIDEN NAME | May Neot |
| RESIDENCE | Hope, | RESIDENCE | Hope |
| COLOR | Yellow | COLOR | Yellow |
| AGE AT LAST BIRTHDAY (Years) | 48 | AGE AT LAST BIRTHDAY (Years) | 30 |
| BIRTHPLACE | China | BIRTHPLACE | China |
| OCCUPATION | Merchant | OCCUPATION | Housewife |

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) May Neot
Mother
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 4419-39 ave. so. Seattle Wash

Filed 12-26 1922 John Larson
Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-102-016-8/5

PLACE OF BIRTH

County of Cassia

City of near Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 9 1932

# CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 112493

Registered No. .....

FULL NAME OF CHILD Thomas Hansen Iverson
(Certificate of no value without full name of child.)

| Sex of Child | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|
| Male | | yes | Mar. 2d 1932 |

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | John Iverson | FULL MAIDEN NAME | Anna Margretha Hedvig Hansen |
| RESIDENCE | Near Oakley, Cassia Co Idaho | RESIDENCE | Rock Creek, Cassia Co. Idaho |
| COLOR | White | COLOR | white |
| AGE AT LAST BIRTHDAY (Years) | deceased | AGE AT LAST BIRTHDAY (Years) | deceased |
| BIRTHPLACE | Denmark, Europe | BIRTHPLACE | Denmark, Europe |
| OCCUPATION | Stockman & Farmer | OCCUPATION | Housewife |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Albertson M.D.
(Physician or midwife)

Address Rosworth, Twin Falls Co. Idaho

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

Filed april 1932 F.W. Almund M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1966

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 620 Idaho St.

Hospital 364 105 001 355

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. _____ File No. 115842 B

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Louie Kum
(Certificate of no value without full name of child.)

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|
| Male | | | yes | Aug 5th 1902 |

What bactericidal solution was used in eyes? Credes method

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Ah Louie | FULL MAIDEN NAME | Lee Lee |
| RESIDENCE | Boise Idaho | RESIDENCE | Boise Ida |
| COLOR | Yellow | COLOR | Yellow |
| AGE AT LAST BIRTHDAY | 32 (Years) | AGE AT LAST BIRTHDAY | 22 (Years) |
| BIRTHPLACE | China | BIRTHPLACE | China |
| OCCUPATION | Gardener | OCCUPATION | House wife |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boaitz
Physician
(Physician or midwife)

Address McCallister Bldg Boise Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Nov 6 1923 F.W. Almond State Registrar.

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC HEALTH

STATE OF OHIO

COPY A

BUREAU OF VITAL

955-123-
022-667

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St. ..... Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 6 1923
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

116565 5

FULL NAME OF CHILD Lionel Ernest Renner
(Certificate of no value without full name of child.)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|
| Male | | | Yes | Oct. 23, 1902 |

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth First  Number of child of this mother now living, including present birth One

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Ernest A. Renner | FULL MAIDEN NAME | Rosella E. Fogg |
| RESIDENCE | Rexburg, Idaho | RESIDENCE | Rexburg, Idaho |
| COLOR | White | COLOR | White |
| AGE AT LAST BIRTHDAY | 24 (Years) | AGE AT LAST BIRTHDAY | 19 (Years) |
| BIRTHPLACE | Switzerland | BIRTHPLACE | Logan, Utah |
| OCCUPATION | Carpenter | OCCUPATION | Housewife |

## CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 10:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Renner

Father
(Physician or midwife)

Address Challis, Idaho.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed Dec. 5 1923, F. W. Almond, M. D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 10 1925 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. 254 111 022 693 St. Registration District No. 31 State File No. 132575

Hospital no Primary Registration District No. 31 Local Registrar's No. 27

FULL NAME OF CHILD Eric Charles Knutsen

(Certificate of no value without full name of child)

Sex of Child son | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth June 11 1902 (Month) (Day) (Year)

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth none Number of child of this mother now living, including present birth 7

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Eric Peter Knutsen | FULL MAIDEN NAME | Phebe Fillmore |
| RESIDENCE | Austin Idaho | RESIDENCE | Austin |
| COLOR | White | COLOR | White |
| AGE AT LAST BIRTHDAY | 55 (Years) | AGE AT LAST BIRTHDAY | 46 (Years) |
| BIRTHPLACE | Denmark | BIRTHPLACE | Wolsburg Utah |
| OCCUPATION | Rancher | OCCUPATION | House Keeping |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Emma Pratt

Midwife

(Physician or midwife)

Address Dart Brow

Filed JUL 10 1925 F. W. Almond M.D. State Registrar.

JUN 21 1967

MAR 7 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Steele

No. 365 23 103 544 St.

RECEIVED AUG 4 1925 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

133538

Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ida-May Tweedy

(Certificate of no value without full name of child)

Sex of Child F | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec. 31 (Month) (Day) 1902 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Alvin K. Tweedy | FULL MAIDEN NAME | Charlotte J. Emmett |
| RESIDENCE | Steele Ida | RESIDENCE | Steele Idaho |
| COLOR | W. | COLOR | W |
| AGE AT LAST BIRTHDAY | 32 (Years) | AGE AT LAST BIRTHDAY | 28 (Years) |
| BIRTHPLACE | Iowa | BIRTHPLACE | Mo. |
| OCCUPATION | Farmer | OCCUPATION | Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1-30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) J. M. Lyle

(Physician or Midwife)

Address Lewiston Ida

Filed Mar 30 1925 Susie E. Bruce Registrar.

OCT 20 1967

APR 26 1973

SEP 17 1976

JUL 2 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

133620

RECEIVED
AUG ? ?
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

133620

County of Idaho

City of Cottonwood

No. 296 116-025 3/2 St. Registrar's District No. ..... State File No. 133620

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wallace Cable Brown
(Certificate of no value without full name of child)

Sex of Child: Male | Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth December 16 1902 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 1st

| FATHER | MOTHER |
|---|---|
| FULL NAME: Walter Lee Brown | FULL MAIDEN NAME: Sarah Adda Cable |
| RESIDENCE: Cottonwood, Idaho | RESIDENCE: Cottonwood, Idaho. |
| COLOR: White — AGE AT LAST BIRTHDAY 37 (Years) | COLOR: White — AGE AT LAST BIRTHDAY 29 (Years) |
| BIRTHPLACE: Buckingham County, Va. | BIRTHPLACE: Flora, Clay County, Ill. |
| OCCUPATION: Farm land investments. | OCCUPATION: |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at 2 a.m. M. on the date above stated.
(Unable to locate attending physician)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Walter L. Brown
Sarah Adda Brown
(Parents)

Address 614-6th Ave., Lewiston, Ida.

Filed Aug 21 1925 F. W. Almond M.D. State Registrar.

[redacted]

556-109-025-556

PLACE OF BIRTH

RECEIVED
OCT 17 1925
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of White Bird

Registration District No. .....

File No. 135061

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilbur Ray Newman

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Year) |
|---|---|---|---|
| Male | | Yes. | March 9 1922 |

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Homer Ray Newman | FULL MAIDEN NAME | Marion E. Newman |
| RESIDENCE | White Bird Idaho. | RESIDENCE | White Bird Idaho. |
| COLOR | White | COLOR | White |
| AGE AT LAST BIRTHDAY (Years) | 22 | AGE AT LAST BIRTHDAY (Years) | 19 |
| BIRTHPLACE | Dayton Wash. | BIRTHPLACE | White Bird Idaho |
| OCCUPATION | Farmer | OCCUPATION | House wife |

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E L Swarts
attendant
(Physician or midwife)

Address Bellingham Wash

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 17 1925 David Burrell
State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Idaho )
)ss
County of NezPerce. )

On this 15th day of Oct.1925, before me a Notary Public in and for the State of Idaho, personally appeared Mrs. M.E.Swartz, known to me to be the person whose name is attached to the foregoing instrument, and acknowledged to me that the statements made therein are true to the best of her knowledge and belief.

In Testimony whereof, I have hereunto set my hand and affixed my official seal this 15th day of Oct.1925

Notary Public for Idaho.
Residence, Culdesac therein.

FEB 20 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 16 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. 319 208 028 754 St. Registration District No. ..... State File No. 1429116

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Olga Louise Larsen
(Certificate of no value without full name of child)

Sex of Child female | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth February 8 1902 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Ewald Marius Larsen | FULL MAIDEN NAME | Marie N. Pedersen |
| RESIDENCE | Rathdrum, Idaho | RESIDENCE | Rathdrum, Idaho |
| COLOR | white | COLOR | white |
| AGE AT LAST BIRTHDAY (Years) | 34 | AGE AT LAST BIRTHDAY (Years) | 28 |
| BIRTHPLACE | Denmark | BIRTHPLACE | Denmark |
| OCCUPATION | Merchant | OCCUPATION | Homewife |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Address Rathdrum Idaho

Filed JUL 16 1926, 192... David Burrell
State Registrar.

553-48-0437 36

PLACE OF BIRTH RECEIVED OCT

STATE OF IDAHO
MENT OF PUBLIC WELFARE
AU OF VITAL STATISTICS

TIFICATE OF BIRTH

144448

County of Valley

City of Roseberry

No. ..... St. Registration District No. ..... State File No. 144448

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Lee Nelson
(Certificate of no value without full name of child)

Sex of Child Male | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth Second | Legitimate? Yes | Date of birth April (Month) 1 (Day) 1902 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

| FATHER | MOTHER |
|---|---|
| FULL NAME Martin S. Nelson | FULL MAIDEN NAME Corinne Lynch |
| RESIDENCE Roseberry, Idaho | RESIDENCE Roseberry, Idaho |
| COLOR White / AGE AT LAST BIRTHDAY 39 (Years) | COLOR White / AGE AT LAST BIRTHDAY 42 (Years) |
| BIRTHPLACE Montgomery City, Mo. | BIRTHPLACE St. Louis, Mo. |
| OCCUPATION Farmer | OCCUPATION Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at Roseberry, Idaho on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Martin S. Nelson

..... (Physician or midwife)

Address Route 2 Box 1 Bakersfield Calif.

Filed OCT 4 1926, 192.... Nagel Durrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

155-201-019-219

PLACE OF BIRTH

RECEIVED APR 14 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Custer

City of Challis

# CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 10 State File No. 160930

Hospital ..... Primary Registration District No. 2196 Local Registrar's No. 149

FULL NAME OF CHILD Alice Blanche Jenson

(Certificate of no value without full name of child)

Sex of Child Female. Twin / Triplet / or other? } and { Number in order of birth } (To be answered only in event of plural births) Legitimate? Yes Date of birth Aug. (Month) 1 (Day) 1928 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Charles Barrett Jenson | FULL MAIDEN NAME | Margaret Watson Barrack |
| RESIDENCE | Challis Idaho | RESIDENCE | Challis, Idaho |
| COLOR | White | COLOR | White |
| AGE AT LAST BIRTHDAY | 28 (Years) | AGE AT LAST BIRTHDAY | 22 (Years) |
| BIRTHPLACE | Salt Lake City, Utah | BIRTHPLACE | Salmon, Idaho |
| OCCUPATION | Farmer | OCCUPATION | Housework |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Margaret B. Jenson
Mother.
~~(Physician or midwife)~~

Address Challis, Idaho.

Filed Mar 31 1928 Edna McKenny Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1959

c.c. 6/13/41. w.h.

247-249-028-213

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

165352

# CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Georgianne Vade Suppiger

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| Female | | | | yes | Oct 19 1902 |

| FATHER | MOTHER |
|---|---|
| FULL NAME: George W. Suppiger | FULL MAIDEN NAME: Eleanor Anne Ballard |
| RESIDENCE: Kendrick. Idaho. | RESIDENCE: Kendrick, Idaho |
| COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years) | COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years) |
| BIRTHPLACE: Highland. Illinois | BIRTHPLACE: Warren, Illinois |
| OCCUPATION: Lawyer | OCCUPATION: Housewife |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) G W Suppiger

(Physician or midwife) father

Address Moscow, Idaho

Filed Nov 6 1928

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Kootenai

City of St. Maries, Idaho

No. ..... St.

963 216 028 - 113

(If born in hospital or institution give name.)

RECEIVED APR 4 1929

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS** 169146

**CERTIFICATE OF BIRTH**

Registration District No. 3049 State File No. 19 116

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Emily Rochat

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of birth |
|---|---|---|---|---|
| female | | | Yes | March 16, 1902 (Month) (Day) (Year) |

**What prophylactic was used to prevent Ophthalmia Neonatorum?** none

Number of child of this mother, including present birth 5 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

| FATHER | MOTHER |
|---|---|
| FULL NAME Paul Rochat | FULL MAIDEN NAME Leah Jacot |
| Residence (Usual place of abode) St. Maries, Ida | Residence (Usual place of abode) St. Maries, Ida. |
| If nonresident, give place and State ..... | If nonresident, give place and State ..... |
| Color or race White Age at last Birthday 34 (Years) | Color or race White Age at last Birthday 25 (Years) |
| Birthplace St. Paul, Minn (City and State or Country) | Birthplace Canton Neuchatel, Switzerland (City and State or Country) |
| Occupation Farmer | Occupation Housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1:45 A. M. on the date above stated.

(Signature) Paul Rochat

(Physician or midwife)

Address St. Maries, Idaho.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed APR 4 1929 C. K. Macey State Registrar.

FEB 8 1944

694-209-022-259

PLACE OF BIRTH

County of Bannock

City of Hubbard Idaho

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED MAY 23 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 170930

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Flora Elizebeth Widdison

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|
| female | | | yes | Aug 9 1902 |

What prophylactic was used to prevent Ophthalmia Neonatorum? don't know name

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

| FATHER | MOTHER |
|---|---|
| FULL NAME Robert Wilding Widdison | FULL MAIDEN NAME Elizebeth Jane Berry |
| Residence (Usual place of abode) Newdale Ida | Residence (Usual place of abode) Newdale Ida |
| If nonresident, give place and State ..... | If nonresident, give place and State ..... |
| Color or race White Age at last Birthday ~~41~~ 36 (Years) | Color or race White Age at last Birthday ~~48~~ 34 (Years) |
| Birthplace Salt Lake City Utah (City and State or Country) | Birthplace Newton Utah (City and State or Country) |
| Occupation Farmer | Occupation Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 4 30 A M. on the date above stated.

(Signature) Mrs Elizebeth Jane Widdison
mother

(Physician or midwife)

Address .....

Filed MAY 23 1929 19..... C. K. Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1964

DELAYED

666-163-001-619

**PLACE OF BIRTH**

County of Ada

City of Boise

No. no 16 St.

✓

(If born in hospital or institution give name.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 171678

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Olin Newton Woodmore

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|
| Male | | yes | July 13 1902 |

What prophylactic was used to prevent Ophthalmia Neonatorum? Credé Method

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Spencer Woodmore | FULL MAIDEN NAME | Ella May Farr |
| Residence (Usual place of abode) | Boise | Residence (Usual place of abode) | Boise |
| If nonresident, give place and State | Ida | If nonresident, give place and State | Ida |
| Color or race | W | Color or race | W |
| Age at last Birthday (Years) | 30 | Age at last Birthday (Years) | 20 |
| Birthplace (City and State or Country) | Tenn | Birthplace (City and State or Country) | Kentucky |
| Occupation | Laborer | Occupation | Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 30 a. M. on the date above stated.

(Signature) J. Ruth Bowen

(Physician or ~~midwife~~)

Address Boise Ida

Filed Sept. 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUL 6 - 1967

JUL 23 1968

219-119-020-915

**PLACE OF BIRTH**

County of E Cmore

City of Mountain Home

No. Idaho St.

(If born in hospital or institution give name.)

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF BIRTH**

17 176676

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Frank William Barrett

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? | and | Number in order of birth | Legitimate? | Date of birth |
|---|---|---|---|---|---|
| male | | | | yes | Sept. 19 1902 (Month) (Day) (Year) |

(To be answered only in event of plural births)

**What prophylactic was used to prevent Ophthalmia Neonatorum?** .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead one Stillborn none

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Frank Henry Barrett | FULL MAIDEN NAME | Mae Belle Davis |
| Residence (Usual place of abode) | Mountain Home | Residence (Usual place of abode) | Mountain Home |
| If non-resident, give place and State | Idaho | If non-resident, give place and State | Ida |
| Color or race | White | Color or race | White |
| Age at last Birthday | 30 (Years) | Age at last Birthday | 24 (Years) |
| Birthplace (City and State or County) | Lafayette Missouri | Birthplace (City and State or County) | Corsicana Texas |
| Occupation | farmer | Occupation | housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

to the best of my knowledge & belief

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) W. E. Smith

(Physician or midwife)

Address Boise Idaho

Filed 12-17- 1929 E K Macy Sec

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1967
AUG 5 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Oneida

City of May

No. ..... St.

866130 01 239

(If born in hospital or institution give name.)

RECEIVED MAY 26 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH**

180900

Registration District No. 108 State File No. .....

Prim. Registration District No. 218 Local Registrar's No. 203

**FULL NAME OF CHILD** William Henry Hooper

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? | and | Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| Male | | | | Yes | Jan 30 1902 |

(To be answered only in event of plural births)

**What prophylactic was used to prevent Ophthalmia Neonatorum?** .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 1 Stillborn 0

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | James Hooper | FULL MAIDEN NAME | Matilda Street |
| Residence (Usual place of abode) | May, Idaho | Residence (Usual place of abode) | May, Ida |
| If non-resident, give place and State | | If non-resident, give place and State | |
| Color or race | white | Color or race | white |
| Age at last Birthday (Years) | 62 | Age at last Birthday (Years) | 36 |
| Birthplace (City and State or County) | Cornwall England | Birthplace (City and State or County) | Ontario Canada |
| Occupation | Mining | Occupation | housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 10:30 P. M. on the date above stated.

(Signature) Mrs Matilda Hooper

~~(Physician or midwife)~~ mother

Address May, Idaho

Filed May 23 1929 Edna McKenney
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED MAY 5 1931

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH** 190536

1. PLACE OF BIRTH
County of Idaho
City or near, Bottonwood
No. _____ St.
639 220 025 469
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ora May Oliver

3. Sex: Female
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes
7. Legitimate? yes
8. Date of birth May 20 1902 (MONTH, DAY, YEAR)

| FATHER | MOTHER |
|---|---|
| 9. Full name Bert Howard Oliver | 18. Full maiden name Laura Lucinda Morrison |
| 10. Residence (usual place of abode) (If non-resident, give place and State) | 19. Residence (usual place of abode) (If non-resident, give place and State) |
| 11. Color or race white 12. Age at last birthday 33 (years) | 20. Color or race white 21. Age at last birthday 22 (years) |
| 13. Birthplace (city or place) (State or country) Holt County Missouri | 22. Birthplace (city or place) (State or country) Osborne Co. Kansas |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home |
| 16. Date (month and year) last engaged in this work _____, 19__ | 25. Date (month and year) last engaged in this work _____, 19__ |
| 17. Total time (years) spent in this work 12 | 26. Total time (years) spent in this work 5½ |

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks
29. Cause of stillbirth _____ Before labor _____ During labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 11 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

(Signed) _____ M. D.
or Bert Howard Oliver Midwife
Address Bottonwood Idaho
Filed May, 1931

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

_____ Registrar.

362-209-001-191

6/16/81

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

191237

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH
County of Ada
City of Boise
No._____ St._____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD ETHEL COBB

3. Sex Female | If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____ | 6. Premature_____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth September 9th, 1902, MX. (MONTH, DAY, YEAR)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Samuel Cobb | 18. Full maiden name: Minnie Grass |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and state): Boise, Idaho |
| 11. Color or race: Polish; 12. Age at last birthday: 28 (years) | 20. Color or race: Polish; 21. Age at last birthday: 28 (years) |
| 13. Birthplace (city or place) (State or country): Vilna, Poland | 22. Birthplace (city or place) (State or country): Vilna, Poland. |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: nil |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Men's Clothing Store. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: nil |
| 16. Date (month and year) last engaged in this work: _____, 1904; 17. Total time (years) spent in this work: 4 yrs. | 25. Date (month and year) last engaged in this work: _____, 19__; 26. Total time (years) spent in this work: |

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead nil (c) Stillborn nil

28. If stillborn, period of gestation_____ months or weeks | 29. Cause of stillbirth_____ Before labor_____ During labor_____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report_____
(DATE OF)

_____ Registrar.

(Signed) Samuel Cobb (Father)

Address Calgary, Alberta, Canada.

Filed June, 1931

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

256-11 7014-445 No record being taken in Canyon Co. until 1907.

RECEIVED AUG 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 192909

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 12 St.

Father (Residence)

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Roy Walter Snodgrass

3. Sex Male

If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth 1

6. Premature_____ Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 17, 1902 (MONTH, DAY, YEAR)

FATHER

9. Full name William Everett Snodgrass

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell

11. Color or race White

12. Age at last birthday 31 (1902) (years)

13. Birthplace (city or place) (State or country) Cooper Co. Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Present Time, 19__

17. Total time (years) spent in this work (1902) 10½ yrs

MOTHER

18. Full maiden name Josephine Duncan

19. Residence (usual place of abode) (If non-resident, give place and state) Caldwell

20. Color or race White

21. Age at last birthday 31 (1902) (years)

22. Birthplace (city or place) (State or country) Cooper Co. Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work (1902) 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

(1931) (Signed) Dr. Hamilton (now dead) M. D.

or _____, Midwife

Address Caldwell Idaho

Give name added from a supplemental report _____ (DATE OF)

Filed Aug 10, 1931

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

JAN 1 6 1992

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

196732

**PLACE OF BIRTH**

County of Kootenai

City of Rathdrum

No. ..... St.

236-224 028 962

(If born in hospital or institution give name.)

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF BIRTH** **196732**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Leonore Pauline Klopf

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child female | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth March 24 (Month) (Day) 1902 (Year)

**What prophylactic was used to prevent Ophthalmia Neonatorum?** boric acid

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

**FATHER**

FULL NAME Gustave R. Klopf

Residence (Usual place of abode) Rathdrum, Idaho

If nonresident, give place and State —

Color or race white Age at last Birthday 38 (Years)

Birthplace Sheboygan, Wis. (City and State or Country)

Occupation carpenter

**MOTHER**

FULL MAIDEN NAME Charlotte B. Robinson

Residence (Usual place of abode) Rathdrum

If nonresident, give place and State —

Color or race white Age at last Birthday 31 (Years)

Birthplace Neillsville, Wis. (City and State or Country)

Occupation housewife

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7:00 A. M. on the date above stated.

(Signature) Frank Wang
Physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed June 1920

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

493-122-028-864

199455

**PLACE OF BIRTH**

County of Kootenai

City of Coeur d Alene

No. ~~Co~~ 7th Wallace St. (no number then)

Idaho

(If born in hospital or institution give name.)

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF BIRTH**

**199455**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** George Hodgson Miller

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|
| Male | | | Yes | May 22 - 1902 |

**What prophylactic was used to prevent Ophthalmia Neonatorum?** .....

Number of child of this mother, including present birth One (a) Born alive and now living ✓

Born alive but now dead ..... Stillborn .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | George Miller | FULL MAIDEN NAME | Charlotte Frances Hodgson |
| Residence (Usual place of abode) | Coeur d'Alene | Residence (Usual place of abode) | Coeur d Alene |
| If non-resident, give place and State | Idaho | If non-resident, give place and State | Idaho |
| Color or race | White | Color or race | White |
| Age at last Birthday (Years) | 27 | Age at last Birthday (Years) | 24 |
| Birthplace (City and State or County) | Dayton Wash | Birthplace (City and State or County) | Guanesville - Conn. |
| Occupation | | Occupation | |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

**I hereby certify that I attended the birth of this child, who was** { **Born alive** / **Stillborn** } **at** ..... **M. on the date above stated.**

~~(Signature)~~ John Sabin M.D.

Mary Lull nurse
(Physician or midwife)

Address Mrs. Charlotte F. Miller

Filed Aug. 1934 Mother

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD**

**N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.**

JUN 22 1944

DELAYED

55-022-028-396

RECEIVED APR 10 1972

**PLACE OF BIRTH**

County of Kootenai

City of Naples

No. ..... St.

(If born in hospital or institution give name.)

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF BIRTH**

**200811**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Harriette Myra Gay Neaville

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| Female | | | | yes | Dec | 20 | 1902 |

**What prophylactic was used to prevent Ophthalmia Neonatorum?** .....

Number of child of this mother, including present birth First (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

| FATHER | MOTHER |
|---|---|
| FULL NAME James Baird Gay Neaville | FULL MAIDEN NAME Sara Melinda Crowell |
| Residence (Usual place of abode) Naples, Idaho | Residence (Usual place of abode) Naples, Idaho |
| If nonresident, give place and State ..... | If nonresident, give place and State ..... |
| Color or race White Age at last Birthday 24 (Years) | Color or race White Age at last Birthday 19 (Years) |
| Birthplace Potosi, Wisconsin (City and State or Country) | Birthplace Coesse, Indiana (City and State or Country) |
| Occupation School Teacher | Occupation Housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

**I hereby certify that I attended the birth of this child, who was** { **Born alive** / **Stillborn** } **at** ..... **M. on the date above stated.**

(Signature) Mrs Sara Neaville

(Physician or midwife)

Address 529-7th Ave N Seattle Wn.

Filed apr 1972

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1965

996130003 792

RECEIVED MAY 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 201109

CERTIFICATE OF BIRTH 201109

**PLACE OF BIRTH**

County of Bannock

City of Pocatello

No. Lincoln St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Joanne Irons

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth 10th | Legitimate? yes | Date of birth 30 - April 1932 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 10th (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

| FATHER | MOTHER |
|---|---|
| FULL NAME William Irons | FULL MAIDEN NAME Mary Ardilla Gibson |
| Residence (Usual place of abode) Pocatello Idaho | Residence (Usual place of abode) 251 Silva St |
| If non-resident, give place and State ..... | If non-resident, give place and State Reno Nevada |
| Color or race White Age at last Birthday 38 (Years) | Color or race White Age at last Birthday 37 (Years) |
| Birthplace Salt Lake City Utah (City and State or County) | Birthplace Grafton Utah Washington (City and State or County) |
| Occupation Car Inspector R.R. | Occupation ..... |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3:A.M. M. on the date above stated.

(Signature) Mary A Toom

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed May 1932 .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of the number of each, in order of birth stated.

FEB 3 1967

9-9-48

793-102029-344

RECEIVED JUL 14 1932

204440

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

204440

PLACE OF BIRTH

County of LATAH

City of MOSCOW

No. 802 Deacon St. Ave.

Idaho

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD LOUIE LUMPKIN GILLIE

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? | and | Number in order of birth | Legitimate | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| MALE | | | | YES | DEC. 2nd 1902 |

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 9 (a) Born alive and now living 9

Born alive but now dead ..... Stillborn NONE

| FATHER | MOTHER |
|---|---|
| FULL NAME JAMES LLOYD GILLIE | FULL MAIDEN NAME HATTIE ELIZABETH LUMPKIN |
| Residence (Usual place of abode) ..... | Residence (Usual place of abode) MILK RIVER, ALTA |
| If non-resident, give place and State MILK RIVER, ALTA | If non-resident, give place and State CANADA |
| Color or race WHITE Age at last Birthday 64 (Years) | Color or race WHITE Age at last Birthday 29 30 (Years) |
| Birthplace REEDSVILLE N.C. (City and State or County) | Birthplace REEDSVILLE N.C. (City and State or County) |
| Occupation farmer | Occupation farmers wife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9 A M. on the date above stated.

(Signature) X Hattie Gillie
"Mother."
(Physician or midwife)

Address Milk River, Alta.

Filed July 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 209762

PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St.
731 230 063 219
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dorothy Elizabeth Platt
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth April 30, 1902 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3rd (a) Born alive and now living two

Born alive but now dead one Stillborn None

| FATHER | MOTHER |
|---|---|
| FULL NAME Howard Verdeen Platt | FULL MAIDEN NAME Laura Bell Barnes |
| Residence (Usual place of abode) Pocatello | Residence (Usual place of abode) Pocatello |
| If non-resident, give place and State Idaho | If non-resident, give place and State Idaho |
| Color or race white Age at last birthday 37 (Years) | Color or race white Age at last birthday 36 (Years) |
| Birthplace Lynn Indiana (City and State or County) | Birthplace Snowhill Indiana (City and State or County) |
| Occupation Agent O & R R | Occupation Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6 a M. on the date above stated.

(Signature) Howard V Platt
Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello Idaho

Filed Mar. 3 1933 .....
Registrar.

DEC 22 1959

SEP 1 1942

RECEIVED MAY. 8 1933

PLACE OF BIRTH

County of East Farmington

City of Estah

No. ..... St.

219-213-229-249

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

211661

Registration District No. ..... State File No. .....

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Elsie Edith Smith

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin / Triplet / or other? Single (To be answered only in event of plural births) | and | Number in order of birth 3rd. | Legitimate? yes | Date of birth Oct 13 (Month) (Day), 1902 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Good care only

Number of child of this mother, including present birth 3rd (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

| FATHER | MOTHER |
|---|---|
| FULL NAME Robert Carlton Smith | FULL MAIDEN NAME Eva Belle Smith |
| Residence (Usual place of abode) Farmington Ave. | Residence (Usual place of abode) Farmington Ave |
| If non-resident, give place and State ..... | If non-resident, give place and State ..... |
| Color or race White Age at last birthday 30 (Years) | Color or race White Age at last birthday 25 (Years) |
| Birthplace Shenandoah Iowa (City and State or County) | Birthplace Atkins Ark. (City and State or County) |
| Occupation Farmer | Housework |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 P. M. on the date above stated.

(Signature) R. C. Smith
Father
~~(Physician or midwife)~~

Address Talouse Wash. Route 4.

Filed May 1933 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mary Jane Moy. Garfield Wash.
Louisa M. Martin Moscow Ida.
C. S. Smith Farmington Wash.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Washington

City of Weiser

No. ..... St.

144-229-044-156

(If born in hospital or institution give name.)

RECEIVED
JUNE 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH** 212699

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Lurline Bernice Coulter

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth |
|---|---|---|---|---|---|
| female | | | | | August 29, 1902 (Month) (Day) (Year) |

**What prophylactic was used to prevent Ophthalmia Neonatorum?** 1% sol. silver nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead no Stillborn .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Robert Coulter | FULL MAIDEN NAME | Annie Jeffery |
| Residence (Usual place of abode) | Weiser | Residence (Usual place of abode) | Weiser |
| If non-resident, give place and State | | If non-resident, give place and State | |
| Color or race | white | Color or race | white |
| Age at last birthday (Years) | | Age at last birthday (Years) | 21 |
| Birthplace (City and State or County) | Richmond Kentucky | Birthplace (City and State or County) | Kingston Washington |
| Occupation | Farmer | Occupation | Housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 a. M. on the date above stated.

(Signature) Joseph R Nunnley

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed Jan 1923

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OCT 3 19[redacted]

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 218164

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Ruby Creek
No. about 18 mi. south of Boise
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Richard Glenn Robinson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 10, 1902 (Month, Day, Year)

FATHER

9. Full name Grant W. Robinson
10. Residence (usual place of abode) (If non-resident give place and State) Ruby Cr.
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Mill Village Penn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. logging
16. Date (month and year) last engaged in this work August, 19 04 17. Total time (years) spent in this work 6 yrs

MOTHER

18. Full maiden name Daisy Rowe
19. Residence (usual place of abode) (If non-resident give place and State) Ruby Cr.
20. Color or race White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Spring Mich

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Feb. 10, 1902, 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Daisy Ogden, ~~M. D.~~
or Mother, ~~Midwife~~
Address Leavenworth, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 1-29, 1934 ..... Registrar.

MAY 2 7 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Kootenay

City of Chatcolet

No. ..... St.

331-206-024-249

(If born in hospital or institution give name.)

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS** 219053

**CERTIFICATE OF BIRTH**

219053

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Echo Marguerite Clark
(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| Female | | | | Yes | Dec. 6, 1902 |

**What prophylactic was used to prevent Ophthalmia Neonatorum?** .....

Number of child of this mother, including present birth two (a) Born alive and now living two

Born alive but now dead None Stillborn None

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Clement L. V. R. Clark | FULL MAIDEN NAME | Josephine Grace Smith |
| Residence (Usual place of abode) | Chatcolet, Idaho | Residence (Usual place of abode) | Chatcolet, Idaho |
| If non-resident, give place and State | | If non-resident, give place and State | |
| Color or race | American | Color or race | American |
| Age at last birthday (Years) | 32 | Age at last birthday (Years) | 25 |
| Birthplace (City and State or County) | Oregon City, Oregon | Birthplace (City and State or County) | Sedgwick County Kansas |
| Occupation | Bridgetender | Occupation | Housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 A. M. on the date above stated.

(Signature) Josephine G. Smith Clark Forrester (Mother)
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Ickoa Wash.

Filed Mar 1934 .....
Registrar.

Mrs. Mabel Busby (wife of attending physician)
W. 1024-13th Av. Spokane, Washington

Mrs. Lew Bosworth (sister of mother)
4325 N.E. Halsey, Portland, Oregon

Mr. C.L.V.R. Clark (father)
Chatcolet, Idaho

RECEIVED MAY 2 1934

PLACE OF BIRTH

County of Adams

City of Meadows Idaho

No. St.

259 207 002-343

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 220681

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Lulu Helen Keizer
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of birth March (Month) 7 (Day), 1902 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth One (a) Born alive and now living yes

Born alive but now dead Stillborn

| FATHER | MOTHER |
|---|---|
| FULL NAME Marques Edward Keizer | FULL MAIDEN NAME Alice Henrietta Lilly |
| Residence (Usual place of abode) Meadows Idaho | Residence (Usual place of abode) Meadows, Idaho |
| If non-resident, ~~give place and State~~ | If non-resident, give place and State |
| Color or race Age at last birthday 32 (Years) | Color or race White Age at last birthday 25 (Years) |
| Birthplace Cottage Grove Oregon (City and State or County) | Birthplace Bismark Kansas (City and State or County) |
| Occupation Merchant | Occupation Teacher |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at M. on the date above stated.

(Signature) Marques E. Keizer
FATHER
(Physician or midwife)

Address R 3 Nampa Idaho

Filed May 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1961

Reference

Geo. J. Mitchell
New Meadows, Idaho

Ida M. Hull
2106 N. Jefferson St.
Boise, Idaho.

Mrs Grace Powell
2112 N. Jefferson St.
Boise, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 326 - 1st Ave.

697-130-035-255

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 223232

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lester Lee Wiggin

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth (Month) (Day), (Year) |
|---|---|---|---|---|---|
| Male | | | | yes | October 30, 1902 |

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Lott Edward Wiggin | FULL MAIDEN NAME | Augusta Maraget Benson |
| Residence (Usual place of abode) | 326 - 1st Ave | Residence (Usual place of abode) | 326 - 1st Ave. |
| If non-resident, give place and State | Lewiston, Idaho | If non-resident, give place and State | Lewiston, Idaho. |
| Color or race | White | Color or race | White |
| Age at last birthday (Years) | Dead. 37 | Age at last birthday (Years) | 27 |
| Birthplace (City and State or County) | Youcket Washington | Birthplace (City and State or County) | Lewiston, Idaho. |
| Occupation | Cigar Merchant | Occupation | Housewife. |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 7:30 A. M. on the date above stated.

(Signature) Augusta M Wiggin
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 1149 Diamond Ave. So. Pasadena Calif.

Filed July 1934

Registrar.

Mrs Emma Goldstone -
[illegible] St. [illegible]
Lewiston, [illegible]

[illegible] Geo. [illegible] -
[illegible] Lewiston [illegible]

Mrs J. B. Dornbush
716 - 10th St. Lewiston, Idaho

515-231019-366

224022

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **224022**

PLACE OF BIRTH

County of Custer

City of Houston.

~~No.~~ Custer Co. ~~St.~~

(If born in hospital or institution give name.) Hotel.

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Aileen Vance

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| Girl | | | | yes | July 31, 1902 |

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth Third (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

| FATHER | MOTHER |
|---|---|
| FULL NAME Clay Archer Vance | FULL MAIDEN NAME Priscilla Cowan Vance |
| Residence (Usual place of abode) Ranch near Mackay | Residence (Usual place of abode) Ranch near Mackay |
| If non-resident, give place and State | If non-resident, give place and State |
| Color or race White Age at last birthday 38 (Years) | Color or race White Age at last birthday 31 (Years) |
| Birthplace Paris, Edgar Co. Ill (City and State or County) | Birthplace Slaterville, Weber Co. Utah (City and State or County) |
| Occupation Rancher. | Occupation |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 8" P.M. on the date above stated.

(Signature) Thos Baker

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mackay, Idaho.

Filed Sept. 1, 1902

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

BUREAU OF VITAL STATISTICS
BOISE, IDAHO

Date Filed 9-1-34
Certificate #224022

State of Idaho )
County of Ada )

AFFIDAVIT to be completed when the attendant does not sign.

I, the undersigned, being first duly sworn, say that I am Mother (mother, etc.) of the person whose name appears in Item 2 of the attached birth certificate, that I am now 70 years of age, that I have known this person for 39 years, and that Dr Charles Baker (First name) (Last name), who attended this birth _____ (is now deceased) or (cannot be located) is now deceased. I further state that the facts on the certificate are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Signature of Affiant Priscilla Vance

P. O. Address 1118 N. 13th St. Boise Ida

Subscribed and sworn to before me this 21 day of March 1942

(SEAL) Ethel M. Gurles Notary Public, residing at Boise Idaho.

My Commission expires April 26, 1943

Date Affidavit received for filing MAR 31 1942 By Mary [illegible] Registrar

MAR 27 1912

Mrs C. O. Kallman
3015 Cedar
Huntington Park
Calif.

219-102-632-249

**PLACE OF BIRTH**

County of Fremont

City of Teton

No. ..... St.

In Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 1 1934

227503

## CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Thomas Blaine Baird

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| male | | | | yes | July 2, 1902 |

**What prophylactic was used to prevent Ophthalmia Neonatorum?** .....

Number of child of this mother, including present birth 3 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | William Geo Baird | FULL MAIDEN NAME | Matilda D. Smith |
| Residence (Usual place of abode) | Teton | Residence (Usual place of abode) | Teton |
| If non-resident, give place and State | Idaho | If non-resident, give place and State | Idaho |
| Color or race | White | Color or race | White |
| Age at last birthday (Years) | 37 | Age at last birthday (Years) | 30 |
| Birthplace (City and State or County) | Heber Utah | Birthplace (City and State or County) | Heber Utah |
| Occupation | Farmer & Rancher | Occupation | House Wife |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1 A.M. on the date above stated.

(Signature) William G. D. Baird
~~Annie Hanson was Physician~~ Father
(Physician or midwife)

Address Teton, Idaho

Filed Dec 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Witnesses

Stephan Bond, Teton, Idaho
Emily Bond Teton, Idaho
Present address, Chester, Idaho

553-120-006-799

228539

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

228539

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Basalt
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harry Gustaf Nelson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Feb 20th, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Nels Fred Nelson | 18. Full maiden name: Mary Ann Girth |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Basalt | 19. Residence (usual place of abode) (If non-resident, give place and State): Basalt |
| 11. Color or race: W. \| 12. Age at last birthday: 34 (years) | 20. Color or race: white \| 21. Age at last birthday: 27 (years) |
| 13. Birthplace (city or place) (State or country): Grepne, Sweden | 22. Birthplace (city or place) (State or country): Tooele, Utah |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... \| 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... \| 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Nels Fred Nelson, M. D.
or Father, Midwife
Address Girth Idaho
Filed Jan 31, 1935

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Bannock Oneida

City of Chesterfield

No. ..... St.

433-101-036-385

(If born in hospital or institution give name.)

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF BIRTH** 228543

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD RICHARD FARMER REESE
(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| Male | | | | yes | August 1, 1902 19 |

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Edwin Reese | FULL MAIDEN NAME | Mary Farmer |
| Residence (Usual place of abode) | Chesterfield | Residence (Usual place of abode) | Chesterfield |
| If non-resident, give place and State | | If non-resident, give place and State | |
| Color or race | W. | Color or race | W. |
| Age at last birthday (Years) | 32 | Age at last birthday (Years) | 37 |
| Birthplace (City and State or County) | Wales | Birthplace (City and State or County) | Salt Lake City, Utah |
| Occupation | Laborer | Occupation | Housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9 A. M. on the date above stated.

(Signature) Mrs Mary Reese

Mother
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Emmett, Idaho

Filed 2/6/35 19 .....

Registrar.

RECEIVED FEB 9 · 1934

228557

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

228557

Registration District No. 7 State File No.

Prim. Registration District No. 2006 Local Registrar's No. 43

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Rural St.
546-128-014-512
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jack Raymond Edwards

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan 28 1902 (Month, Day, Year)

FATHER

9. Full name Royal W Edwards

10. Residence (usual place of abode) Nampa
(If non-resident, give place and State) Ida

11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Brooklyn
(State or country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Carrie G Eastman

19. Residence (usual place of abode) Nampa
(If non-resident, give place and State) Ida

20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Delta
(State or country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. Nit. Sol.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation 4 months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P.M. (Born Alive or Stillborn) on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J F Murray, M. D.

or ....., Midwife

Address Nampa Ida

Filed Feb. 7, 1934 Lydia Rodgers Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1/27/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Canyon

City of P. O. Ola

No. St.

469 704 014 385

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH**

Registration District No. State File No. 231386

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD GERALD IVAN MORROW
(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate | Date of birth |
|---|---|---|---|---|---|
| MALE | | | | yes | January 4, 1902 (Month) (Day) (Year) |

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth third (a) Born alive and now living yes

Born alive but now dead Stillborn

| FATHER | MOTHER |
|---|---|
| FULL NAME Silas L. Morrow | FULL MAIDEN NAME SARAH AMANDA CHERRY |
| Residence (Usual place of abode) Ola Idaho | Residence (Usual place of abode) Ola Idaho |
| If non-resident, give place and State | If non-resident, give place and State |
| Color or race Caucassian Age at last birthday 48 (Years) | Color or race Caucassian Age at last birthday 28 (Years) |
| Birthplace Kirksville, Mo (City and State or County) | Birthplace Franklin, Utah (City and State or County) |
| Occupation Blacksmith | Occupation Housewife |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

(Signature) Sherman Glenn

~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed Mar 19 34

Registrar.

# AFFIDAVIT

STATE OF IDAHO )
( s s
COUNTY OF G E M )

SHERMAN GLENN, having first been duly sworn, on his oath deposes and says: THAT he is well and personally acquainted with GERALD IVAN MORROW; that his parents, Silas L. Morrow and Sarah Amanda Morrow, are dead; and that he believes the facts stated in the attached blank relative to the birth of the said GERALD IVAN MORROW, are true; That he has known the said GERALD IVAN MORROW during all of his life-time and that to the best of his knowledge and belief the date of birth stated in said certificate is correct. Further deponent sayeth not.

Sherman Glenn

SWORN and SUBSCRIBED This ____ day of March, 1935.

Notary Public
Residing at Emmett, Idaho.

SEP 15

RECEIVED JUN 4 1935

231947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 231947

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Kendrick Idaho.
No. No Numbers St.
369 122 029 238
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Walter Edward Lorang

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth June 22, 1902 (Month, Day, Year)

FATHER

9. Full name Theodore P. Lorang

10. Residence (usual place of abode) (If non-resident, give place and State) Kendrick Idaho

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Fond Du Lack Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. In my place of business

16. Date (month and year) last engaged in this work Engaged in this work ~~up to the time of birth June 22 1902~~

17. Total time (years) spent in this work 10 years

MOTHER

18. Full maiden name Barbara. Schaenberg

19. Residence (usual place of abode) (If non-resident, give place and State) Kendrick Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Stearns County Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Engaged in this work ~~up to the time of birth June 22 1902~~

26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn ..... None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ~~By Theodore P. Lorang Father.~~ attending phy. now deceased, M. D.

or ~~Dr. Rothwell Dr. Bonner~~, ~~Midwife~~

Address ~~Kendrick Idaho~~

Filed June 4, 1935

State Registrar.

MAY 16 1967

Witnesses of Walter Edward Lorang's birth;

Mrs. Frank Schoenberg North 2528 Hamilton St.
Spokane Wash.

Dr. O. S. Carroll North 1212 Summit
Spokane Wash.

Mrs. O. E. Livensparger West 1522 Alice St.
Spokane Wash.

314-22-025-692

STATE OF IDAHO 73382
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 233807

AUG 7 1935 RECEIVED

1. PLACE OF BIRTH
County of Idaho
City of Ferdinand
No. Chase St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kathryn Sylvia Sophia Tautfest

3. Sex Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth May 23 ~~1902~~ 1902 (Month, Day, Year)

FATHER

9. Full name Fred Tautfest
10. Residence (usual place of abode) Ferdinand, Idaho. (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 42 (years)
13. Birthplace (~~city~~ or ~~place~~) Germany. (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Land
16. Date (month and year) last engaged in this work May 23, 1902
17. Total time (years) spent in this work 20 years

MOTHER

18. Full maiden name Katie Fisher
19. Residence (usual place of abode) Ferdinand, Idaho (If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 35 (years)
22. Birthplace (~~city~~ or ~~place~~) Germany. (State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work May 23, 1902
26. Total time (years) spent in this work 18 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 o'clock a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... M. D. (Father) Midwife
or Fred Tautfest
Address Ferdinand, Idaho.
Filed 8/7/35, 198.... Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Mrs. Ole Hansen Ferdinand, Idaho

Mrs. Peter Aschenbrenner Ferdinand, Idaho

Mrs. George Dutro Ferdinand, Idaho.

JUL 20 196

366-118 '214-219

234795

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 234795

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Parma
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Herschel Tillman Coffman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Nov. 18, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: William Oliver Coffman | 18. Full maiden name: Mary Ellen Bartles |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Parma | 19. Residence (usual place of abode) (If non-resident, give place and State): Parma |
| 11. Color or race: W. \| 12. Age at last birthday: 42 (years) | 20. Color or race: W. \| 21. Age at last birthday: 36 (years) |
| 13. Birthplace (city or place) (State or country): Indiana | 22. Birthplace (city or place) (State or country): Indiana |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farming | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... \| 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... \| 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. O. Coffman (Father), M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 9/2/35, 193.....

..... Registrar.

..... Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

... UNFADING INK—THIS IS A PERMANENT RECORD.

W. J. Bartles – Route – Parma, Idaho
Mrs Laura Nelson – Boring. Ore.
J. P. Wilbourn – Parma, Idaho.

DELAYED

313-116 B 20-295

236701

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

236705

NOV 4 1935 RECEIVED

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. (At home of Mrs. Frank Bard)
(If born in hospital or institution give name.) Mrs Dunaway - Nurse

2. FULL NAME OF CHILD Hugh Carlisle Latham

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Apl - 11, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Hugh B. Latham | 18. Full maiden name Ada Sieg - Latham |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Murphy - Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Murphy Idaho |
| 11. Color or race White | 12. Age at last birthday 32 (years) |
| 20. Color or race White | 21. Age at last birthday 28 (years) |
| 13. Birthplace (city or place) (State or Country) Wellsville Ohio | 22. Birthplace (city or place) (State or Country) Churchville Virginia |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Keeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Yard | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home |
| 16. Date (month and year) last engaged in this work April, 1902 | 25. Date (month and year) last engaged in this work April, 1902 |
| 17. Total time (years) spent in this work 11 | 26. Total time (years) spent in this work 7 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Hugh B. Latham, Father ~~M. D.~~

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Nov, 1935

Registrar. { Dr Wm J. Smith attended } Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

555-116003-847

MAY 1 1935 RECEIVED

236706

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

236706

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. 1132 North 8th Ave. ~~St.~~
In Home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD JAMES EDWARD ENNIS

3. Sex: Male
If plural births: 4. Twin, triplet, or other —— 5. Number, in order of birth ——
6. Premature ——  Full term yes
7. Legitimate? yes
8. Date of birth August 16 ~~XXXX~~ 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: JOHN ENNIS | 18. Full maiden name: MINNIE HUGHES |
| 10. Residence (usual place of abode) 1132 N. 8th Ave. (If non-resident, give place and State) Pocatello, Ida. | 19. Residence (usual place of abode) 1132 N. 8th Ave. (If non-resident, give place and State) Pocatello, Ida. |
| 11. Color or race White 12. Age at last birthday 42 (years) ~~Died Jan. 14, 1935~~ | 20. Color or race White 21. Age at last birthday 33 (years) ~~Died Jan. 20, 1935~~ |
| 13. Birthplace (city or place) (State or Country) ~~State of~~ Missouri | 22. Birthplace (city or place) (State or Country) ~~State of~~ Virginia |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work 30 years | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 1 (b) Born alive but now dead —— (c) Stillborn ——

29. If stillborn, period of gestation —— months or weeks
30. Cause of stillborn —— Before labor —— During labor ——

~~CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE~~

I hereby certify that ~~I attended the birth of this child, who was~~ the matters contained herein are true of my own knowledge. ~~at ..... on the date above stated.~~
~~(Born Alive or Stillborn)~~

~~When there was no attending physician or midwife, then the father, householder, etc., should make this return.~~

~~Give name added from a supplemental report~~

~~(Date of)~~

~~Registrar.~~

(Signed) John D. Ennis ~~XXXXX~~
(Brother of James Edward Ennis)
~~or~~ ..... ~~Midwife~~

Address 106 Moss Avenue
Stockton, California

~~Filed ..... 193.....~~

~~Registrar.~~

**State of California,**
COUNTY OF SAN JOAQUIN } ss.

On this 14th day of October in the year of our Lord nineteen hundred and thirty-five before me, C. J. HIRONYMOUS, a Notary Public in and for said County and State, residing therein, duly commissioned and qualified, personally appeared JOHN D. ENNIS personally known to me to be the person described in and whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

**In Witness Whereof,** I have hereunto set my hand and affixed my Official Seal at my office in the County of San Joaquin, the day and year in this certificate first above written.

C. J. Hironymous

Notary Public, in and for the County of San Joaquin, State of California.

ACKNOWLEDGMENT—GENERAL

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Nampa

No. ... St.

(If born in hospital or institution give name.)

JAN 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

239654

Registration District No. ... State File No. ...

Prim. Registration District No. ... Local Registrar's No. ...

2. FULL NAME OF CHILD Bruce Edward Moody

3. Sex: Male

If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...

6. Premature ... Full term ...

7. Legitimate? yes

8. Date of birth Jan. 13, 1902, 193... (Month, Day, Year)

**FATHER**

9. Full name: Claude B. Moody

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho

11. Color or race W | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Evansville, Ind.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ...

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work ...

**MOTHER**

18. Full maiden name: Anna M. Rechenmacher

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho

20. Color or race W | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ...

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work ...

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...

(Date of) ...

Registrar.

(Signed) J. A. Murray, M. D.

or ..., Midwife

Address Nampa Idaho

Filed Jan., 1936

Registrar.

JUL 22 1969

154 216 035 892

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce Co.
City of Peck
No. Idaho St.
at home
(If born in hospital or institution give name.)

APR 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

241885

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lola May Anderton

3. Sex Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth X
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth November 16 1902 (Month, Day, Year)

FATHER

9. Full name Elijah Prescott Anderton
10. Residence (usual place of abode) near Bremon (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 64 (years)
13. Birthplace (city or place) Leeds England (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer later
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. quilt right
16. Date (month and year) last engaged in this work last occupation Soldiers 1916
17. Total time (years) spent in this work Died July 19 — 1928

MOTHER

18. Full maiden name Frances Lucretia Wishard
19. Residence (usual place of abode) near Bremon (If non-resident, give place and State) Idaho
20. Color or race white 21. Age at last birthday 54 (years)
22. Birthplace (city or place) Lewiston (State or country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house keeper
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 38

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
Three. (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Mrs Frances L Anderton, M. D.
or 2697 Trinity St, Midwife
Address Vancouver B.C. Canada
Filed 4/23/36, 193.....
..... Registrar.
(Mother)

DEC 15 1971

Mrs. F. E. Mapin
Nampa
R. 1. Idaho

Mr. R. E. Wishard
Palouse
L. B 243. Wash.

Mr. Louis Herris
Orofino
Idaho

DELAYED

235-214 003-817

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Cove
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

242056

Registration District No. 243 State File No. .....
Prim. Registration District No. 82 Local Registrar's No. 26

2. FULL NAME OF CHILD Nita Sterrett

3. Sex F. | If plural births: 4. Twin, triplet, or other One 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Feb 14, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Simeon Ralph Sterrett | 18. Full maiden name Emma Armenta Harris |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Cove, Ida. | 19. Residence (usual place of abode) (If non-resident, give place and State) Cove, Ida. |
| 11. Color or race W. \| 12. Age at last birthday 32 (years) | 20. Color or race W. \| 21. Age at last birthday 30 (years) |
| 13. Birthplace (city or place) (State or country) Idaho | 22. Birthplace (city or place) (State or country) Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation - months or weeks | 30. Cause of stillbirth - | Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 5 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley, M. D.
or Physician, Midwife
Address Soda Springs, Idaho
Filed ~~April 28, 1936~~ April 28, 1936
Registrar.

Give name added from a supplemental report .....
Russel Tigert (Date of) Nov 1 1962
Registrar.

235-103-014-613

JUL 28 1936 REC'D

244580

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 244580

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lester David Steinmeier

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth 1 3, ~~193~~ 1902 (Month, Day, Year)

FATHER

9. Full name Julius Steinmeier

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa

11. Color or race White 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Munich Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General store

16. Date (month and year) last engaged in this work 1 3, 1902

17. Total time (years) spent in this work 22

MOTHER

18. Full maiden name Bertha Falk Steinmeier

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa

20. Color or race White 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Portland Oregon, U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work 1 3, 1902

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Signature on reverse side, M. D.
or ....., Midwife
Address .....
Filed July 28, 1936
Registrar.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

over

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Three people who knew of birth:

Mr Leo. F. Falk, Boise, Idaho
Mr. Henry L Falk " "
Mr Leo J. Falk " "

I hereby certify that the facts as given herein are true

Lester D Steinmetz

Subscribed to & sworn to before me this 28th day of June 1930.
Robt. L. Greene
Notary Public.

764-125100-169

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ADA

City of BOISE

No. 10th and ADA St.

(If born in hospital or institution give name.)

AUG 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

244703

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HARRY- WALDEMAR- POULSON

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth AUG-25th, 1922 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name JOHN- POULSON | 18. Full maiden name SELMA- SELMA- JORGENSEN POULSON. |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida |
| 11. Color or race WHITE 12. Age at last birthday 30 (years) | 20. Color or race White 21. Age at last birthday 40 (years) |
| 13. Birthplace (city or place) (State or Country) Sweden | 22. Birthplace (city or place) (State or Country) Sweden |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Contractor | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. — |
| 16. Date (month and year) last engaged in this work ....., 19.... | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work ..... | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 a.m. on the date above stated.

(Signed) James A. Stewart, M. D.

or ....., Midwife

Address 105 N. 8th St., Boise Idaho

Filed Aug. 13, 1936

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....

Registrar.

APR 11 1963

MAY 14 1970

669-103-016-719 SEP 15 1936 245 604

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

245604

1. PLACE OF BIRTH
County of Cassia
City of Oakley Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Ross Worthington

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 3, [redacted] (Month, Day, Year) 1902

| FATHER | MOTHER |
|---|---|
| 9. Full name James Worthington | 18. Full maiden name Dora Parke |
| 10. Residence (usual place of abode) (If non-resident, give place and State) home Oakley Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) home Oakley Idaho |
| 11. Color or race White 12. Age at last birthday 47 (years) | 20. Color or race Wh. 21. Age at last birthday 38 (years) |
| 13. Birthplace (city or place) (State or Country) Grantsville Utah | 22. Birthplace (city or place) (State or Country) Salt Lake City Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home |
| 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work 3 3 | 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work 2 0 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) James Worthington (Father), M. D.
or ....., Midwife
Address 421-12th St. N. Lethbridge Alta Can
Filed Sept 15, 1936

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A. M. Worthington, Cut Bank Montana.
Mrs. Effie Worthington, Cut Bank, Mont.
S. P. Worthington, Burley. Idaho.

795-116-019-693

SEP 81936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

246086

1. PLACE OF BIRTH
County of Custer
City of Houston
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. 76 State File No. ____
Prim. Registration District No. 2153 Local Registrar's No. 471

2. FULL NAME OF CHILD Stanley Wilcox Greig

3. Sex Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? ____
8. Date of birth Aug. 16, 1922 (MONTH, DAY, YEAR)

| FATHER | MOTHER |
|---|---|
| 9. Full name Hurbert Stanley Greig | 18. Full maiden name Nevada Jane Wilcox |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Houston | 19. Residence (usual place of abode) (If non-resident, give place and State) Houston Ida. |
| 11. Color or race White 12. Age at last birthday 32 (years) | 20. Color or race White 21. Age at last birthday 22 (years) |
| 13. Birthplace (city or place) (State or country) Columbus Ceylon (E. Indies) | 22. Birthplace (city or place) (State or country) Brooks Co. Kansas |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roadman. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____ 16. Date (month and year) last engaged in this work ____, 19__ 17. Total time (years) spent in this work ____ | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House work 25. Date (month and year) last engaged in this work ____, 19__ 26. Total time (years) spent in this work ____ |

27. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks
29. Cause of stillbirth ____ Before labor ____ During labor ____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (BORN ALIVE OR STILLBORN) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nevada Jane Mapp, ~~M. D.~~
or Mother, ~~Midwife~~
Address Buckeye, Idaho
Filed Sept. 4, 1922 Rose N. Shibodeau Registrar.

Give name added from a supplemental report ____ (DATE OF)
____ Registrar.

Witnessed on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

Emma Demuris Blackfoot Ida.

Billie Boone. Blackfoot Ida

Bill Lambson. Mackay Ida.

JUL 27 1959

383-207-035-213

AUG 23 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

246394

Registration District No. 1009 State File No.
Trim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lapwai
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Clara Florence Chladek

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Mar. 7, 1902 (Month, Day, Year)

FATHER

9. Full name James M. Chladek
10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai
11. Color or race W | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Bohemia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Dorothy Anna Kalisek
19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai
20. Color or race W | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Bohemia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation months or weeks
30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive ~~or Stillborn~~) at 2 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Mrs James M Chladek, ~~M. D.~~
or (Mother.) ~~Midwife~~
Address
Filed Aug 20, 1936 M N Caskey
M C. Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 9 1972

369-129-030-855

246569

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

**246569**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Fred Wesley Corlett

3. Sex | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Nov 29, ~~1901~~ 1902 (Month, Day, Year)

**FATHER**

9. Full name [redacted] Corlett Edward John

10. Residence (usual place of abode) (If non-resident, give place and State) Salmon

11. Color or race wh | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Mich Mich.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Maria Hansen

19. Residence (usual place of abode) (If non-resident, give place and State) Salmon

20. Color or race wh | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hwk
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate Silver

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 m. on the date above stated.

(Signed) F.S. Wright, M. D.

or ....., Midwife

Address Salmon

Filed Sept 21, 1936

Registrar.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

465-107-021-719

Subscribed and sworn to before me this 30th day of September 1936

Notary Public in and for the City and County of San Francisco, State of California
My Commission Expires December 24, 1939

OCT 5 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

246628

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lafayette Parkinson Monson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4 | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth March 7, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Walter P. Monson | 18. Full maiden name Leona Parkinson |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Preston, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Preston, Idaho |
| 11. Color or race White \| 12. Age at last birthday 30 (years) | 20. Color or race White \| 21. Age at last birthday 28 (years) |
| 13. Birthplace (city or place) (State or country) Richmond, Utah | 22. Birthplace (city or place) (State or country) Franklin, Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lumber Yard Owner | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work at Present, 19..... \| 17. Total time (years) spent in this work 10 yrs | 25. Date (month and year) last engaged in this work at present, 19..... \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify and declare both my parents and the attending physician are now deceased.
I hereby certify that I attended the birth of this child, who was BORN (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lafayette Parkinson Monson, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 10/5/36, 193..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SAN FRANCISCO, CALIF. SEPTEMBER 30th., 1936

NOTE-- This certificate is supported by an affidavit signed and sworn to by my older brother WALTER P. MONSON, on th 24th day of September 1936, in the STATE of UTAH, COUNTY OF SALT LAKE.

LaFayette Parkinson Monson

# A F F I D A V I T

STATE OF UTAH )
: SS.
COUNTY OF SALT LAKE )

WALTER P. MONSON, being first duly sworn, on oath deposes and says: That he is a resident of Salt Lake City, Utah and an elder brother of L. P. MONSON, Md., 450 Sutter Street, San Francisco, California. That said L. P. Monson, affiant's younger brother, was born in Preston, Franklin County, Idaho on March 7, 1902, and that affiant has seen the record of the birth of said L. P. Monson as preserved and recorded on the record page of the Monson family Bible.

Affiant further says that he is advised and believes that no official records of births were kept in the State of Idaho until the year 1911, and that therefore no official record of the birth of said L. P. Monson exists in the State of Idaho.

Walter P. Monson

Subscribed and sworn to before me this 24th day of Sept., 1936.

Scott A. Dahlquist
Notary Public

THOMAS & DAHLQUIST
LAWYERS
CONTINENTAL BANK BLDG.
SALT LAKE CITY, UTAH

276-209-029-867

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

247316

RECEIVED OCT 2 1936

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Moscow Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Iola Freda Brown

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Aug 9, 1922 (Month, Day, Year)

FATHER

9. Full name Talcott Merrill Brown

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

11. Color or race .....

12. Age at last birthday 49 (years)

13. Birthplace (city or place) (State or country) Newport Rhode Island

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Martha Ann Hoge

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

20. Color or race white

21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or country) Mapleton Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lora E. Glickness sister, M. D.
or Caldwell Idaho R.B. Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed .....

Subscribed & sworn to before me this 30th day of September, 1936.
Thos E Bucher
Notary Public for Idaho
Residing at Caldwell, Idaho

Filed Oct. 2 1936 Registrar. Registrar.

APR 24 1968

SEP 6 1967

MAY 20 1970

655-120044-533

OCT 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

247582

1. PLACE OF BIRTH
County of Washington
City of Cambridge
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ivan Iset Over

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Feb. 20, 1902 (Month, Day, Year)

**FATHER**

9. Full name Urban Mead Over
10. Residence (usual place of abode) Cambridge, Ida. (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 77 (36) years
13. Birthplace (city or place) Chasicum County (State or country) Pennsylvania

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Sept., 1936 | 17. Total time (9) years spent in this work 43 yrs.

**MOTHER**

18. Full maiden name Carrie Ida Elton
19. Residence (usual place of abode) Cambridge, Ida (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 57 (31) years
22. Birthplace (city or place) Ogunsha, Illinois (State or country) Illinois, U.S.A.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Minister
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work May, 1932 | 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Reported
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) ~~Born alive but now dead~~ ..... (c) ~~Stillborn~~ .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) (M.D.) Carrie Elton Over Mother

or ....., Midwife

Address Cambridge, Idaho

Filed 10/8/36, 193.....

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mr. + Mrs. R. E. Wilson — Cambridge, Idaho
Mr. J. D. Lorton — "
Mr. + Mrs. J. F. Root — Weiser "

are still living.

BOTH DELAYED

dup of 1902-285453

942.210 C5 248

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

249089

1. PLACE OF BIRTH
County of Caribou (Thos Bannock)
City of Soda Springs, Idaho DEC 9 1936
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 82 State File No. .....
Prim. Registration District No. 2159 Local Registrar's No. 45

2. FULL NAME OF CHILD Leona Mary Russel

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth Single | 6. Premature No Full term ..... | 7. Legitimate? Yes | 8. Date of birth 2/10/02, 193.... (Month, Day, Year)

**FATHER**

9. Full name James M.Russel
10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs, Idaho
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Colorado

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -
16. Date (month and year) last engaged in this work All his life, 19....
17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Agnes Buhl
19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs Idaho
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) ~~Germany~~

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. -
25. Date (month and year) last engaged in this work All her married life, 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver, 1/2 %

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living ~~Yes~~ (b) Born alive but now dead - (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9 P.M., 2/10/02 at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ellis Kackley Ellis Kackley, M. D.
or Physician, Midwife
Address Soda Springs, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 11-25, 1936 Dr Russell Tigert Registrar.

AUG 26 1942

266127006-693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. ..... St. Route #1
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

249733

# CERTIFICATE OF BIRTH

249733

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Lyman Bowker

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 27, 1902 (Month, Day, Year)

**FATHER**

9. Full name John Squires Bowker
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) American Fork (State or country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Rosella Mae Wilson
19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot
20. Color or race White 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Ogden (State or country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn 1
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was delivered (Born Alive or Stillborn) at 1 a.m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.
or Midwife, Midwife
Address Mary A. Hatch

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed January 9, 1937 ..... Registrar.
Moreland, Idaho,

Mrs. Eliza E. Wilson
Blackfoot, Idaho
Route 2

Mr. J. L. Wilson
Blackfoot, Idaho
Route 2

Mrs. A. C. Jensen
Mackey, Idaho

519-127-018-689

250743

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 5 - 1937

# CERTIFICATE OF BIRTH

250743

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of .....
City of CHAPIN
No. ..... St. .....
IDAHO.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD MYRON HOWK VAIL

3. Sex MALE

If plural births: 4. Twin, triplet, or other ONE 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? YES

8. Date of birth APR. 27TH 1902 (Month, Day, Year)

FATHER

9. Full name JOHN RILEY VAIL

10. Residence (usual place of abode) (If non-resident, give place and State) DECEASED.

11. Color or race WHITE 12. Age at last birthday 63 (years)

13. Birthplace (city or place) (State or country) FRANKLIN IDAHO.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc FARMER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work DIED 1905., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name ALICE WHITE

19. Residence (usual place of abode) (If non-resident, give place and State) MIDWAY UTAH.

20. Color or race WHITE 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or country) MIDWAY UTAH.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work CONTINOUS, 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn NO

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Mrs Alice Vail mother, M.D.

or ....., Midwife

Address Midway Utah.

Give name added from a supplemental report .....
(Date of)

Filed FEB 5 - 1937, 193.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs Ebenezer Beesley midwife
Driggs Idaho

Mrs Louisa Stone
St. Anthony Idaho

Mrs Martha Newell
Belle Fourche
South Dakota

843-118-001-515

FEB 5 - 1957

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. 94-10 State File No. 250756

Prim. Registration District No. 94-10 Local Registrar's No. 2

1. PLACE OF BIRTH
County of Ada
City of Eagle
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Marshall Hurlbut

3. Sex Male

If plural births: 4. Twin, triplet, or other? ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? Yes

8. Date of birth Feb 18 1902, 193____ (Month, Day, Year)

FATHER

9. Full name William Moyrand Hurlbut

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or country) Missouri U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

16. Date (month and year) last engaged in this work Entire year, 19____

17. Total time (years) spent in this work Entire time

MOTHER

18. Full maiden name Harriet Caswell Van Ormer

19. Residence (usual place of abode) (If non-resident, give place and State) (Ormer) Idaho

20. Color or race White 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or country) Illinois Schuyler County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

25. Date (month and year) last engaged in this work All the Time

26. Total time (years) spent in this work Entire

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living Eight (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M.D.

or Mrs Thomas Farmer, Midwife

Address Eagle Idaho

Given name added from supplemental report See
(Date of)

Filed Jan 25, 1957

Registrar.

Registrar.

Donald Johnson
Eagle Idaho

attached

...ING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than ...arate Return must be made for each, and the number of each, in order of birth stated.

BOTH

dup of 1902-332224

STATE OF IDAHO)
( ss.
COUNTY OF ADA )

BIRTH CERTIFICATE

I, the undersigned, Harriett Elizabeth Huckba, of Eagle, in Ada County, State of Idaho, being first duly sworn on oath, states: That I am the mother of William Franklin Huckba; that the said William Franklin Huckba was born on our farm near Eagle in the County of Ada, State of Idaho, on the 18th day of February, 1902.

FEB 9 - 1937

Harriett Elizabeth Huckba

Subscribed and sworn to before me this 15th day of January, 1936.

Elbert L. Cone
Notary Public for Idaho
Residing at Eagle, Idaho.

File this in proper place

[illegible] Eagle, Idaho
be sent and copy at
ORVILLE JACKSON'S

693-120036-469

RECEIVED
JAN 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

251398

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Oneida
City of Samaria
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lewis Morse Williams

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate Yes | 8. Date of birth Feb. 20, 1937 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Lewis Williams | 18. Full maiden name: Sarah Morse |
| 10. Residence (usual place of abode) Samaria (If non-resident, give place and State) Idaho | 19. Residence (usual place of abode) Samaria (If non-resident, give place and State) Idaho |
| 11. Color or race W \| 12. Age at last birthday 27 (years) | 20. Color or race W \| 21. Age at last birthday 25 (years) |
| 13. Birthplace (city or place) (State or country) Samaria Idaho | 22. Birthplace (city or place) (State or country) Samaria Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sarah M. Williams, mother M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JAN 27 1937, 193.... .....
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Persons Knowing of this Birth:

1. Mrs. H.W. Jones R.F.D. #, Malad, Idaho
JAN 31 1967

2. Mrs. Emma Price Samaria, Idaho
MAY 26 1967

3. Mr. William E Morse Samaria, Idaho
NOV 6 1967

355-820-007-636

2V 1V 7V

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of ranch near Bellevue
No. ..... St. .....
(If born in hospital or institution give name.)

RECEIVED MAR 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

251574

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bertha Adelaide Lee

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth 2/20 1902 ~~193~~ (Month, Day, Year)

**FATHER**

9. Full name: Frank Lee
10. Residence (usual place of abode) Glendale (near Bellevue)
(If non-resident, give place and State) Idaho
11. Color or race White
12. Age at last birthday 20 (years)
13. Birthplace (city or place) Missouri
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name: Bessie Flowers
19. Residence (usual place of abode) Glendale (near Bellevue)
(If non-resident, give place and State) Idaho
20. Color or race White
21. Age at last birthday 20 (years)
22. Birthplace (city or place) Colorado
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) First child
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ? P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Bessie Lee, ~~M. D.~~
Mother
or ....., ~~Midwife~~

Address Council, Idaho

Give name added from a supplemental report .....
(Date of)

Filed MAR 2 1937, 193.....

..... Registrar.

..... Registrar.

JAN 14 1944

JUL 2 6 19

State of Idaho
).SS
County of Adams

The within instrument was by BESSIE LEE subscribed and sworn to before me this 23rd day of February, 1937.

Notary Public for Idaho residing at
Douncil, Idaho

Three persons knowing of birth:
Mrs. Adelaide Flowers, maternal grandmother, Ketchum, Idaho
Jesse Lee, paternal grandfather, Hailey, Idaho
Mrs. Maude Shepherd, Bellevue, Idaho

719-124-CH-819

251576

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

251576

MAR 2 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ralph Newton Garman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Oct. 24, 1932 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Newton James Garman | 18. Full maiden name Linie May Hazlett |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Payette | 19. Residence (usual place of abode) (If non-resident, give place and State) Payette |
| 11. Color or race W. \| 12. Age at last birthday 30 (years) | 20. Color or race W. \| 21. Age at last birthday 22 (years) |
| 13. Birthplace (city or place) (State or country) Lynn Co. Oregon | 22. Birthplace (city or place) (State or country) Atlantic, Iowa |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife |
| 16. Date (month and year) last engaged in this work ....., 19..... \| 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... \| 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Mrs. J. J. Arnell, Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Mar. 2, 1937, 193.....

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 10 1967

414-214-017-962

2V1V88

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

251588

MAR 15 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Annie Hanna Madison

3. Sex Female

If plural births: 4. Twin, ~~[illegible]~~ X; 5. Number, in order of birth 1st

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Feb. 14th 1902 (Month, Day, Year)

FATHER

9. Full name Chris Madison

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Not known~~ Dubois Ida

11. Color or race White | 12. Age at last birthday ~~[illegible]~~ (years)

13. Birthplace (city or place) (State or Country) Manti, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch

16. Date (month and year) last engaged in this work Not known, 19....

17. Total time (years) spent in this work Not known

MOTHER

18. Full maiden name Minnie Maud Robson

19. Residence (usual place of abode) (If non-resident, give place and State) Cleveland, Tex. Dubois, Ida

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Dubois, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Restaurant operator

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Restaurant

25. Date (month and year) last engaged in this work At this time, 19....

26. Total time (years) spent in this work 20 Apx

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child) five

(a) Born alive and now living 5 (b) Born alive but now dead Non (c) Stillborn Non

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillborn ..... Before labor ..... During labor .....

CERTIFICATE OF ~~[illegible]~~ Mother

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Minnie Maud Robson Fitzgerald, ~~[illegible]~~

or Mother

Address Cleveland Texas

Filed 3/15/37, 193.... H. E. Wells J.P. Prec 6. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mr W J Rabson

Mrs W J Rabson

Mr John Rabson

C11 V-214-D17-962

25 1589

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

MAR 15 1937

Registration District No. _____ State File No. 251589

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Clark
City of Dubois, Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD May Elsie Madison

3. Sex: Female

If plural births: 4. Twin, ~~[illegible]~~ X; 5. Number, in order of birth 2nd

6. Premature _____ Full term X

7. Legitimate? Yes

8. Date of birth Feb. 14th 1902 (Month, Day, Year)

**FATHER**

9. Full name Chris Madison

10. Residence (usual place of abode) (If non-resident, give place and State) Du Bois, Ida.

11. Color or race White | 12. Age at last birthday ~~35~~ (years)

13. Birthplace (city or place) (State or Country) Manti, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch

16. Date (month and year) last engaged in this work not known, 19____

17. Total time (years) spent in this work Not known

**MOTHER**

18. Full maiden name Minnie Maud Robson

19. Residence (usual place of abode) (If non-resident, give place and State) Dubois, Ida.

20. Color or race White | 21. Age at last birthday ~~[illegible]~~ 18 (years)

22. Birthplace (city or place) (State or Country) Dubois Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Restaurant Operator

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Restaurant

25. Date (month and year) last engaged in this work At this time, 19____

26. Total time (years) spent in this work 20 Apx

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother ~~Five~~ (At time of this birth and including this child) 6
(a) Born alive and now living 5 (b) Born alive but now dead non (c) Stillborn Non

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~ Mother

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) Minnie Maud Robson E. Fitzgerald ~~M.D.~~
Mother
or _____ Lee Robson, Midwife
Address Cleveland Idaho

Filed 3/15/37, 193____ W. E. Wells J.P. Pct 6, Registrar.

Mr W J Rabson
Mrs W J Rabson
John Rabson

168-102-003-849

252444

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Bancroft, Idaho.

No. ..... St. Born at home.

(If born in hospital or institution, give name.)

RECEIVED MAR 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 252444

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Doir Curtis Johnson.

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes.

7. Legitimate? Yes.

8. Date of birth Dec. 1st, 1902. (Month, Day, Year)

**FATHER**

9. Full name Mitchell Raymond Johnson.

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Ida.

11. Color or race White | 12. Age at last birthday ~~[illegible]~~ 27 (years)

13. Birthplace (city or place) (State or Country) Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Blanche A. Hurlbert.

19. Residence (usual place of abode) (If non-resident, give place and State) Portland, Ore.

20. Color or race White | 21. Age at last birthday ~~[illegible]~~ 25 (years)

22. Birthplace (city or place) (State or Country) Mt. Morris, N. York.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing to my knowledge.

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Blanche A. West (Mother), M. D.

or ....., Midwife

Address P.O. Box 487 - Portland, Oregon.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed MAR 26 1937, 193.....

Registrar.

1. Mrs. W. L. Hurlbert - (Grandmother) Portland, Ore. 3202-N.E. 65th.
2. Walter L. Hurlbert - (Grandfather) " " " "
3. H. C. Hurlbert - Uncle - Box 349 - Pocatello, Idaho.

219-230-004-866

RECEIVED

MAR 20 1937

STATE OF IDAHO 252448
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

252448

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Merle Celeste Barkdull

3. Sex Female | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept. 30 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Alma Riley Barkdull | 18. Full maiden name Hattie Edith Hoff |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier | 19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier |
| 11. Color or race White \| 12. Age at last birthday 33 (years) | 20. Color or race White \| 21. Age at last birthday 26 (years) |
| 13. Birthplace (city or place) (State or Country) Farmington Utah | 22. Birthplace (city or place) (State or Country) Pleasant Grove Utah |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19..... \| 17. Total time (years) spent in this work 7 years | 25. Date (month and year) last engaged in this work ....., 19..... \| 26. Total time (years) spent in this work Sick |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... {months or weeks} | 30. Cause of Stillbirth ..... {Before labor ..... During labor .....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at the place and time stated.

(Signed) Alma Riley Barkdull Father, M.D.
or Hattie Edith Barkdull Mother Midwife
Address Montpelier

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Mar. 20, 1937 ..... Registrar.

(physician signature)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Three people who know of facts:

Henery H. Hoff - montpelier
John Barkdull - montpelier
Katie Hoff montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
VITAL STATISTICS

W 2448

State of Idaho )
County of Bingham ) ss

Affidavits for Correction of a Record

Stewart Barkdull, of Blackfoot, Idaho,

being first duly sworn, deposes and says that he is a Brother (if related, specify degree—if friend or otherwise, so state) of Merle Celeste Barkdull who born (was born or died) in the city of Montpelier, County of Bear Lake on the 30 day of Sept. 1902 as stated in a certificate of Birth (Birth or death) filed by Dr O A Hoover (Name of physician or midwife, undertaker for death) with the Local Registrar for the city of Montpelier, County of Bear Lake, Idaho, on the _____ day of _____.

That the following facts set forth in said certificate are not correctly stated therein, to wit: The year is stated as 1903 and should be 1902. And the middle name of person should be Celeste instead of Celestia as shown in said certificate

That affiant upon his (his, her) own knowledge states the true facts to be,

and the changes necessary to make the record correct are, as follows: Change "1903" to "1902", and "Celestia" to "Celeste"

Affiant Stewart Barkdull
Blackfoot Idaho

(SEAL)

Subscribed and sworn to before me this 17 day of November 1938

J. Anderson
Notary Public

State of Idaho )
County of Bear Lake ) ss.

Katie Haff and Hattie Barkdull

being first duly sworn, deposes and says that they have knowledge of the facts hereinbefore alleged and that the said facts asserted are true.

Katie Haff (aunt)
Hattie Barkdull (mother)

Subscribed and sworn to before me this 21st day of November 1938

Albert E. Deeraff
Notary Public

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

253498

1. PLACE OF BIRTH
County of Nez Perce
City of Nez Perce
No. 433 222 035-6TD St.
(If born in hospital or institution give name.)

APR 19 1937
Registration District No. ..... State File No. 253498
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frances McCahill

3. Sex Female
If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —
6. Premature — Full term yes
7. Legitimate? yes
8. Date of birth Nov. 22, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name John P. McCahill | 18. Full maiden name Fannie E. Fike |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce | 19. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce |
| 11. Color or race white 12. Age at last birthday 33 (years) | 20. Color or race white 21. Age at last birthday 33 (years) |
| 13. Birthplace (city or place) (State or Country) Pole Iowa | 22. Birthplace (city or place) (State or Country) Waterloo Iowa |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home |
| 16. Date (month and year) last engaged in this work Apr. 15, 1937 | 25. Date (month and year) last engaged in this work Apr. 15, 1937 |
| 17. Total time (years) spent in this work 5 5 | 26. Total time (years) spent in this work 4 0 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — During labor — Before labor —

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Dr. Powell now dead~~ M. D.
or John P. McCahill Father ~~Midwife~~
Address Rt. 1 Box 53 Redley Calif.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ..... 193.... APR 19 1937 Registrar.

Charles F. Thomas Nezperudda.
James T. Stanton " "
P. M. Harding " "

736 203 020-215

2V 3V 3V

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

253535

MAY 8 - 1937

1. PLACE OF BIRTH

County of ~~Glenns Ferry~~ Elmore

City of ~~Glenns Ferry~~ Idaho

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cecil Irene Scott

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes.

8. Date of birth Mon. Feb. 3rd 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Otis Hugh Scott | 18. Full maiden name Irene Leota Sanders |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry Ida |
| 11. Color or race White 12. Age at last birthday 28 (years) | 20. Color or race White 21. Age at last birthday 20 (years) |
| 13. Birthplace (city or place) (State or Country) Alton Illinois U.S.A. | 22. Birthplace (city or place) (State or Country) Boise City Ada Co. Idaho. |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber. | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper. |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home |
| 16. Date (month and year) last engaged in this work Dec., 19 24 | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs. Irene Leota Sanders Whister

or "Mother" ..... Midwife

Address Ojai Ventura Co. California

Filed MAY 8 - 1937, 193....

Registrar.

OCT 18 1965

[illegible] Tora Tora Tora!
[illegible] Isaako

[illegible] Tora Tora Tora!
[illegible]

[illegible] Tora Tora Tora.

393 117 023 212

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

254062

MAY 6 1937

Registration District No. 6 State File No.

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Leslie Little

3. Sex Male

If plural births: 4. ~~Twin, triplet~~, or other 5. Number, in order of birth

6. Premature Full term Yes 7. Legitimate? Yes

8. Date of birth June 17 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name James Little | 18. Full maiden name Maude Albertine Basye |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida |
| 11. Color or race W. 12. Age at last birthday 36 (years) | 20. Color or race W. 21. Age at last birthday 22 (years) |
| 13. Birthplace (city or place) (State or country) Scotland | 22. Birthplace (city or place) (State or country) Emmett, Ida. |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockman | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ..., 19.. | 25. Date (month and year) last engaged in this work ..., 19.. |
| 17. Total time (years) spent in this work 13 yrs | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5:10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Mary A. Basye, Midwife

Address Emmett Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed March 15, 1937 J. C. Raynolds
Registrar.

MAR 21 1942

MAY 25 1966

APR 12 1967

231-206035-993

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

**1. PLACE OF BIRTH**

County of Nez Perce

City of Mohler Idaho

No. ..... St.

(If born in hospital or institution give name.)

MAY 26 1931

**STATE OF IDAHO**
**DEPARTMENT OF PUBLIC WELFARE**
**BUREAU OF VITAL STATISTICS**

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. **254495**

Prim. Registration District No. ..... Local Registrar's No. .....

**2. FULL NAME OF CHILD** Thelma Standley

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 9-6-1902 (Month, Day, Year)

**FATHER**

9. Full name James Riley Standley

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) Lafayette (State or Country) Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 1

**MOTHER**

18. Full maiden name India Pearl Richardson

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Farm near Lebanon, Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) two

(a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9-6-1902 at 10 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

(Signed) Pearl R. Standley - Mother M.D.

or ..... Midwife

Address 1734-7-Ave Lewiston Idaho

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report Dr. Price, deceased
(Date of)

..... Registrar.

Filed MAY 2 1931, 193.... ..... Registrar.

Mrs. J. S. Betts Clarkston Wash.
Mrs. F. B. Davis, Clarkston, Wash.
Mrs. Chas. Giles Moscow, Idaho.

Subscribed and sworn to before me this 24th day of May 1937, by Pearl R. Standley.

Notary Public in and for State of Idaho, residing at Lewiston, therein.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

254537

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Boise
City of Garden Valley
No. 213-202-008-231 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Beatrice Ball

3. Sex F

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth Dec. 2 1902, 193_ (Month, Day, Year)

**FATHER**

9. Full name James T. Ball

10. Residence (usual place of abode) (If non-resident, give place and State) Garden Valley Ida.

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work _____

**MOTHER**

18. Full maiden name Catherine Scanlon

19. Residence (usual place of abode) (If non-resident, give place and State) Garden Valley Ida.

20. Color or race W | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Garden Valley, Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19__ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report _____
(Date of)
_____ Registrar.

(Signed) _____, M.D.
or Mary J. McCastle, Midwife
Address Boise RT 3 Ida
Filed 6/16, 1937
Registrar.

MAY 22 1942

JAN 11 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 4 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

254962

1. PLACE OF BIRTH
County of Canyon
City of Conant
No. 766 216 016-365 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prin. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gladys Rhetta Powers

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth May 16, 1902 (Month, Day, Year)

FATHER

9. Full name William Powers

10. Residence (usual place of abode) Sublett
(If non-resident, give place and State) ~~Conant~~

11. Color or race White 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On own Ranch

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Leona Conant

19. Residence (usual place of abode) Sublett
(If non-resident, give place and State) Idaho

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or country) Boise Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ..... { months or weeks 30. Cause of stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

X (Signed) Mrs Joe H Day, ~~M.D.~~
Grandmother ~~Attending Physician~~, ~~Midwife~~
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193..... Pearl Dillingham State Registrar.

JUN 4 1937

SEP 14 1943
FEB 15
MAY 6 1969

613 205 032 749

255424

JUN 17 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

255424

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cecil Lou Wallace

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec. 5, 1902 (Month, Day, Year)

FATHER

9. Full name William J. Wallace

10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Idaho

11. Color or race white | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Iola, Wis.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work December, 1902

17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Chattie Pearl Purdum

19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone, Id.

20. Color or race white | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Rockport Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work December, 1902

26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living ..... (b) Born alive but now dead x (c) Stillborn x

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3.30 mPM on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

(Signed) Chattie Pearl Wallace Mother, ~~XXXX~~
or ....., Midwife
Address Alamosa, Colorado
Filed JUN 17 1937, 193....
(Over)

Registrar.

The names of three people who knew of this birth are:

| | |
|---|---|
| Frank B. Cheney | Alamosa, Colorado |
| Mr. Harry Knox | La Jara, Colorado |
| Mrs. Betty Knox | La Jara, Colorado |

Charlie P. Wallace

Subscribed and sworn to before me this fifth day of June, 1937.

My commission expires March 14, 1938.

Roy B. Hechman
Notary Public

295-228-035-542

W 6473

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 256473

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Culdesac
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alta Marie King

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth October 28, 1902 (Month, Day, Year)

FATHER

9. Full name George Sydney Grant King

10. Residence (usual place of abode) (If non-resident, give place and State) Culdesac

11. Color or race W | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) ..... (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Sarah Matilda Eubanks

19. Residence (usual place of abode) (If non-resident, give place and State) Culdesac

20. Color or race W | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) ..... (State or Country) Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

(Signed) George S. G. King Father, M. D.
or ..... Midwife
Address Nampa, Idaho

Subscribed and sworn to before me this 14th day of Aug. 1937

Filed 8-13-37, 193.....

Pearl Dillingham
State Registrar ~~Registrar~~

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

284-T25040819

259614

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. ..... St. .....
(If born in hospital or institution give name.)

NOV 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

259614

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hallie Gerry Shutt

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth 4-25, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Gerry Hallie Shutt | 18. Full maiden name: Addie Haight |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Unknown | 19. Residence (usual place of abode) (If non-resident, give place and State): Idaho |
| 11. Color or race: W. 12. Age at last birthday ..... (years) | 20. Color or race: W. 21. Age at last birthday: 17 (years) |
| 13. Birthplace (city or place) (State or country): Allen County, Indiana | 22. Birthplace (city or place) (State or country): Shoshone County, Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Miner | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

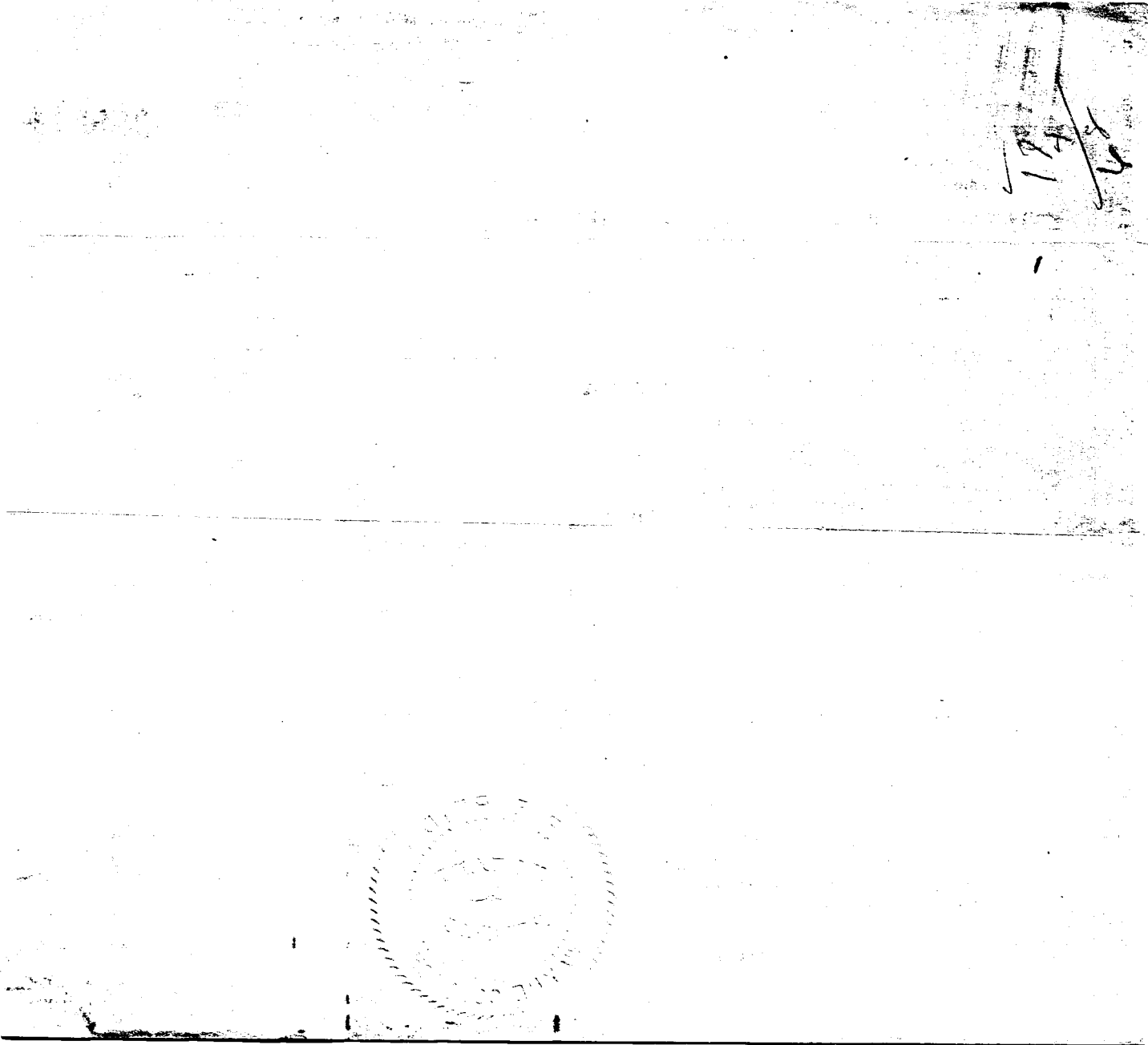
## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Hallie Gerry Shutt, M.D.
or ....., Midwife
Address 5245 Manistique, Detroit Mich.
Filed Nov. ....., 1937
R. E. Reed Notary Public
Registrar.
Com Expires May 30 — 1939

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.



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260630

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

DEC 8 1937
RECEIVED

Registration District No. ..... State File No. 260630

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Nampa
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Garland Johnson Powell

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature? No Full term? Yes

7. Legitimate? Yes

8. Date of birth June 14 1902 (Month, Day, Year)

**FATHER**

9. Full name Allen M Powell

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Rural

11. Color or race White 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or country) Berry Cr Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Anna E Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Rural

20. Color or race White 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or country) Stockholm Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sg. Nitt

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth ✓ Before labor ..... During labor ✓

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) G H Murray, M. D.

or ....., Midwife

Address Nampa Ida

Give name added from a supplemental report .....
(Date of)

Filed 12-8-37, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 8 1937

# CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 260633

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Freemont
City of Lorenzo
No. _____ St.
A 294 114-022 231
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Victor John Krupp

3. Sex Male

If plural births { 4. Twin, triplet, or other Single
5. Number, in order of birth _____

6. Premature no
Full term yes

7. Legitimate? yes

8. Date of birth January 14 1922 (Month, Day, Year)

9. Full name — FATHER: John Krupp

10. Residence (usual place of abode) Lorenzo, Freemont
(If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 38 yrs (Years)

13. Birthplace (city or place) Monroe County
(State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O. S. L. R. R. Company

16. Date (month and year) last engaged in this work November, 1902

17. Total time (years) spent in this work 4 yrs

18. Full maiden name — MOTHER: Elizabeth Mary Blatter

19. Residence (usual place of abode) Lorenzo, Fremont Co.
(If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 28 yrs (Years)

22. Birthplace (city or place) Perry County
(State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) Three Children
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed DEC 8 1937, 193__ _____ Registrar.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Krupp being first duly sworn says that he is the Father (Relationship of child)* of Victor John Krupp born January 14th, 1902 (Date of birth) at Lorenzo, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Victor John Krupp hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Waltz (Lady Physician) M. D. was the Midwife medical attendant at the birth of said Victor John Krupp and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Elizabeth Mary Krupp

Name of Affiant John Krupp
P. O. Address Lorenzo Idaho

Subscribed and sworn to before me this 7-19 day of December, 1937

George M. Larson
Notary Public.
Residing at Menan, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 17 1988

249-127-035-366

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 31 1938

# CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 262583

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston, Idaho
No. Sixth Avenue St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Charles Delmont Smith

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth Jan 27, 1927 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Charles Joshua Smith | 18. Full maiden name Barbara Ann Cowan |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idaho |
| 11. Color or race White 12. Age at last birthday 38 (years) | 20. Color or race White 21. Age at last birthday 22 (years) |
| 13. Birthplace (city or place) (State or Country) Marshall, Michigan | 22. Birthplace (city or place) (State or Country) Douglas County, Oregon |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber yard | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Two years |
| 16. Date (month and year) last engaged in this work _____, 19____ | 25. Date (month and year) last engaged in this work _____, 19____ |
| 17. Total time (years) spent in this work Five | 26. Total time (years) spent in this work _____ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or ~~Stillborn~~) at 11:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(~~Signed~~) Sworn and subscribed to before me a notary Public ~~M. D.~~ or this 15th day of January 1938 ~~Midwife~~

Address _____

Give name added from a supplemental report Barbara A Smith
(Date of)

Notary Public in and for the State of Washington residing at Lewiston

Registrar

Filed _____

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AFFIDAVIT RE BIRTH OF CHARLES DELMONT SMITH

STATE OF WASHINGTON )
( ss
COUNTY OF SPOKANE )

GERTRUDE A. DORRIS, being first duly sworn on oath deposes and says as follows: That she is the wife of Edwin E. Dorris; that she resides at East 1411 Thirteenth Avenue, in the City of Spokane, County of Spokane, State of Washington; that she is well acquainted with Charles Delmont Smith, who resides at 910 West Ninth Avenue, in Spokane, Washington; that said Charles Delmont Smith is the son of Charles J. Smith and Barbara A. Smith, husband and wife, who reside at Entiat, in the State of Washington; that affiant was present personally at the birth of said Charles Delmont Smith, which occurred on January 27, 1902, in Lewiston, Idaho, at the residence of his said parents, at which time affiant was also a resident of Lewiston, Idaho; that Dr. LaFayette Inman was the physician who attended the birth and who is now deceased; that affiant is now of the age of 64 years.

Gertrude A. Dorris

SUBSCRIBED AND SWORN to before me this 10th day of January, 1938.

Orville W. Duell
NOTARY PUBLIC IN AND FOR THE STATE
of WASHINGTON, RESIDING AT SPOKANE

My Commission expires January 22, 1940.

286-208-008-231

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boise

City of Garden Valley

No. ..... St.

(If born in hospital or institution give name.)

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 263561

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mildred Mae Syfford

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 8, 1902 (Month, Day, Year)

**FATHER**

9. Full name William Edgar Syfford

10. Residence (usual place of abode) (If non-resident, give place and State) Centerville

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Wam County, Iowa (State or Country) Corydon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Placer Gold Mine

16. Date (month and year) last engaged in this work May 8, 1902

17. Total time (years) spent in this work 7 years

**MOTHER**

18. Full maiden name Louise Johanna Martha Blank

19. Residence (usual place of abode) (If non-resident, give place and State) Centerville

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) Memel Prussia (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work May 8, 1902

26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Louise M. Syfford Mother, ~~Fa~~

or ....., Midwife

Address Centerville, Idaho.

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed MAR 21 1938, 193...

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Louise M. Syferd, present name Louise M. Fietze being first duly sworn says that she is the Mother of Mildred Mae Syferd
(Relationship of child)*

born May 8, 1902 at Garden Valley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Mildred Mae Syferd hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Warren Newell deceased M. D. was the Midwife medical attendant at the birth of said Mildred Mae Syferd and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Louise M. Fietze
P. O. Address 3806 Randolph Ave

Subscribed and sworn to before me this 8th day of March, 19 38

J. K. Davis
Notary Public.
Residing at Los Angeles Calif. ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission Expires May 17th 1941.

817-223-001-219

1. PLACE OF BIRTH

County of ADA

City of BOISE

No. 1115 State St.

(If born in hospital or institution give name.)

MAR 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 264529

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ELEANOR LOUISE HAGA

3. Sex: girl

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth June 23, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: OLIVER OWEN HAGA | 18. Full maiden name: JENNIE E. BARTLETT |
| 10. Residence (usual place of abode) (If non-resident, give place and State): BOISE, IDAHO | 19. Residence (usual place of abode) (If non-resident, give place and State): BOISE, IDAHO |
| 11. Color or race: white 12. Age at last birthday: 30 (years) | 20. Color or race: white 21. Age at last birthday: 35 (years) |
| 13. Birthplace (city or place) (State or Country): Luverne, Minnesota | 22. Birthplace (city or place) (State or Country): Dryden, Michigan |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home |
| 16. Date (month and year) last engaged in this work: continously, 19 | 25. Date (month and year) last engaged in this work: _____, 19 |
| 17. Total time (years) spent in this work: 2 years | 26. Total time (years) spent in this work: 2 years |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Lewis O. Barnes (now deceased)~~ M.D.
By Oliver Owen Haga (father), ~~Midwife~~

Address

Give name added from a supplemental report _____

(Date of)

Filed MAR 21 1938, 193

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

**AFFIDAVIT**

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of IDAHO
County of ADA } ss.

OLIVER OWEN HAGA being first duly sworn says that he is the father (Relationship of child)* of Eleanor Louise Haga born June 23, 1902 (Date of birth) at BOISE, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ELEANOR LOUISE HAGA hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that LEWIS C. BOWERS M. D. was the Midwife medical attendant at the birth of said ELEANOR LOUISE HAGA and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Oliver Owen Haga
P. O. Address Boise, Idaho, P. O. Box 1268

Subscribed and sworn to before me this 21st day of March, 1938.

Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

THE BODLEIAN LIBRARY OXFORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 29 1938

# CERTIFICATE OF BIRTH

264553

Registration District No. 100 State File No.
Prim. Registration District No. 2178 Local Registrar's No. 32

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 553-202-033-389 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lucile Nelson

3. Sex Female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? ✓

8. Date of birth Apr. 2 1902 (Month, Day, Year) 1902

FATHER

9. Full name Nels Nelson

10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg

11. Color or race W | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Eliza Christiansen

19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg

20. Color or race W | 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Smithfield Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. [redacted]

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 9
(a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) [redacted] M. D.
or R. G. Shelman brother Midwife
Address Rexburg

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Filed 3-28-, 1938 Mis H Young
Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Madison } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

N. C. Nelson being first duly sworn says that he is the Brother of Lucile Nelson
(Relationship of child)*

born April 2 1902 at Rexburg, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lucile Nelson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. G. Woodburn M. D. was the Midwife medical attendant at the birth of said Lucile Nelson and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant N. C. Nelson

P. O. Address Rexburg, Idaho.

Subscribed and sworn to before me this 30 day of March, 19 38

Notary Public.

Residing at Rexburg, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 6 1

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

APR 13 1938

264582

1. PLACE OF BIRTH
County of Boise - Now Gem
City of Ola
No. ..... St.
(If born in hospital or institution give name)

Registration District No. 6 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Joseph Theadore Holbrook

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Oct 2nd 1902 (Month, Day, Year)

FATHER

9. Full name Frank Holbrook
10. Residence (usual place of abode) (If non-resident, give place and State) Ola Idaho
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Parma Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary Eliza Neal
19. Residence (usual place of abode) (If non-resident, give place and State) Ola Idaho
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓
28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was Alive (Born Alive or Stillborn) at 6 9 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc. should make this return.

Give name added from a supplemental report .....

(Signed) Mary E. Holbrook, M. D.
or Mother, Midwife
Address Ola Idaho.

Subscribed and sworn to this 13 day of April 1938 before me Lillian Lillingham State Registrar

Filed 4-6-, 1938 J. L. Purnell Registrar.

No Doctor in attendance

Registrar.

SEP 27 1967

A389-201-006-437

WRITE PLA[illegible] UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

264834

APR 18 1938

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gladys Norma Chipps

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Feb. 1, 1902 (Month, Day, Year)

FATHER

9. Full name Chester Phenix Chipps

10. Residence (usual place of abode) ~~Idaho Falls~~ (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 39 (years)

13. Birthplace (city or place) Eton Co. (State or Country) Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Minnie Jane McGill

19. Residence (usual place of abode) ~~Idaho Falls~~ (If non-resident, give place and State) Idaho

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Thayer Co. (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed APR 18 1938, 193....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Clackamas } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lillie Holman being first duly sworn says that She is the Aunt (Relationship of child)* of Gladys Norma Chipps born Feb 1- 1902 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that Gladys Norma Chipps desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gladys Norma Chipps hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant ~~is~~ WAS - A MIDWIFE, WHEREABOUTS UNKNOWN (Now deceased (or) cannot be located)

Name of Affiant Lillie Holman

P. O. Address Boring Oregon Rt #1

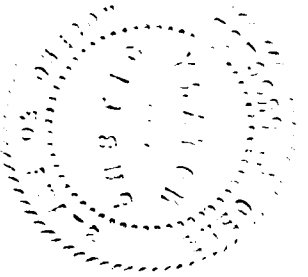
Subscribed and sworn to before me this 6th day of April, 1938

Lieda Luter
Notary Public.

Residing at Sandy Oregon ~~, Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission expires June 4- 1940



A546123021-995

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

265085

APR 5 1938

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. ..... St.
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd Jacob Nuffer

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth April 23, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Fred Nuffer | 18. Full maiden name Anna Rinderknecht |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Preston | 19. Residence (usual place of abode) (If non-resident, give place and State) Preston |
| 11. Color or race white \| 12. Age at last birthday 38 (years) | 20. Color or race white \| 21. Age at last birthday 33 (years) |
| 13. Birthplace (city or place) (State or Country) Neuffen, Wuerttemberg, Germany | 22. Birthplace (city or place) (State or Country) Providence, Utah |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home |
| 16. Date (month and year) last engaged in this work April, 1902 \| 17. Total time (years) spent in this work 15 | 25. Date (month and year) last engaged in this work April, 1902 \| 26. Total time (years) spent in this work 14 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed APR 5 1938, 193.... ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Nuffer being first duly sworn says that she is the Mother of Lloyd Jacob Nuffer
(Relationship of child)*

born April 23, 1902 (Date of birth) at Preston, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lloyd Jacob Nuffer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Lala McQueen ~~M. D.~~ was the Midwife medical attendant at the birth of said Lloyd Jacob Nuffer and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Anna Nuffer
P. O. Address 15716 Lakeview St. Van Nuys

Subscribed and sworn to before me this 1st day of April, 1938

Patricia Hall
Notary Public.

Residing at Van Nuys Calif, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 27 1983

A415-121 022-434

76-544

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 3 - 1938

# CERTIFICATE OF BIRTH 265544

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ..... St.
Route # 1
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Warren Corrette Davis

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 21, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: John Gould Davis | 18. Full maiden name: Charlotte Alice McDaniel |
| 10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony | 19. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony |
| 11. Color or race: white 12. Age at last birthday: 35 (years) | 20. Color or race: white 21. Age at last birthday: 28 (years) |
| 13. Birthplace (city or place) (State or Country): Spanish Fork Utah | 22. Birthplace (city or place) (State or Country): Alpine Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home |
| 16. Date (month and year) last engaged in this work: October, 1902 | 25. Date (month and year) last engaged in this work: October, 1902 |
| 17. Total time (years) spent in this work: lifetime | 26. Total time (years) spent in this work: 10 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyl

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed MAY 3 - 1938, 193.... .....
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Fremont } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Gould Davis being first duly sworn says that he is the Father of Warren Corrette Davis
(Relationship of child)*

born 21 October 1902 at St. Anthony, Fremont County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Warren Corrette Davis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that William Middleton M. D. was the medical attendant at the birth of said Warren Corrette Davis and that the said medical attendant is **deceased.**
(Now deceased (or) cannot be located)

Name of Affiant John Gould Davis
P. O. Address St. Anthony, RFD#1, Idaho.

Subscribed and sworn to before me this 29th day of April, 19 38

Rechtsalt
Notary Public.

Residing at St. Anthony, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A814-216-035-854

265583

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Lookout

No. Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 265583

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Evelyn Hadford

3. Sex Female

If plural births { 4. Twin, triplet, or other one
5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 16, 1902 (Month, Day, Year)

9. Full name FATHER John Hadford

10. Residence (usual place of abode) (If non-resident, give place and State) Lookout Idaho

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Gefle (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

18. Full maiden name MOTHER Betty Catharine Hedin

19. Residence (usual place of abode) (If non-resident, give place and State) Lookout, Idaho

20. Color or race white | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Gefle (State or Country) Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Mrs. [redacted], Midwife

Address .....

Filed May 16, 1908

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Hadford being first duly sworn says that he is the Father of Ethel Evelyn
(Relationship of child)*

born March 16, 1902 at Lookout, Nez Perce Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that John Hadford desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ethel Evelyn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Demmind Deceased M. D. was the Midwife medical attendant at the birth of said Ethel Evelyn and that the said medical attendant is Is now deceased
(Now deceased (or) cannot be located)

Name of Affiant John Hadford
P. O. Address 1218 E. Sansome Ave Spokane Wn

Subscribed and sworn to before me this 13 day of May, 1938

Jerry Thorpe
Notary Public.
Residing at Spokane, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

816-120-028-299

RECEIVED
MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

266214

Registration District No. 30 State File No.

Prim. Registration District No. 1051 Local Registrar's No. 85

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Aaron Carl Hawkins

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 20, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Mark T. Hawkins | 18. Full maiden name Winnona Mae Kirk |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Harrison | 19. Residence (usual place of abode) (If non-resident, give place and State) Harrison |
| 11. Color or race W 12. Age at last birthday 41 (years) | 20. Color or race W 21. Age at last birthday 35 (years) |
| 13. Birthplace (city or place) (State or Country) Virginia | 22. Birthplace (city or place) (State or Country) Oregon |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work Present, 1902 | 25. Date (month and year) last engaged in this work Present, 1902 |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor Before labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Dr. Qualey~~ mother ~~M.D.~~ or ~~Midwife~~

Address 9423 S. E. Ramona St.,

~~Give name added from a supplemental report~~ Winnona Mae Kirk Hawkins (~~Date of~~)

Filed April 11, 1938 L. C. Kretcher M.D. Registrar.

Registrar.

F. T.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Wrenna Mae Kirk Hawkins being first duly sworn says that she is the mother of Aaron Carl Hawkins
(Relationship of child)*

born July 20, 1902 (Date of birth) at Harrison, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Aaron Carl Hawkins hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Busbee M. D. was the ~~Midwife~~ medical attendant at the birth of said Aaron Carl Hawkins and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Wrenna Mae Kirk Hawkins
P. O. Address Portland, Oregon

Subscribed and sworn to before me this 17th day of April, 1938

Jas A. Foster
Clerk of the District Court ~~Notary Public~~.
Ex-Officio Auditor and Recorder
Residing at, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

666-130-003-863

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 207 S Garfield St.

at home

(If born in hospital or institution give name)

JUN 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

266580

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Edwin Wood

Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? ..... | 8. Date of birth April 30, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: William Edwin Wood | 18. Full maiden name: Mary Catharine Holden |
| 10. Residence (usual place of abode) (If non-resident, give place and State): 207 S. Garfield Pocatello Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State): 207 S. Garfield |
| 11. Color or race: white / 12. Age at last birthday: 24 (years) | 20. Color or race: white / 21. Age at last birthday: 24 (years) |
| 13. Birthplace (city or place) (State or Country): Ogden, Utah | 22. Birthplace (city or place) (State or Country): England Idaho |
| OCCUPATION | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery Store salesman | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: [redacted] |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: House-wife own home |
| 16. Date (month and year) last engaged in this work: 1901 to 1915 | 25. Date (month and year) last engaged in this work: [redacted] |
| 17. Total time (years) spent in this work: 14 yrs. | 26. Total time (years) spent in this work: teaching 19 yrs. |

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of children of this mother (At time of this birth and including this child) ~~one~~ first child

(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary Catharine Wood Mother ~~M. D.~~

or ..... Midwife

Address 1812 H. St. N.W. Washington, D.C.

Give name added from a supplemental report Mary Catharine Wood (Date of)

Filed May, 1938

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... being first duly sworn says that ..... is the mother (Relationship of child)* of William Edwin Wood born April 30 – 1902 (Date of birth) at Pocatello, Idaho, Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Edwin Wood ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Castle & Mrs. Pitts nurse M. D. was the Midwife medical attendant at the birth of said William Edwin Wood and that the said medical attendant is cannot be located from Washington (Now deceased (or) cannot be located)

Name of Affiant Mary Catharine Wood
P. O. Address 1812 R. R. Ave.

Subscribed and sworn to before me this 27th day of May, 1938

G. Richardson
Notary Public.
Residing at Washington DC, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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OCCUPATION
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RECEIVED JUN 6 1938

266591

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 266591

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dan Ferrell

3. Sex

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature? _____ Full term? yes

7. Legitimate? yes

8. Date of birth July 20, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name J. Elzie Ferrell (deceased) | 18. Full maiden name Maude Whitten (deceased) |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho |
| 11. Color or race White 12. Age at last birthday _____ (years) | 20. Color or race White 21. Age at last birthday _____ (years) |
| 13. Birthplace (city or place) (State or Country) Minorsville, Kentucky | 22. Birthplace (city or place) (State or Country) Greenwich, Missouri |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. No | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. No |
| 16. Date (month and year) last engaged in this work 1935, 19 | 25. Date (month and year) last engaged in this work 1937, 19 |
| 17. Total time (years) spent in this work 40 | 26. Total time (years) spent in this work 30 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No

28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living 7 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) _____, M. D.

or Mrs. Ola B. Nesbit, Midwife

Address Weiser, Idaho

Filed JUN 6 1938, 193_____

Registrar.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report _____

(Date of)

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Geo. V. Nesbit being first duly sworn says that ~~is the~~ (Relationship of child)* of Dan Ferrell born on the 20th day of July 1902 (Date of birth) at Weiser, Washington County, Idaho, whose certificate of birth is hereto attached, and that Dan Ferrell desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Dan Ferrell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

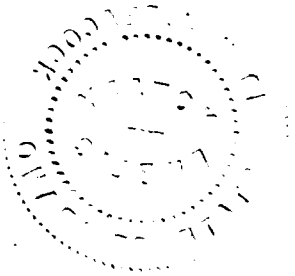
Affiant further states that Mrs Wertz and Lola B Nesbit ~~M.D.~~ Midwife was the medical attendant at the birth of said Dan Ferrell and that the said medical attendant is none (Now deceased (or) cannot be located)

Name of Affiant Geo V Nesbit
P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 4th day of June, 1938.

John J Bennett
Notary Public.
Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

David Madison being first duly sworn says that ~~is the~~ (Relationship of child)* of Dan Ferrell born On the 20th day of July 1907 (Date of birth) at Weiser, Washington County, Idaho, whose certificate of birth is hereto attached, and that Dan Ferrell desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Dan Ferrell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Werts and Lola B Nesbit ~~M. D.~~ was the Midwife medical attendant at the birth of said Dan Ferrell and that the said medical attendant is none (Now deceased (or) cannot be located)

Name of Affiant David Madison
P. O. Address Weiser Idaho

Subscribed and sworn to before me this 4th day of June, 1938

John [illegible]
Notary Public.
Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO )
: ss.
County of Washington )

Geo. V. Nesbit, being first duly sworn, deposes and says: That in the year 1902 in Weiser, Washington County, Idaho, I owned and operated a ranch adjoining a ranch operated by Elzie Ferrell, the father of Dan Ferrell; that on the 20th day of July, 1902, Dan Ferrell was born; that Lola B. Nesbit is my wife and that she attended Mrs. Elzie Ferrell at the time of the birth of this boy and that of my own knowledge I know that Dan Ferrell was born on the 20th day of July, 1902.

Geo V Nesbit

Subscribed and sworn to before me this 4th day of June, 1938.

John Pearson
Notary Public for Idaho
Residing at Weiser, Idaho.

A466-126 001-466

RECEIVED
JUN 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

266609

Registration District No. 5 State File No.

Prim. Registration District No. Local Registrar's No. 27

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St.
in hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Raymond Birrett Moore

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? X | 8. Date of birth July 26, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Henry Pinkerton Moore | 18. Full maiden name Josephine Moore |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho |
| 11. Color or race White 12. Age at last birthday 25 (years) | 20. Color or race white 21. Age at last birthday 19 (years) |
| 13. Birthplace (city or place) (State or Country) Boise Ada Co Idaho | 22. Birthplace (city or place) (State or Country) Utah Bear City |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work, 19 | 25. Date (month and year) last engaged in this work, 19 |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7:30 P.m. on the date above stated.

(Signed) , M. D.
or , Midwife
Address

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report Henry Pinkerton Moore (Date of)

Filed June 13 1938 Martha M. Gardner
Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Pinkerton Moore being first duly sworn says that he is the father (Relationship of child)* of Raymond Everett Moore born July 26 1902 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that 2 desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Everett Moore hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Wellmont M. D. was the ✗ Midwife medical attendant at the birth of said Raymond Errett Moore and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Henry Pinkerton Moore
P. O. Address Norwood Idaho

Subscribed and sworn to before me this 9th day of June, 1938

H. E. Cunningham
Notary Public.
Residing at Donnelly, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

669-205-030-415

267792

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

267792

JUL 18 1938

Registration District No. 41 State File No.

Prim. Registration District No. 2116 Local Registrar's No.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Cora Elizabeth Ford

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Yes Full term

7. Legitimate? Yes

8. Date of birth Apr 5, 1902 (Month, Day, Year)

FATHER

9. Full name Albert Henry Ford

10. Residence (usual place of abode) (If non-resident, give place and State) Salmon, Ida

11. Color or race White 12. Age at last birthday 80 (years)

13. Birthplace (city or place) (State or Country) Siskyou Co. Calif

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work 54

MOTHER

18. Full maiden name Mamie May Daniel

19. Residence (usual place of abode) (If non-resident, give place and State) Salmon, Ida

20. Color or race White 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Silom Sprs. Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work 37

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child) one
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) F. S. Wright, M. D.

or , Midwife

Address Salmon Idaho

Filed July 14 1938 Olio C. Bellamy

Registrar.

WRITE PLAINLY with Carbon Paper. Use Ink. Print Name in full. Do not abbreviate. Fill all blanks. Use "None" or "Unknown" if no data. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SEP 12 1961

A759 173 816

PLACE OF BIRTH

County of Cassia

City of Spencer

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

767794

JUL 18 1938

# CERTIFICATE OF BIRTH

267794

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Raymond Peirce

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth September 17 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name John Henry Peirce | 18. Full maiden name Alice Haworth |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Spencer | 19. Residence (usual place of abode) (If non-resident, give place and State) Spencer |
| 11. Color or race white 12. Age at last birthday 37 (years) | 20. Color or race white 21. Age at last birthday 37 (years) |
| 13. Birthplace (city or place) (State or Country) Brigham City Utah | 22. Birthplace (city or place) (State or Country) Kaysville Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Foreman | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wool live Stock Co. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home |
| 16. Date (month and year) last engaged in this work Sept. 17, 1902 | 25. Date (month and year) last engaged in this work Sept. 17, 1902 |
| 17. Total time (years) spent in this work ten | 26. Total time (years) spent in this work eight |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JUL 18 1938 193.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho.
County of Cassia } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Henry Pearce being first duly sworn says that he is the father (Relationship of child)* of John Raymond Pearce born September 17 1902 (Date of birth) at Spencer, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Raymond Pearce hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Davis ~~M. D.~~ was the Midwife medical attendant at the birth of said John Raymond Pearce and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant John H. Pearce
P. O. Address Claresholm Alberta

Subscribed and sworn to before me this 14th day of June, 19 38

A V Graham
Notary Public.
Residing at Claresholm, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Notary Public in and for the Province of Alberta

395-115-040-395

RECEIVED SEP 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 271099

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Black Bear
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Garfield Trezona

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Jan 15, 1902 (Month, Day, Year)

| 9. Full name | FATHER | 18. Full maiden name | MOTHER |
|---|---|---|---|
| | Richard James Trezona | | Annie Trezona |
| 10. Residence (usual place of abode) (If non-resident, give place and State) | Idaho Black Bear | 19. Residence (usual place of abode) (If non-resident, give place and State) | Black Bear, Ida |
| 11. Color or race | White | 20. Color or race | White |
| 12. Age at last birthday | 41 (years) | 21. Age at last birthday | 32 (years) |
| 13. Birthplace (city or place) (State or Country) | Camborn Cornwall, England | 22. Birthplace (city or place) (State or Country) | Camborn Cornwall, England |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Miner | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. | Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | Mining | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. | --- |
| 16. Date (month and year) last engaged in this work | ....., 19.... | 25. Date (month and year) last engaged in this work | ....., 19.... |
| 17. Total time (years) spent in this work | | 26. Total time (years) spent in this work | |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living TWO (b) Born alive but now dead 3 (c) Stillborn ---

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Richard James Trezona M.D. XXXX
or ..... Midwife XXXXX
Address ---VED Brother
Filed SEP 29 1938, 193.... Pearl Bellingham State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

**STATE OF IDAHO**
**BARZILLA W. CLARK, GOVERNOR**

**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**
**BUREAU OF VITAL STATISTICS**

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Richard James Trezona being first duly sworn says that he is the brother (Relationship of child)* of William Garfield Trezona

born January 15, 1902 (Date of birth) at Black Bear, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William Garfield Trezona hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hamers M. D. was the Midwife medical attendant at the birth of said William Garfield Trezona and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Richard James Trezona

P. O. Address Wallace, Idaho

Subscribed and sworn to before me this 27th day of September, 19 38

Harriet Rogers
Clerk of the District Court of the [illegible] Notary Public.
Residing at [illegible] of the State of Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 1960

4619-117-022-799

27/143

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 17 1938

# CERTIFICATE OF BIRTH

271143

Registration District No. ..... State File No. .....

Brim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Cache
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edgar Griffith Hart

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 17, 1902 (Month, Day, Year)

**FATHER**

9. Full name Frank Albert Hart
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 21 (years)
13. Birthplace (city or place) Hartford (State or Country) So Dakota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Ranch
16. Date (month and year) last engaged in this work June, 1902 | 17. Total time (years) spent in this work Lifetime

**MOTHER**

18. Full maiden name Julia Izetta Griffith
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) Kanarra (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed OCT 17 1938, 193.... ..... Registrar.

WRITE PLAINLY WITH DING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Sep... ...e Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Nevada
County of Clark } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Albert Hart, being first duly sworn says that he is the Father of Edgar Griffith Hart (Relationship of child)* born June 17th 1902 (Date of birth) at Cache, Fremont County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edgar Griffith Hart hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Ada Smith ~~M. D.~~ was the Midwife medical attendant at the birth of said Edgar Griffith Hart and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Frank Albert Hart
P. O. Address Las Vegas, Nevada

Subscribed and sworn to before me this 14th day of October, 1938.

Margaret Hinson
Notary Public.
Residing at Las Vegas, Nevada, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Commission Expires Nov 30, 1940

331-112-04-162

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

OCT 5 1938

271164

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Washington
City of Landore
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Herbert George Clark

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 12 / 1902 (Month, Day, Year)

9. Full name — FATHER: William Merritt Clark

10. Residence (usual place of abode) (If non-resident, give place and State) Landore, Ida

11. Color or race White | 12. Age at last birthday 48 (years)

13. Birthplace (city or place) Holyoke (State or Country) Massachusetts

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining Camp

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

18. Full maiden name — MOTHER: Eva Moser

19. Residence (usual place of abode) (If non-resident, give place and State) Landore, Idaho

20. Color or race White | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Conway County (State or Country) Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead -- (c) Stillborn --

29. If stillborn, period of gestation --- months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:30 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. M. Brown, M. D.
or Stanley, Idaho, ~~Midwife~~
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed OCT 5 1938, 193.. Pearl Dillingham State Registrar.

433-209-046-239

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. 616 Commercial St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 20 1938

# CERTIFICATE OF BIRTH

272258

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Muriel May McCully

3. Sex girl | If plural births: 4. Twin, triplet, or other no; 5. Number, in order of birth no | 6. Premature no; Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 9th, 1902 (Month, Day, Year)

**FATHER**

9. Full name Arthur Wesley McCully
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho
11. Color or race White | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) York Nebraska
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public
16. Date (month and year) last engaged in this work Aug, 1902 | 17. Total time (years) spent in this work 15

**MOTHER**

18. Full maiden name Jessie Fremont Still
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho.
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Kansas
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work abt Sept, 1906 | 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive ~~or Stillborn~~) at 5.6 m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Joseph R. Meechers, M. D.
or ....., Midwife
Address Boise Idaho.
Filed OCT 20 1938, 193... Pearl Wiggins State Registrar.

238-16-014-643

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Caldwell Idaho
No. at Marble Front St.
district
(If born in hospital or institution give name.)

NOV -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

272290

# CERTIFICATE OF BIRTH

272290

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter Donovan Schales

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term ..... | 7. Legitimate? ✓ | 8. Date of birth 6-10, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name John Fredrick Schales | 18. Full maiden name Gertrude Fuller |
| 10. Residence (usual place of abode) (If non-resident, give place and State) ..... | 19. Residence (usual place of abode) (If non-resident, give place and State) ..... |
| 11. Color or race White / 12. Age at last birthday 54 (years) | 20. Color or [redacted] White / 21. Age at last birthday 55 (years) |
| 13. Birthplace (city or place) Boulder (State or country) Colorado | 22. Birthplace (city or place) Glen Co (State or country) Kansas |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home. |
| 16. Date (month and year) last engaged in this work ....., 19..... / 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... / 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Ellen M Cook, Midwife
Address Caldwell Idaho

Give name added from a supplemental report .....
(Date of)

Filed NOV -4 1938, 193.....

Registrar. Registrar.

Miss Birdie M. Cook - Caldwell, Ida.
Mrs S. H. Fuller - Caldwell, Ida.
Mr. Walter Thomas - Caldwell, Ida.

AUG 25 1950

814-215 014-132

1. PLACE OF BIRTH

County of Canyon Idaho

City of Parma

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

V 73304

Registration District No. ..... State File No. 273304

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bertha Ladema Hamilton Bertha Ladema Hamilton

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec 15 1902, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Ira Mervin Hamilton | 18. Full maiden name Anna Tomine Allerston |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Parma, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Parma, Idaho |
| 11. Color or race White 12. Age at last birthday 36 (years) | 20. Color or race White 21. Age at last birthday 24 (years) |
| 13. Birthplace (city or place) (State or Country) Robinson, Illinois | 22. Birthplace (city or place) (State or Country) Hastings, Nebraska |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housekeeper |
| 16. Date (month and year) last engaged in this work Dec. 15, 1902 | 25. Date (month and year) last engaged in this work Dec. 15, 1902 |
| 17. Total time (years) spent in this work 36 | 26. Total time (years) spent in this work 5 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Anna Tomine Hamilton Mother

or Present address: ....., Midwife

Address Milford, California

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed DEC 5 - 1938, 193....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California, } ss.
County of Lassen,

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Tomine Hamilton being first duly sworn says that she is the mother (Relationship of child)* of Bertha Ladema Hamilton born December 15th, 1902 (Date of birth) at Parma, Canyon County, Idaho, whose certificate of birth is hereto attached, and that Anna Tomine Hamilton desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Bertha Ladema Hamilton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Bertha Albertson ~~M.D.~~ Midwife was the medical attendant at the birth of said Bertha Ladema Hamilton and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Anna Tomine Hamilton
P. O. Address Milford, California

Subscribed and sworn to before me this 3rd day of December, 19 38

Harden Barry
Notary Public.
Residing at Susanville Calif, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 719-120-001-464 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

273308

# CERTIFICATE OF BIRTH

DEC 7 1938

Registration District No. ..... State File No. 273308

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Samuel Richard Parrott

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Aug. 20, 1902, 193 ..... (Month, Day, Year)

**FATHER**

9. Full name Samuel Parrott

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Augusta, Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Linda Moulton

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race W | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) St. Joseph, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Linda Parrott Mother, M. D.

or 415 Idaho St, Midwife

Address .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Filed Dec. 7 1938, 193 .....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Linda Parrott being first duly sworn says that she is the mother of Samuel Richard Parrott
(Relationship of child)*
born Aug. 20, 1902 at Boise, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Samuel Richard Parrott hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Kent Richard was the Midwife medical attendant at the birth of said Samuel Richard Parrott and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Linda Parrott
P. O. Address 415 Idaho St.

Subscribed and sworn to before me this 7th day of December, 1938

Ruth Lyle
Notary Public.
Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH

County of Nez Perce

City of Nepedee

No. ~~Number and street of hospital~~

363207035993

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 4 1939

274353-3

# CERTIFICATE OF BIRTH

274353

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Mae Coles (~~Brown~~)

3. Sex Female

If plural births { 4. Twin, triplet, or other X
5. Number, in order of birth X

6. Premature X
Full term ✓

7. Legitimate? Yes

8. Date of birth March 7 1902 (Month, Day, Year)

FATHER

9. Full name Archer Coles

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Nezperce~~

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Fairmond No. Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer~~, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own store

16. Date (month and year) last engaged in this work ....., 1906

17. Total time (years) spent in this work 15 years

MOTHER

18. Full maiden name Lillie M. Rice (~~Coles~~)

19. Residence (usual place of abode) (If non-resident, give place and State) ~~Nezperce~~ Idaho

20. Color or race White | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Independence, Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Still is, 1939

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead [redacted] (c) Stillborn None

29. If stillborn, period of gestation X months or weeks

30. Cause of Stillbirth X { Before labor X
During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Mrs Lillie M. Rice Coles mother, M. D.

or ....., Midwife

Address Higgins, Texas, R.F.D. 1

Filed JAN 4 1939 193.

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ruth Coles Brown being first duly sworn says that she is the daughter of Lillie M. Coles & Archer Coles
(Relationship of child)*

born March 7 1902 at Nezperce, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ruth Coles Brown hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Powell M. D. was the ~~Midwife~~ medical attendant at the birth of said daughter Ruth Coles Brown and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs L M Coles
P. O. Address Higgins Texas, R.F.D. #1

Subscribed and sworn to before me this 24 day of December, 1938.

Care Wassenmiller
Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

274392

1. PLACE OF BIRTH
County of Custer
City of Barton
No. — St. Idaho
212 215 019 291
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dearing Deloraee Baker

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth 1/15/1902, 193.. (Month, Day, Year)

FATHER

9. Full name Horace D Baker

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Lafayette County Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestockman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Range

16. Date (month and year) last engaged in this work Fall, 1910

17. Total time (years) spent in this work Ten yrs

MOTHER

18. Full maiden name Mary Elizabeth Buckhaye

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Malad Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work —, 19—

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? second child

28. Number of children of this mother (At time of this birth and including this child) four
(a) Born alive and now living yes (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 9 A.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Horace D. Baker, ~~M. D.~~
or Father, ~~Midwife~~
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed DEC 20 1938, 193.. ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Horace D. Baker being first duly sworn says that he is the father of Dearing Delorace Baker
(Relationship of child)*

born January 15, 1902 at Barton, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dearing Delorace Baker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. John Bascom ~~XXXX~~ was the Midwife medical attendant at the birth of said ~~XXX~~ Dearing Delorace Baker and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Horace D Baker
P. O. Address Ashton Idaho

Subscribed and sworn to before me this twentieth day of December, 1938.

Dorothy M. Gray
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 22 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 431/105006-431 St.
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

275435

FEB 9 1939

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frayne Leigh McAtee

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan. 5, 1902 (Month, Day, Year)

FATHER

9. Full name Frank Frayne McAtee

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida.

11. Color or race White | 12. Age at last birthday Born 1876 (years)

13. Birthplace (city or place) (State or Country) Burton, Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Office

16. Date (month and year) last engaged in this work January, 1939

17. Total time (years) spent in this work 38

MOTHER

18. Full maiden name Lulu Leigh McAtee

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Born Idaho

20. Color or race White | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Malad, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work January, 1939

26. Total time (years) spent in this work 39

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) none
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Frayne McAtee
or Father
Address Twin Falls Idaho

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed ....., 193....

FEB 9 1939

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Frayne McAlee being first duly sworn says that he is the father (Relationship of child)* of Frayne Leigh McAlee born Jan 5th - 1902 (Date of birth) at Blackfoot, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Frayne Leigh McAlee hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. D. McAlee, M. D. M. D. was the ~~Midwife~~ medical attendant at the birth of said Frayne Leigh McAlee and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Frank Frayne McAlee
P. O. Address Twin Falls, Idaho

Subscribed and sworn to before me this 7th day of February, 1939

Alice C. Taylor
Notary Public.
Residing at Twin Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695-223 003-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

276514

MAR 4 1939

1. PLACE OF BIRTH
County of Bannock
City of Soda Springs
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 9

2. FULL NAME OF CHILD Grace Annetta Wiedrick

3. Sex F | If plural births: 4. Twin, triplet, or other one; 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 12-23-1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Reuben J. Wiedrick | 18. Full maiden name Sarah Elizabeth Busk |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs |
| 11. Color or race W | 20. Color or race W |
| 12. Age at last birthday 37 (years) | 21. Age at last birthday 33 (years) |
| 13. Birthplace (city or place) (State or Country) Canada | 22. Birthplace (city or place) (State or Country) Canada |
| OCCUPATION | OCCUPATION |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. Wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. — |
| 16. Date (month and year) last engaged in this work June, 1924 | 25. Date (month and year) last engaged in this work —, 19.... |
| 17. Total time (years) spent in this work all time | 26. Total time (years) spent in this work — |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? — Nitrate of Silver

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks —

30. Cause of stillbirth — Before labor — During labor —

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11 P. m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Ellis Kackley Ellis Kackley, M. D.
or Soda Springs, Idaho, Midwife
Address Soda Springs Idaho
Filed Feb 28, 1939 Dr Russell Tigert Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

315-12-644-843

277464

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 10 1939

# CERTIFICATE OF BIRTH

277465

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Floyd Wilbur Lansdon

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No
Full term Yes

7. Legitimate? Yes

8. Date of birth June 21, 1902 (Month, Day, Year)

FATHER

9. Full name Henry Elmer Lansdon

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Weiser (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work May, 1902

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Jessie Irene Hutchings

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho

20. Color or race White | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Reno (State or Country) Nevada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not Known

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jessie Irene Lansdon Mother ~~M. D.~~
or ..... ~~Midwife~~
Address 1502 N. 6. Street Boise Idaho

Give name added from a supplemental report .....
(Date of)

Filed APR 10 1939, 193.....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Tennessee
County of Hamblen } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jessie Irene Lansdon, being first duly sworn says that She is the Mother of Floyd Wilbur Lansdon
(Relationship of child)*

born June 21st 1902 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Floyd Wilbur Lansdon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Charles B. Shirley M. D. was the medical attendant at the birth of said Floyd Wilbur Lansdon and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Permanent address 1502 N. 6th St Boise, Idaho, (Temporary)

Name of Affiant Jessie Irene Lansdon
P. O. Address Wiemyer Court Apt. 10 A Morristown Tennessee

Subscribed and sworn to before me this 6th day of April, 1939.

My Com. Ex. Oct 9-1940

Frank Holmes
Notary Public.

Residing at Morristown Tennessee

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

462-11-025-2465

2774 74

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. ..... St.
Home
(If born in hospital or institution give name.)

RECEIVED
APR 17 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

277494

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lawrence Ralph Mobley

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Nov. 15, 1922 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Frank Mobley | 18. Full maiden name Daisy May Banner |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Wash. |
| 11. Color or race white 12. Age at last birthday 32 (years) | 20. Color or race White 21. Age at last birthday 23 (years) |
| 13. Birthplace (city or place) (State or Country) Lawrence Co. Kansas | 22. Birthplace (city or place) (State or Country) Montgomery Co. Kansas |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work June, 1924 | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work 4 | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Mrs. M. A. Marvin Mother, ~~M. D.~~
or Attending Physician dead, Midwife
Address .....
Filed ....., 193....

Registrar.

Subscribed and sworn to before me this 11th day of April 1939, T. A. Wood
Notary Public Commissioner

Registrar.

813-218-029-697

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED MAR 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

277530

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Zella Cathrine Hall

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 18, 1902 (Month, Day, Year)

FATHER

9. Full name William Washington Hall

10. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Hardin, (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Feb. 18, 1902

17. Total time (years) spent in this work Nine

MOTHER

18. Full maiden name Lillie May Fix

19. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta

20. Color or race ..... 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Dayton, (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Feb. 18, 1902

26. Total time (years) spent in this work Eight

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead One (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [illegible], ~~M. D.~~

~~or~~ Father, ~~Midwife~~

Address Route #3, Moscow, Idaho

Filed MAR 22 1939 .....

Registrar.

**STATE OF IDAHO**

[redacted]

**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**
**BUREAU OF VITAL STATISTICS**

State of Idaho
County of Latah } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

W. W. Hall and Lillie M. Hall being first duly sworn says that Zella Cathrine Hall is the Daughter (Relationship of child)* of William Washington Hall and Lillie May Hall

born February 18, 1902 (Date of birth) at Juliaetta, Idaho,

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Zella Cathrine Hall

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no medical attendant at the birth ~~M. D. was the Midwife~~ ~~medical attendant at the birth of said~~ ~~and that~~ ~~the said medical attendant is~~

(Now deceased (or) cannot be located)

Name of Affiant W W Hall Moscow, Idaho

P. O. Address Lillie M. Hall Moscow, Idaho

Subscribed and sworn to before me this 20th day of March, 1939.

Jack McQuade
Notary Public.

Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 20 1964
OCT 19 1966

A893-024-037-295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of Murphy

No. ..... St.

(If born in hospital or institution give name.)

FILED APR 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH** 277538

Registration District No. 43 State File No. .....

Prim. Registration District No. 2120 Local Registrar's No. 28

2. FULL NAME OF CHILD Helen Barbara Hicks

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth Sept 24, 1902 (Month, Day, Year)

FATHER

9. Full name Robert Fugate Hicks

10. Residence (usual place of abode) (If non-resident, give place and State) Murphy

11. Color or race White | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Near Kirksville Missouri U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. teamster

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. stage between Murphy & Silver City

16. Date (month and year) last engaged in this work Sept., 1902

17. Total time (years) spent in this work 23 4

MOTHER

18. Full maiden name Ellen King

19. Residence (usual place of abode) (If non-resident, give place and State) Murphy

20. Color or race White 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Near Galway Ireland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed April 1st, 1939 R. H. Leonard
Registrar.

.....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellen King Hicks being first duly sworn, says that she is the mother (Relationship of child)* of Helen Barbara Hicks born September 24, 1902 (Date of birth) at Murphy, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helen Barbara Hicks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that There was no doctor or ~~M. D. was the Midwife~~ medical attendant at the birth of said Helen Barbara Hicks ~~midwife was in attendance~~ and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Ellen King Hicks
P. O. Address 2611-24 ave So Seattle Wash

Subscribed and sworn to before me this 29 day of March, 1939

W Wade
Notary Public.

Residing at Seattle, Wash ~~, Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

278530

Registration District No. ..... State File No. 278530

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Middleton
No. 695 208 0 14 9/14 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gladys Marie Fretwell

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature no Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 8, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name William Lafayette Fretwell | 18. Full maiden name Fannie Sparks Ramsey |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Middleton | 19. Residence (usual place of abode) (If non-resident, give place and State) ..... |
| 11. Color or race white \| 12. Age at last birthday 22 (years) | 20. Color or race white \| 21. Age at last birthday 22 (years) |
| 13. Birthplace (city or place) ~~Williamstown Missouri~~ (State or Country) Neeper Missouri | 22. Birthplace (city or place) Williamstown (State or Country) Missouri |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work 5 | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Fannie Fretwell ....., ~~M. D.~~

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed MAY 1 1939, 193.... .....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

278530

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Fannie Fretwell (maiden name Fannie Sparks Ramsey) being first duly sworn says that she is the mother (Relationship of child)* of Gladys Marie Fretwell

born October 8, 1902 (Date of birth) at Middelton, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gladys Marie Fretwell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

~~Affiant further~~ states that Dr. A. F. Isham M. D. was the Midwife medical attendant at the birth of said Gladys Marie Fretwell and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Fannie Fretwell

P. O. Address Parma, Idaho Route 3

Subscribed and sworn to before me this 18th day of February, 1939

Howard L. Lockland
Notary Public.

Residing at Parma, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A365727-043-255

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

278637

MAY 9 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise - Valley
City of Crawford
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vernon Loyd Conyers

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 27, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Vet Marion Conyers | 18. Full maiden name Delia Emily Beers |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Crawford Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Crawford Idaho |
| 11. Color or race White \| 12. Age at last birthday 22 (years) | 20. Color or race White \| 21. Age at last birthday 20 (years) |
| 13. Birthplace (city or place) (State or Country) Little Sioux Cass County Iowa | 22. Birthplace (city or place) (State or Country) Park City Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home |
| 16. Date (month and year) last engaged in this work October, 1901 \| 17. Total time (years) spent in this work 3 | 25. Date (month and year) last engaged in this work Present, 19.... \| 26. Total time (years) spent in this work 1 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 1 a m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed MAY 9 1939, 193.... ..... Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Valley } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Delia Emily Conyers being first duly sworn says that she is the Mother (Relationship of child)* of Vernon Loyd Conyers born May 27 1902 (Date of birth) at Crawford, Idaho, whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Vernon Loyd Conyers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. B. Tuttle M. D. was the Midwife medical attendant at the birth of said child and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Delia Emily Conyers
P. O. Address Cascade, Idaho.

Subscribed and sworn to before me this 4th day of May, 1939

M D Kerby
Notary Public.

Residing at Cascade, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 19 1944

493 117
035-245

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

279583

# CERTIFICATE OF BIRTH

279583

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Melrose
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edward Sterling Miles

3. Sex | If plural births: 4. Twin, triplet, or other 1 | 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 17, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Arthur Joel Miles | 18. Full maiden name Cora Alma Bunce |
| 10. Residence (usual place of abode) Melrose (If non-resident, give place and State) Idaho | 19. Residence (usual place of abode) Melrose (If non-resident, give place and State) Idaho |
| 11. Color or race White 12. Age at last birthday 44 (years) | 20. Color or race White 21. Age at last birthday 44 (years) |
| 13. Birthplace (city or place) (State or country) Stuart Iowa | 22. Birthplace (city or place) (State or country) Milan Michigan |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work May 16, 1939 | 17. Total time (years) spent in this work 55 |
| 25. Date (month and year) last engaged in this work May 16th, 1939 | 26. Total time (years) spent in this work 50 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two (a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) A. J. Miles M. D.
or ..... Father, Midwife

Address Lamongay, Ark.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed June, 1935. Registrar.

JUNE 1939

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

DELAYED

# A F F I D A V IT

Arthur Joel Mills, being duly sworn upon oath, deposes and says, that he is the father of Edward Sterling Mills; that he was born at Melrose in Nespurcia County, Idaho, June 14th 1902.

A J Mills

Subscribed and sworn to before me this 14th day of May, 1939

[illegible]

41

719-106-004-269

279612

RECEIVED
MAY 31 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

279612

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bear Lake
City of Bennington
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Peter Vernal Parker

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept 6, ~~1939~~ 1902 (Month, Day, Year)

**FATHER**

9. Full name Alma Marion Parker

10. Residence (usual place of abode) (If non-resident, give place and State) Bennington

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Richville, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work October, 1903

17. Total time (years) spent in this work 10 years

**MOTHER**

18. Full maiden name Margret Elenorah Sorensen

19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier, Idaho

20. Color or race White | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Montpelier, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Still working, 1939

26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known if any used

28. Number of children of this mother Two (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~Dr. Hoover~~ 6 at A. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Doctor Hoover, M. D.
or ....., Midwife
Address Bennington, Idaho
Filed MAY 31 1939 193.. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Montana
County of Wheatland } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alma Maroni Parker, being first duly sworn says that he is the Father of Peter Vernal Parker,
(Relationship of child)*

born September 6th 1902 at Bennington, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Peter Vernal Parker, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Hoover, M. D. was the Midwife medical attendant at the birth of said Peter Vernal Parker, and that the said medical attendant is Dead.
(Now deceased (or) cannot be located)

Name of Affiant Alma Maroni Parker

P. O. Address Judith Gap, Montana

Subscribed and sworn to before me this 27th day of May, 19 39

NOTARY PUBLIC for the State of Montana
Residing at Judith Gap, Montana
My Commission Expires Jan 29-1940

Notary Public.

Residing at Judith Gap, Montana, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

556-223-029-391

RECEIVED
MAY 22 1939

279638

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 279638

Registration District No. 61 State File No.
Prim. Registration District No. 1011 Local Registrar's No. 862

1. PLACE OF BIRTH
County of Latah
City of Potlatch
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Emma Newman

3. Sex F
If plural births: 4. Twin, triplet, or other
5. Number, in order of birth 8
6. Premature Full term yes
7. Legitimate? yes
8. Date of birth 6 . 23 . 1902 (Month, Day, Year)

FATHER

9. Full name John Newman
10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch, Ida
11. Color or race White
12. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country) France

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods work
16. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Almira Craig
19. Residence (usual place of abode) (If non-resident, give place and State) Potlatch, Ida
20. Color or race white
21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) ~~Kansas U.S.A.~~

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother 8 (At time of this birth and including this child) 8
(a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks
30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Rachel Fry, MXX
or Rachel Fry, Sister of Emma Newman, Midwife
Address 729 Tacoma Avenue, Tacoma, Wash.
Filed 6-5, 1939 Stacy Cochrane
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 3 1952

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Washington
County of Pierce Co } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rachel Fry being first duly sworn says that is the Sister of Emma Newman
(Relationship of child)*

born June 23, 1902 at Potlatch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Emma ~~[illegible]~~ Newmann hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Rachel Fry
P. O. Address 729 Tacoma Ave.

Subscribed and sworn to before me this 29th day of May, 1939

[illegible]
Notary Public.
Residing at Tacoma Wash., ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

366-224 009 319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint,
No. Second Ave. St.
(If born in hospital or institution give name.)

RECEIVED JUN 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 280679

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD EDITH CARRIE LOWRY

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth June 24, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name John W. Lowry | 18. Full maiden name Carrie R. Carscallen |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint | 19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint |
| 11. Color or race white 12. Age at last birthday 31 (years) | 20. Color or race white 21. Age at last birthday 42 (years) |
| 13. Birthplace (city or place) (State or Country) Crete, Pennsylvania | 22. Birthplace (city or place) (State or Country) Omer, Michigan |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work ..... | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) E. M. Page, M. D.
or ....., Midwife
Address Sandpoint, Idaho
Filed ....., 193.... ..... Registrar.

JUN 22 1939

MAR 8 1977

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

280691

RECEIVED JUN 23 1939

Registration District No. ..... State File No. 280691

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada 915-220
City of Boise 001432
No. 1310 Main St.
1202 Washington
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lois Emily Randall

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Oct 20 1902 (Month, Day, Year)

FATHER

9. Full name Perry Lee Randall

10. Residence (usual place of abode) (If non-resident, give place and State) [redacted]

11. Color or race White | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Beloit Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber dealer

16. Date (month and year) last engaged in this work Fall, 1904

17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name Mary Ann Susan McBirney Randall

19. Residence (usual place of abode) (If non-resident, give place and State) 1810 Main St.

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Grundy Co Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work —, 19..

26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Live (Born Alive or Stillborn) at About noon m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. P. Kellerman, M. D.

or Righteous, Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed JUN 23 1939 193..

Registrar.

Registrar.

612-113 001-791

RECEIVED JUN 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 280702

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1409 N. 8th St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Jay Quentin Stakeman

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. ~~Premature~~ ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Sat. Dec. 13 1902 ~~1908~~ (Month, Day, Year)

**FATHER**

9. Full name John Le Stakeman
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday ..... (years)
13. Birthplace (city or place) Salt Lake City (State or Country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Amanda Ellen Gray
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race white | 21. Age at last birthday ..... (years)
22. Birthplace (city or place) Boise (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ~~[illegible]~~ (c) Stillborn ~~[illegible]~~ 1

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Mrs Eddie Pryor, Midwife

Address 1411 N 8th St Boise Ida

Filed JUN 26 1939, 193....

Registrar.

TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 1 2 1942

JAN 1 5 1948

SEP 8 1965

493-125 QJ - 386

RMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return n and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING

1. PLACE OF BIRTH

County of

City of Idaho Falls

No. St.

(If born in hospital or institution give name.)

JUN 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH** 280706

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD William Rowland Miller

3. Sex male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Feb. 25, 1902 193 (Month, Day, Year)

**FATHER**

9. Full name Hyrum Weyman Miller

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) St. George, Utah

OCCUPATION

[redacted] profession, or particular [redacted] work done, as farmer, [redacted] sawmill, bank, etc. rancher

[redacted] work [redacted] sawmill, bank, etc. ranch

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work 14 yrs.

**MOTHER**

18. Full maiden name Mary Elizabeth Thomas

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race white | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Elko County, Nevada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.

or Andrew H. Miller (brother), ~~Midwife~~

Address Box 1242, Ely, Nevada

Filed JUN 26 1939, 193

Registrar.

# STATE OF IDAHO

RECEIVED
JUN 26 1939

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Nevada
County of White Pine } ss.

Andrew H. Miller being first duly sworn says that he is the older brother of William Rowland Miller
(Relationship of child)* (father and mother both now being deceased)
born February 25, 1902 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Rowland Miller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that do not remember M. D. was the Midwife medical attendant at the birth of said William Rowland Miller and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Andrew H. Miller

P. O. Address Box 1242, Ely, Nevada

Subscribed and sworn to before me this 20th day of June, 19 39

F. D. Oesfield by E. G. Chamberlin
Notary Public Deputy

Residing at Ely, Nevada ~~XXXX~~.

Clerk of the Seventh Judicial District Court,
State of Nevada, County of White Pine

* If the father and mother are dead, and the next nearest kin signs the affidavit, state the relationship of the affiant, as brother, sister, cousin, etc.

INK—THIS
ust be made

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO 280729
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

280729

JUL 6 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of St Anthony
No. 4133-217 022-154 St.
(If born in hospital or institution, give name.)

2. FULL NAME OF CHILD Lucile Emretta Allen

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Jan 17, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name George Butler Allen | 18. Full maiden name Caroline Addison |
| 10. Residence (usual place of abode) (If non-resident, give place and State) ..... | 19. Residence (usual place of abode) (If non-resident, give place and State) Kilgore |
| 11. Color or race White \| 12. Age at last birthday 26 (years) | 20. Color or race White \| 21. Age at last birthday 24 (years) |
| 13. Birthplace (city or place) Canyon City (State or Country) Colorado | 22. Birthplace (city or place) Hyrum (State or Country) Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work Six yrs | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work Three years |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.... JUL 6 1939

..... Registrar.

Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Fremont } ss.

Caroline Anderson-Allen being first duly sworn says that is the Mother of Lucile Everetta Allen
(Relationship of child)*

born Jan 17 1902 (Date of birth) at St Anthony, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lucile Everetta Allen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Madelton M. D. was the Midwife medical attendant at the birth of said Lucile Everetta Allen and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Caroline Anderson Allen

P. O. Address Warbois

Subscribed and sworn to before me this 7th day of July, 19

Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

168-126-035-793

PLACE OF BIRTH

ounty of Nez Perce

ity of Near Lenore, Idaho.

o. ..... St.

f born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 25 1939

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 281915

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lloyd Gilmore Johnson

Sex Male | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Jan. 20 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| Full name: Irvin James Johnson | 18. Full maiden name: Anna Nettie Gilmore |
| Residence (usual place of abode) (If non-resident, give place and State): Lenore | 19. Residence (usual place of abode) (If non-resident, give place and State): Lenore |
| Color or race: white. \| 12. Age at last birthday: 29 (years) | 20. Color or race: white \| 21. Age at last birthday: 19 (years) |
| Birthplace (city or place) (State or Country): Moatsville W. Va | 22. Birthplace (city or place) (State or Country): Ft. George W. Va. |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home work |
| 16. Date (month and year) last engaged in this work: —, 19.. \| 17. Total time (years) spent in this work: 3 | 25. Date (month and year) last engaged in this work: —, 19.. \| 26. Total time (years) spent in this work: 4 |

. What prophylactic was used to prevent Ophthalmia Neonatorum? —

3. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

9. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Irving James Johnson, M. D.
or ..... Father ~~Midwife~~
Address Orofino

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.. .....

Registrar. Registrar.

JUL 25 1939

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, I. J. Johnson (Irving James Johnson) being first duly sworn says that he is the Father of Floyd Gilmore Johnson
(Relationship of child)*

born Jan. 20, 1902 near Lenore, Nez Perce Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Floyd Gilmore Johnson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Floyd Gilmore Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Frances Wheeler, ~~M. D.~~ was the Midwife medical attendant at the birth of said Floyd Gilmore Johnson and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Irving James Johnson.
P. O. Address Orofino Idaho

Subscribed and sworn to before me this 13 day of July, 1939

Frank A. Smith
Notary Public.
Residing at Orofino, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 14 [illegible]

NOV 19 1964

281935

1. PLACE OF BIRTH — County of ... City or town ... Boise

STATE OF IDAHO — DEPARTMENT OF PUBLIC WELFARE — BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

No. 1108 Hays St. — 295-103-001-369

JUL 29 1939

Registration District No. ..... State File No. 281935

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD: Charles Corder Breckenridge

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth: August 3, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: John G. Breckenridge | 18. Full maiden name: Anna Corder |
| 10. Residence (usual place of abode) (If non-resident, give place and State): 1108 Hays stree | 19. Residence (usual place of abode) (If non-resident, give place and State): Boise Idaho |
| 11. Color or race: W | 20. Color or race: W |
| 12. Age at last birthday: 34 (years) | 21. Age at last birthday: 28 years |
| 13. Birthplace (city or place) (State or Country): Washington County, Missouri | 22. Birthplace (city or place) (State or Country): Mayfield, Idaho |
| OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Own r | OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewif |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Grocery Store | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: |
| 16. Date (month and year) last engaged in this work: ....., 19.... | 25. Date (month and year) last engaged in this work: ....., 19.... |
| 17. Total time (years) spent in this work: | 26. Total time (years) in this work: |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or Jennie L. Beck Jennie L. Beck Midwife

Address 1101 Fort Street, Boise

Give name added from a supplemental report .....

(Date of)

Filed JUL 29 1939, 193.... Mae G. Atwood Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 1 7 1967
JUN 1 0 1968
JUN 1 7 1943
DEC 2 3 1954

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. A468 PLACE OF BIRTH 28-022-014

County of Fremont

City of Salem Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

281943

RECEIVED JUL 31 1939

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 281943

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elmer Wade Johns

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 28, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Walter Matthias Johns | 18. Full maiden name Florence Amanda Wade |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Salem Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Salem Ida |
| 11. Color or race White 12. Age at last birthday 27 (years) | 20. Color or race White 21. Age at last birthday 28 (years) |
| 13. Birthplace (city or place) North Ogden (State or Country) Weber Co Utah | 22. Birthplace (city or place) North Ogden Weber Co (State or Country) Utah |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician and Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School teacher and house wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 1902 | 25. Date (month and year) last engaged in this work 1894, 19.... |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Four (a) Born alive and now living Four (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed July, 1939

..... Registrar.

..... Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Utah
County of Weber } ss.

Florence W. Johns being first duly sworn says that she is the mother of Elmer Wade Johns
(Relationship of child)*

born June 28, 1902 at Salem, Freemont Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Florence W. Johns desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elmer Wade Johns hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Anna Hansen ~~M. D. was the~~ Midwife medical attendant at the birth of said Elmer Wade Johns and that the said medical attendant is can not be located
(Now deceased (or) cannot be located)

Name of Affiant Florence W. Johns
P. O. Address Box 2174D - RtD 3 Ogden Utah

Subscribed and sworn to before me this 28 day of July, 1939

Wilford L. Barker
Notary Public.

Residing at Ogden Utah, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 1 [illegible]

MAR 1 1972

A485-221-029-485

281977

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

281977

AUG 9 1939

1. PLACE OF BIRTH

County of Latah

City of (near) Troy

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. 61 State File No. .....

Prim. Registration District No. 1011 Local Registrar's No. 913

2. FULL NAME OF CHILD Eula Valda Dyer

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth July 21, 1930 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Bauge Dyer | 18. Full maiden name: Stella Dyer |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Troy Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Troy Idaho |
| 11. Color or race: White \| 12. Age at last birthday: 23 (years) | 20. Color or race: White \| 21. Age at last birthday: 20 (years) |
| 13. Birthplace (city or place) Powder Springs (State or Country) Tenn. | 22. Birthplace (city or place) Claycenter (State or Country) Kans. |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~Mrs. Kelsey (a neighbor)~~, ~~M. D.~~

or ....., Midwife

Address AUG 10 1939

Filed 8-2, 1939 John Eubanks Registrar.

Give name added from a supplemental report .....

(Date of) ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Washington
County of Franklin } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stella Dyer being first duly sworn says that she is the mother of Eula Valda Dyer
(Relationship of child)*

born July 21, 1902 ~~at~~ near Troy, Latah county, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Stella Dyer desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eula Valda Dyer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Kelsey, a neighbor ~~MXD~~ Midwife was the medical attendant at the birth of said Eula Valda Dyer and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Stella Dyer

P. O. Address 110 North 11 Street

Subscribed and sworn to before me this 1st day of August, 1939

John Kenyon
Court Commissioner for Superior Court for said county and State ~~Notary Public~~
Residing at, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 2 8 1943

A459-220-002-445

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Adams Co.

City of Meadows

No. 1/2 mile North of Town St.

(If born in hospital or institution give name.)

RECEIVED AUG 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 282021

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Genevieve Adelia Merritt

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth April 20, ~~1903~~ 1902 (Month, Day, Year)

FATHER

9. Full name Hugh alexander Merritt

10. Residence (usual place of abode) (If non-resident, give place and State) Meadows Ida

11. Color or race W | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Clay City Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Sarah Margaret Dunlap

19. Residence (usual place of abode) (If non-resident, give place and State) Meadows Ida

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Grayville Ill

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Aug. 4, 1939 ..... Registrar.

# STATE OF IDAHO

RECEIVED

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Canyon } ss.

H. A. Merritt ~~Genevieve Adelia Merritt~~ being first duly sworn says that he is the father (Relationship of child)* of Genevieve Adelia Merritt born April 20 - 1902 (Date of birth) at Meadows -, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Genevieve Adelia Merritt hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs John Clay (now deceased) ~~M. D.~~ Midwife was the medical attendant at the birth of said Genevieve Adelia Merritt and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant H A Merritt

P. O. Address Athena Oregon

Subscribed and sworn to before me this 2nd day of August, 1939.

Jessie D. Walker
Notary Public.

Residing at Caldwell, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 2 0 19

A 168-118-010-253

RECEIVED
AUG 28 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 282982

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vern LeRoy Johnson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth August, 18 1902 (Month, Day, Year)

**FATHER**

9. Full name Heber C. Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Provo, Utah
11. Color or race white | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) London (State or Country) England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Mary Peterson ~~Johnson~~
19. Residence (usual place of abode) (If non-resident, give place and State) Provo, Utah
20. Color or race white | 21. Age at last birthday deceased (years)
22. Birthplace (city or place) Cottonwood (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was August, 18th., 1902 at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ~~Dr. LuRue~~ deceased, M. D.
or ~~Mrs. Cook deceased~~, Midwife
Address Idaho Falls, Idaho
Filed AUG 28 1939, 193.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—T... one child at birth a Separate Return must be m... N. B.—In case of more than ..., in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Utah } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Heber C. Johnson being first duly sworn says that he is the Father (Relationship of child)* of Vern LeRoy Johnson born August, 18th., 1902 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that Vern LeRoy Johnson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Vern LeRoy Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. LuRue / Mrs. Cook M. D. was the Midwife medical attendant at the birth of said Vern LeRoy Johnson and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Heber C. Johnson

P. O. Address 140 West 4th. So. Provo City, Utah

Subscribed and sworn to before me this 21st., day of August, 19 39

[signature]
Notary Public.

Residing at Provo City, Utah, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Com. Exp. Jan. 19, 1942

864-106-003391

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

AUG 31 1939

Registration District No. ..... State File No. 283019

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Pocatello Idaho
No. 707 N. Johnson Ave St.
(If born in hospital or institution give name.) no

2. FULL NAME OF CHILD William Benjamin Young

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov 6th 1903 (Month, Day, Year)

**FATHER**

9. Full name William Arthur Young
10. Residence (usual place of abode) (If non-resident, give place and State) 1105 N. Hayes Ave Pocatello Idaho
11. Color or race White | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Birkenhead England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Water Service Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.P. Rail Road
16. Date (month and year) last engaged in this work Since Feb 14, 1900 | 17. Total time (years) spent in this work 39 years now

**MOTHER**

18. Full maiden name Gertrude Helen Graham (~~Young~~)
19. Residence (usual place of abode) (If non-resident, give place and State) 1105 N. Hayes Ave Pocatello Idaho
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Portabella England

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in own Home
25. Date (month and year) last engaged in this work Since Dec 25, 1900 | 26. Total time (years) spent in this work 38 now

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) first Child
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report Dr H A Castle Now Dead
(Date of)

(Signed) William Arthur Young Father ~~M. D.~~
or Gertrude Helen Young mother ~~Midwife~~
Address 1105 N. Hayes Pocatello Idaho August 11-1939

Filed AUG 31 1939, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Arthur Young Father and Gertrude Helen Crashaw Young Mother being first duly sworn says that He and She is the Father and Mother of William Benjamin Young
(Relationship of child)*

born November 6 - 1902 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that They desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William Benjamin Young hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr H. A. Castle M. D. was the ~~Midwife~~ medical attendant at the birth of said William Benjamin Young and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Gertrude Helen Young Father (mother) William Arthur Young

P. O. Address 1105 N. Hayes Ave Pocatello Idaho

Subscribed and sworn to before me this 28th day of August, 1939

D M Rodgers
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A-53-215-075-243

222
283102

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

**1. PLACE OF BIRTH**

County of Nez Perce

City of Near Culdesac, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 14 1939

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 283102

Prim. Registration District No. ..... Local Registrar's No. .....

**2. FULL NAME OF CHILD** Lillian Estella Fels

**3. Sex** Female

**If plural births** { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

**6. Premature** ..... Full term ✓

**7. Legitimate?** yes

**8. Date of birth** July 15, 1902 (Month, Day, Year)

**FATHER**

9. Full name Frederick Newton Fels

10. Residence (usual place of abode) (If non-resident, give place and State) Near Culdesac, Ida.

11. Color or race white | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Near Warrensburg Johnson Co., Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work December, 1918

17. Total time (years) spent in this work 8 years

**MOTHER**

18. Full maiden name Sophronia Arabelle Butler

19. Residence (usual place of abode) (If non-resident, give place and State) Near Culdesac, Ida.

20. Color or race white | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Near Crawfordsville Lynn Co., Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work to date Aug. 31, 1939

26. Total time (years) spent in this work 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ~~None~~ 1 (c) Stillborn None

29. If stillborn, period of gestation None. { months or weeks

30. Cause of Stillbirth nil { During labor nil Before labor nil

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed SEP 14 1939, 193.....

Registrar.

Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Washington
County of Asotin } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sophronia Fels being first duly sworn says that she is the mother of Lillian Estella Fels
(Relationship of child)*

born July 15, 1932 near Culdesac, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lillian Estella Fels hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Katherine Butler ~~M. D.~~ Midwife was the medical attendant at the birth of said Lillian Estella Fels and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Sophronia Fels
P. O. Address Clarkston, Wash

Subscribed and sworn to before me this [illegible] day of September, 19 39

[illegible]
Notary Public.

Residing at Clarkston, Wash, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 16 1942

SEP 18 1987

796-210-035-395

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 6 1939

283165

# CERTIFICATE OF BIRTH

Registration District No. 92 State File No.
Prim. Registration District No. 2170 Local Registrar's No. 62

1. PLACE OF BIRTH
County of Nez Perce
City of Gifford
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ruth Gifford

3. Sex Female

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth 1

6. Premature —; Full term yes

7. Legitimate? yes

8. Date of birth Feb 10, 1902 (Month, Day, Year)

FATHER

9. Full name Seth Gifford

10. Residence (usual place of abode) (If non-resident, give place and State) Gifford, Ida

11. Color or race White 12. Age at last birthday 53 (years)

13. Birthplace (city or place) (State or Country) Marion Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel

16. Date (month and year) last engaged in this work Feb 10, 1902

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name Cannie Crewdson

19. Residence (usual place of abode) (If non-resident, give place and State) Gifford Ida

20. Color or race White 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Glenwood Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Feb 10, 1902

26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — Before labor — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 P. m. on the date above stated.

(Signed) E. E. Watts, M. D.

or , Midwife

Address Gifford

Filed 8-24, 1939 E. E. Watts Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

JUN 17 1942

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and a number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

284148

SEP 20 1939

Registration District No. ..... State File No. 284148

(Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Butte
No. 1958-222-016-849 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eva Rose Reynolds

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 22, 1902 (Month, Day, Year)

**FATHER**

9. Full name George David Reynolds

10. Residence (usual place of abode) (If non-resident, give place and State) Butte

11. Color or race white 12. Age at last birthday 42 (years)

13. Birthplace (city or place) San Jose (State or Country) Calif.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattleman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 10

**MOTHER**

18. Full maiden name Melissa A. Dunot

19. Residence (usual place of abode) (If non-resident, give place and State) Butte

20. Color or race white 21. Age at last birthday 30 (years)

22. Birthplace (city or place) The Dalles (State or Country) Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth — During labor — Before labor —

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed SEP 20 1939 193.... .....

Registrar.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....

Registrar.

**STATE OF IDAHO**
**BARZILLA W. CLARK, GOVERNOR**

**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**
**BUREAU OF VITAL STATISTICS**

State of Oregon
County of Josephine } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Melissa A. Frakes being first duly sworn says that she is the Mother of Eva Rose Reynolds Littlefield
(Relationship of child)*

born Jan 22 1902 at Butte, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eva Rose Reynolds Littlefield hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Joseph Albee M. D. was the ~~Midwife~~ medical attendant at the birth of said Eva Rose Reynold Littlefield and that the said medical attendant is Now deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Mrs Melissa A Frakes
P. O. Address Murphy Ore

Subscribed and sworn to before ~~me~~ this 16 day of September, 1939

T E Glenmore
Notary Public.
Residing at Murphy Ore, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Dec 23-1940

462-110 025-219

284181

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Cotton Wood

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED SEP 27 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

284181

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alfred Frank Moberg

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth Aug. 10, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Fred Moberg | 18. Full maiden name: Elizabeth Barth |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Cotton wood | 19. Residence (usual place of abode) (If non-resident, give place and State): Idaho |
| 11. Color or race: white 12. Age at last birthday: 26 (years) | 20. Color or race: white 21. Age at last birthday: 25 (years) |
| 13. Birthplace (city or place): Portland (State or Country): Oregon | 22. Birthplace (city or place): Mt. Angel, Oregon (State or Country) |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
only child
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Russel Truitt (deceased), M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed SEP 27 1939, 193.... .....

Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of WASHINGTON
County of ASOTIN } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Ledeman being first duly sworn says that she is the mother of Alfred Frank Moberg
(Relationship of child)*

born August 10th, 1902 at Cotton Wood, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alfred Frank Moberg hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Russel Truitt M. D. was the ~~Midwife~~ medical attendant at the birth of said Alfred Frank Moberg and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth Ledeman
P. O. Address Asotin, Washington

Subscribed and sworn to before me this 25th, day of September, 19 39

A. A. Wamell
Court Commissioner ~~Notary Public~~.

Residing at Asotin, Washington., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

~~125~~-224 020-669

RECEIVED
OCT 26 1939

285373

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 285373

Registration District No. 380 State File No.
Prim. Registration District No. Local Registrar's No. 33

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. (none) St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eva Laura Ake

3. Sex Female | If plural births: 4. Twin, triplet, or other ; 5. Number, in order of birth | 6. Premature ; Full term X | 7. Legitimate? yes | 8. Date of birth 10/24/1902 (Month, Day, Year)

**FATHER**

9. Full name Franklyn P. Ake
10. Residence (usual place of abode) (If non-resident, give place and State) Mtn. Home
11. Color or race white | 12. Age at last birthday 45 (years)
13. Birthplace (city or place) Muscatine (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching and stock
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work 18

**MOTHER**

18. Full maiden name Laura A. Ford
19. Residence (usual place of abode) (If non-resident, give place and State) Mtn. Home
20. Color or race white | 21. Age at last birthday 41 (years)
22. Birthplace (city or place) Salem (State or Country) Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Sept/13/1886
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation nil months or weeks
30. Cause of Stillbirth During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at PM m. on the date above stated.

(Signed) Laura A. Ake mother, M. D.
or , Midwife
Address Mountain Home, Idaho
Filed Oct. 24, 1939 [signature] Registrar.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Elmore } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Laura A. Ake being first duly sworn says that Eva is the daughter of myself and Franklyn P. Ake
(Relationship of child)*

born Oct. 24, 1902 at Mountain Home, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I, Laura A. Ake desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eva Laura Ake hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J.W. Newkirk, MD M. D. was the ~~MIDWIFE~~ medical attendant at the birth of said Eva Laura Ake and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Laura A. Ake.

P. O. Address P.O. Box 172, Mountain Home, Idaho

Subscribed and sworn to before me this 24th day of October, 19 39

[illegible]
Notary Public.

Residing at Mountain Home, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

863 221 014 944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 285399

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** Grace LaVerne Holcombe (Gillespie) Bkm. | | **2. Date Of Birth** (month) October (day) 21 (year) 1902 Bkm | |
| | **3. Color or Race** White | **4. Sex** female | **5. Place of Birth** a. County Canyon | b. City or Town of Birth Caldwell, Idaho |
| **FATHER** | **6. Full Name of Father** Albert S. Holcombe | | **7. State or Country of Father's Birth** California | |
| **MOTHER** | **8. Full Maiden Name of Mother** Elsie Elnora Rumiser | | **9. State or Country of Mother's Birth** California | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** Grace La Verne Holcombe Gillespie | **11. Present Address of Registrant** 1 Alta Vista, Mill Valley, Marin Co. Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 19 19 58 | **12. Signature of Notary** Barbara L. Mackrell | **13. Notary Commission expires** My Commission Expires March 20, 1961 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** Affadavit by father | **By whom issued and signed** Albert S. Holcombe 88yrs. | **Date Issued** June 19, 1958 | **Date Orig. Entry** |
| | **Date of Birth** 10-21-1902 / **Birth Place** Caldwell, Idaho | **Full Name of Mother** Elsie Elnora Rumiser | **Name of Father** Albert S. Holcombe | |
| **SUPPORTING RECORD 2.** | **Type of Document** Very old record Family bible | **By whom issued and signed** Viewed by Vital Statistics | **Date Issued** Oct. 1902 | **Date Orig. Entry** Oct. 21, 1902 |
| | **Date of Birth** Oct. 21, 1902 / **Birth Place** Caldwell, Idaho | **Full Name of Mother** | **Name of Father** | |
| **SUPPORTING RECORD 3.** | **Type of Document** Marriage Lisence | **By whom issued and signed** State of California, Justice of Peace of Ukiah Township. | **Date Issued** Date of Marriage Mar. 8, 1924 | **Date Orig. Entry** |
| | **Date of Birth** 21 years. / **Birth Place** | **Full Name of Mother** | **Name of Father** | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | **State Registrar** W. W. Benson | **Evidence reviewed by** Hazel L. Hurlbert | **Date Filed** June 27, 1958 |

WRITE PLAINLY WITH UNFADING INK—THIS AS PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 285399
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grace LaVerne Holcombe

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Oct. 16, 1906 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Albert S. Holcombe | 18. Full maiden name: Elnora Rumiser |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida. | 19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida. |
| 11. Color or race W 12. Age at last birthday 34 (years) | 20. Color or race W 21. Age at last birthday 20 (years) |
| 13. Birthplace (city or place) (State or Country): California | 22. Birthplace (city or place) (State or Country): California |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... | 25. Date (month and year) last engaged in this work ....., 19..... |
| 17. Total time (years) spent in this work ..... | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed NOV 2 1906, 193.... ..... Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albert S. Holcombe being first duly sworn says that he is the father of Grace LaVerne Holcombe
(Relationship of child)*

born Oct. 16, 1903 at Caldwell, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Grace LaVerne Holcombe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Maxey M. D. was the Midwife medical attendant at the birth of said Grace Holcombe and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Albert S. Holcombe

P. O. Address Boise, Idaho

Subscribed and sworn to before me this 1st day of November, 1939

Agnes Dunn
Notary Public.

Residing at Boise, Ida., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho )
) SS.
COUNTY OF Ada )

AFFIDAVITS FOR CORRECTION OF A RECORD

Albert S. Holcombe of Boise, Idaho

Being first duly sworn, deposes and says that he is the father (if related, specify degree, if friend or otherwise, so state) of Grace LaVerne Holcombe

who was born (was born, died) in the city of Caldwell, County of Canyon

on the 16th day of October, 19 03, as stated in a certificate of birth (birth or death) filed by Albert S. Holcombe, Father (name of physician or midwife, or undertaker for death)

with the ~~Local~~ State Registrar for the ~~city~~ State of _____, County of Idaho

Idaho, on the 2nd day of November 19 39.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Date of birth: October 16, 1903

That affiant upon his (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

October 16, 1906.

Affiant Albert S. Holcombe

(Seal)

Address Centerville

Subscribed and sworn to before me this 6th day of March 1946

Agnes Dunn
Notary Public

STATE OF _____ )
) SS.
COUNTY OF _____ )

_____ of _____

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant _____

Address _____

Subscribed and sworn to before me this ____ day of _____ 19 ____

(Seal)

_____
Notary Public

JUN 30 1958

VS 44

559-130006 914

285417

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 7 1939

# CERTIFICATE OF BIRTH

285417

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 191 South Ash St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Walter John Neider

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? ✓

8. Date of birth May 30, ~~193~~ 1902 (Month, Day, Year)

9. Full name FATHER Edward Neider (No middle name)

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Table Rock (Pawnee Co.) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work May, 1902
17. Total time (years) spent in this work 15 years

18. Full maiden name MOTHER Mary Ella ~~Ate~~ Ramey

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Gate City (Scott County) Virginia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work May, 1902
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4 ~~A~~ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)
_____ Registrar.

(Signed) _____, M. D.
or Mrs Lillian Neider, Midwife
Address 95 1st Ave Blackfoot Idaho
Filed NOV 7 1939, 193 Mae G. Atwood Registrar.

DELAYED

A262-124-031 694

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

285420

NOV 8 1939

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lewis
City of Nezperce, Idaho
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Chester Aaron Boswell

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ~~yes~~

7. Legitimate? ~~yes~~

8. Date of birth 9/24, 1902 ~~193~~ (Month, Day, Year)

FATHER

9. Full name Elisha Arthur Boswell

10. Residence (usual place of abode) (If non-resident, give place and State) Nezperce, Ida

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Illinois ~~Oregon~~

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work all time

MOTHER

18. Full maiden name Eva May Wimpy

19. Residence (usual place of abode) (If non-resident, give place and State) Nezperce, Ida

20. Color or race ~~White~~ 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Latah Spokane County, Wash

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmer

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living all (b) Born alive but now dead ..... (c) Stillborn .....
four in all

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.
or ....., Midwife
Address .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed NOV 8 1939, 193.... ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lewis } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ethel Strickfaden being first duly sworn says that she is the Aunt of Chester Aaron Boswell
(Relationship of child)*

born September 24, 1902 at Nezperce, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Chester Aaron Boswell desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Chester Aaron Boswell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Coburn M. D. was the Midwife medical attendant at the birth of said Chester Aaron Boswell and that the said medical attendant is now dead
(Now deceased (or) cannot be located)

Name of Affiant Mrs Ethel Strickfaden
P. O. Address Nezperce Idaho

Subscribed and sworn to before me this 3rd day of November, 1939

Mary W Smithers
Notary Public.

Residing at Nezperce, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A289 225 001 349

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 285487

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1105 Pueblo St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Olga Elizabeth Shirley

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth April 25, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Frank S. Shirley | 18. Full maiden name: Minnie B. Turner |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Boise | 19. Residence (usual place of abode) (If non-resident, give place and State): Boise |
| 11. Color or race: W \| 12. Age at last birthday: 36 (years) | 20. Color or race: W \| 21. Age at last birthday: 29 (years) |
| 13. Birthplace (city or place) (State or Country): Junction, Ohio | 22. Birthplace (city or place) (State or Country): Martin's Ferry, Ohio |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Post Office | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: |
| 16. Date (month and year) last engaged in this work: April 25, 1902 | 25. Date (month and year) last engaged in this work: April 25, 1902 |
| 17. Total time (years) spent in this work: 1 | 26. Total time (years) spent in this work: 6 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) 4:12 at P m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Nov, 1939

Registrar.

Registrar.

DELAYED

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albert Turner being first duly sworn says that

He is the Uncle of Olga Elizabeth Shirley
(Relationship of child)*

born April 25, 1902 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Olga Elizabeth Shirley desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Olga Elizabeth Shirley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. L. C. Bowers M. D. was the Midwife medical attendant at the birth of said Child and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Clarence G. Turner
P. O. Address Klamath Falls Oregon

Subscribed and sworn to before me this Nov 20th day of November, 1939

Margery Lands Larson
Notary Public.
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 2 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

286554

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 12 1939

# CERTIFICATE OF BIRTH

286554

1. PLACE OF BIRTH
County of Nez Perces, Odaho
City of
No. 455-115 035-144 St.
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Ralph Rubin Denney

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth July 15, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name James H. Denney | 18. Full maiden name Mary Ruth Addington |
| 10. Residence (usual place of abode) (If non-resident, give place and State) | 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Nez Perces Co. |
| 11. Color or race White 12. Age at last birthday 31 (years) | 20. Color or race White 21. Age at last birthday 24 (years) |
| 13. Birthplace (city or place) (State or Country) | 22. Birthplace (city or place) Dayton, Washington (State or Country) |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work September, 1904 | 25. Date (month and year) last engaged in this work, 19 |
| 17. Total time (years) spent in this work 6 years | 26. Total time (years) spent in this work 5 years |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., shall make this return.

(Signed) Mary Ruth Denney Bowerman Mother, ~~M.D.~~
or , ~~Midwife~~
Address 419 E. Grand Ave., Escondido, Calif.

Given name added from a supplemental report
(Date of)
Registrar.

Filed Dec., 1939
Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of California, } ss.
County of San Diego,

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ruth Denney-Broerman being first duly sworn says that she is the mother of Ralph Rubin Denney
(Relationship of child)*

born July 15, 1902 at Nez Perces County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ralph Rubin Denney hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Charles Campbell ~~XXX~~ was the Midwife medical attendant at the birth of said Ralph Rubin Denney and that the said medical attendant ~~is~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Mary Ruth Denney Broerman

P. O. Address 419 E. Grand Ave., Escondido, California.

Subscribed and sworn to before me this 11th day of December, 1939

N. L. Longwell
Notary Public.

Residing at Escondido, California., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 784-108-040-693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. Silver St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 6 1939

# CERTIFICATE OF BIRTH

286621

Registration District No. 123 State File No.

Prim. Registration District No. 2201 Local Registrar's No. 165

2. FULL NAME OF CHILD JAMES ELLSWORTH GYDE, JR.

3. Sex M. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? Yes | 8. Date of birth 8/8 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: JAMES ELLSWORTH GYDE | 18. Full maiden name: SABELLE WITHROW [redacted] |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg, Idaho |
| 11. Color or race: W. / 12. Age at last birthday: 38 (years) | 20. Color or race: W. / 21. Age at last birthday: 36 (years) |
| 13. Birthplace (city or place) (State or Country): Jones County, Iowa | 22. Birthplace (city or place) (State or Country): Salem, Iowa |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: |
| 16. Date (month and year) last engaged in this work: 8/8 1902, 19 / 17. Total time (years) spent in this work: 12 yrs. | 25. Date (month and year) last engaged in this work: 8/8 1902, 19 / 26. Total time (years) spent in this work: 8 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor / During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) , M. D.

or , Midwife

Address

Filed Nov. 13, 1939 Mrs. Helen McBride

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of SHOSHONE } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

SABELLE WITHROW GYDE being first duly sworn says that she is the mother of JAMES ELLSWORTH GYDE, JR.
(Relationship of child)*

born August 8, 1902 at Kellogg, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Ellsworth Gyde, Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. HUGH FRANCE M. D. was the Midwife medical attendant at the birth of said James Ellsworth Gyde, Jr. and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Sabelle Withrow Gyde
P. O. Address 25 Bank Street, Wallace, Idaho.

Subscribed and sworn to before me this 8th day of November, 19 39.

J. A. Wayne
Notary Public.
Residing at Wallace, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A662-~~209~~-001-433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

287503

# CERTIFICATE OF BIRTH

RECEIVED
DEC 29 1939

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. 1619 16th St.
Cor Brumback St.
(If born in hospital or institution give name.)

Registration District No. ..... Local Registrar's No. .....
Prim. Registration District No. .....
State File No. 287503

2. FULL NAME OF CHILD Lucile Elizabeth Foster

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth March 9, 1902 (Month, Day, Year)

FATHER

9. Full name Charles Alvin Foster
10. Residence (usual place of abode) (If non-resident, give place and State) 1619 16th St
11. Color or race White | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) The Dalles, Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Foreman Capital News
16. Date (month and year) last engaged in this work April, 1902 | 17. Total time (years) spent in this work 1 year

MOTHER

18. Full maiden name Irene McLeod
19. Residence (usual place of abode) (If non-resident, give place and State) 1619 16th
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) San Luis Obispo, California

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ✓
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Dec, 1939 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
DEC 29 1939

State of California
County of Fresno } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles Alvin Foster, being first duly sworn says that he is the Father of Lucile Elizabeth Foster
(Relationship of child)*

born March 9, 1902 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lucile Elizabeth Foster hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Bowers M. D. was the Midwife medical attendant at the birth of said Lucile Elizabeth Foster and that the said medical attendant is now deceased.
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Chas. A. Foster

P. O. Address 801 Sixth St., Fowler, Cal.

Subscribed and sworn to before me this 29 day of December, 1939.

Homer N. Caldwell
Notary Public.

Residing at Fowler Calif., Idaho.

My Commission Expires Feb. 28 1941

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 1 5 1982

A-493-208-006-315

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

287526

RECEIVED JAN 6 1940

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Adella Afton Dill

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? ..... | 8. Date of birth Dec 8th 1902, 193..... (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: John Dill | 18. Full maiden name: Margaret Elisabeth James |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State): Idaho |
| 11. Color or race: white; 12. Age at last birthday: 38 (years) | 20. Color or race: white; 21. Age at last birthday: 30 (years) |
| 13. Birthplace (city or place) (State or Country): East Liverpool Ohio | 22. Birthplace (city or place) (State or Country): Beaverlaty Utah |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor & Builder | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19..... | 25. Date (month and year) last engaged in this work ....., 19..... |
| 17. Total time (years) spent in this work 11 years | 26. Total time (years) spent in this work 10 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Jan, 1940 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret I. Dill being first duly sworn says that she is the Mother of Adella Afton Dill.
(Relationship of child)*

born December 5th 1939 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Adella Afton Dill hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Bard M. D. was the ~~Midwife~~ medical attendant at the birth of said Adella Afton Dill and that the said medical attendant is ~~(Now~~ deceased (or) cannot be located)

Name of Affiant Margaret I. Dill Mother
P. O. Address Idaho Falls Idaho

Subscribed and sworn to before me this 5 day of January, 1940

James R. Wilson
Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 9 1973

341-265-035-297

287564

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

JAN 16 1940

Registration District No. ..... State File No. 287564

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce Co., Idaho.
City of near Leakean
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Georgia Violet Crabb

3. Sex Female

If plural births { 4. Twin, triplet, or other —
5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth Nov. 5, 1902 (Month, Day, Year)

FATHER

9. Full name Garrett Crabb

10. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce Co. Ida

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Forest Grove, Oregon Washington County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work September, 1902

17. Total time (years) spent in this work 18 yrs

MOTHER

18. Full maiden name Stella Kight

19. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce Co. Idaho

20. Color or race white | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Sherburn Co., Minn. near Elk River

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work Feb, 1902

26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Garrett Crabb Father ~~M. D.~~

or ....., Midwife

Address Orofino, Idaho.

Filed Jan, 1940

Registrar.

Give name added from a supplemental report .....

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

.....is the ..... of Georgia Violet Crabb
(Relationship of child)*

born Nov. 5, 1902 at near Jeaken - then Nez Perce County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said.....

.....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Lydia Ann Crabb and Zetta Page ~~M.D.~~ was the Midwife s medical attendant s at the birth of said Georgia Violet Crabb and that the said medical attendant s is are now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Stella Kight Crabb mother

P. O. Address Orofino Idaho

Subscribed and sworn to before me this 15 day of January, 19 40

Joseph Huffman Auditor
Notary Public

Residing at Orofino, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Clearwater County, Idaho

A242-B7-001-753

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 251 St. Warm Springs Ave.

(If born in hospital or institution give name.)

DEC 30 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

287581

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Earl Petschow Kuss

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth Nov. 27, 1902 (Month, Day, Year)

FATHER

9. Full name Rudolph Reinholt Kuss

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race white | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own place of business

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 20 years

MOTHER

18. Full maiden name Pauline Louise Petschow Kuss

19. Residence (usual place of abode) (If non-resident, give place and State) Boise

20. Color or race white | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ✓, 19....

26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child) four

(a) Born alive and now living 4 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of Stillbirth ✓ { During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed DEC 30 1939, 193....

Registrar.

WRITE PLAINLY WITH UNFADING INK. ... A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Pauline Kuss being first duly sworn says that she is the mother (Relationship of child)* of Earl Petschow Kuss born Nov. 27, 1902 (Date of birth) at 251 Warm Springs Ave Boise Idaho whose certificate of birth is hereto attached, and that Mrs Pauline Kuss desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Earl Petschow Kuss hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Bowers M. D. was the Midwife medical attendant at the birth of said Earl Petschow Kuss and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Pauline Kuss
P. O. Address 251 Warm Springs Ave

Subscribed and sworn to before me this 30 day of Dec, 1939

R W Barbour
Notary Public.

Residing at Boise, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

384-126003-914

RECEIVED
DEC 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

287585

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 553 North Arthur St.
Pocatello, Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Arthur Ramsey Church

3. Sex male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? _____

8. Date of birth Sept. 26 1902 (Month, Day, Year)

9. Full name (FATHER) Daniel W. Church

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Ida

11. Color or race white | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) Mankato, (State or Country) Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Real Estate
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work 12

18. Full maiden name (MOTHER) Chloe Lydia Ramsey

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Ida

20. Color or race white | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) Erie, (State or Country) Pennsylvania

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housekeeper
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Chloe Lydia Church, Mother ~~MXXX~~

or _____ Midwife

Address 429 N. Gunfield Pocatello

(Date of) _____

Filed _____, 193____

Registrar. DEC 26 1939 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Chloe Lydia Church being first duly sworn says that she is the Mother (Relationship of child)* of Arthur Ramsey Church born September 26, 1902 (Date of birth) at Pocatello, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Arthur Ramsey Church hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. O. B. Steeley M. D. was the ~~Midwife~~ medical attendant at the birth of said Arthur Ramsey Church and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant

P. O. Address Pocatello, Idaho

Subscribed and sworn to before me this 23d day of December, 19 39

Earle C. White
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

ACS 12-126 010-685

288797

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288797

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St. .....
(If born in hospital or institution give name.)

JAN 22 1940

2. FULL NAME OF CHILD Orrin Earl Babb

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term x

7. Legitimate? x

8. Date of birth Aug. 26, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: George W. Babb | 18. Full maiden name: Florence A. Wheeler |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida |
| 11. Color or race: White 12. Age at last birthday: 35 (years) | 20. Color or race: White 21. Age at last birthday: 33 (years) |
| 13. Birthplace (city or place) (State or Country): Springfield, Missouri | 22. Birthplace (city or place) (State or Country): Brownsville, Nebraska |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cement contractor | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: contractor | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home |
| 16. Date (month and year) last engaged in this work: Aug. 26, 1902 | 25. Date (month and year) last engaged in this work: Aug. 26, 1902 |
| 17. Total time (years) spent in this work: Few months | 26. Total time (years) spent in this work: |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know.

28. Number of children of this mother (At time of this birth and including this child): two
(a) Born alive and now living ..... (b) Born alive but now dead x ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

**(Date of)**

Filed Jan., 1940

..... **Registrar.**

..... **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

[illegible] 40

State of Idaho,
County of Payette. } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Babb being first duly sworn says that she is the mother of Orrin Earl Babb
(Relationship of child)*

born August 26, 1902 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Orrin Earl Babb hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Pendleton M. D. was the ~~Midwife~~ medical attendant at the birth of said Orrin Earl Babb and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

The nurse who attended Mrs. Babb is not now living in Idaho Falls and cannot be located.

Name of Affiant Florence A. Babb.

P. O. Address Payette, Idaho.

Subscribed and sworn to before me this 22nd day of January, 19 40.

W. P. McCue,
Notary Public.

Residing at Payette, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Nezperce - Former
County of ~~Clearwater County~~
City of Ahsahka
No. 380 215 035 757 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

288824

JAN 28 1940

Registration District No. 64 State File No. 286824
Prim. Registration District No. 244 Local Registrar's No.

2. FULL NAME OF CHILD Helen Elizabeth Thompson

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 15, 1902 (Month, Day, Year)

**FATHER**

9. Full name Johan Thompson
10. Residence (usual place of abode) (If non-resident, give place and State) Ahsahka
11. Color or race white 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Norway
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockkeeper and Post Master
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work June, 1902
17. Total time (years) spent in this work about 2 years

**MOTHER**

18. Full maiden name Christina Pearson
19. Residence (usual place of abode) (If non-resident, give place and State) Ahsahka.
20. Color or race white 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Apelbo Sweden
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work June, 1902
26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother Seven (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6.9 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Christina Thompson mother
or X Midwife
Address Troy Idaho
Filed January 27, 1940 Mrs C. A. Meyer Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Christina Thompson being first duly sworn says that she is the Mother of Helen Elizabeth Thompson
(Relationship of child)*
born June 15th 1902 at Uniontown, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Helen Elizabeth Thompson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no medical attendant ~~M. D.~~ ~~Midwife~~ was the ~~medical attendant at the~~ birth of said Helen Elizabeth Thompson and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mrs Christina Thompson
P. O. Address Troy Idaho

Subscribed and sworn to before me this 27th day of January, 1940

A Bolman
Notary Public.

Residing at Troy Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

643 118 027 306

288834

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

JAN 30 1940

Registration District No. ..... State File No. 288834

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah Ida
City of .....
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Raleigh Burd Fulton

3. Sex Male | If plural births: 4. Twin, triplet, or other N | 5. Number, in order of birth ✓ | 6. Premature ✓ Full term yes | 7. Legitimate? yes | 8. Date of birth July 18th, 1902. (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: William Robert Fulton | 18. Full maiden name: Rose Ann Crouch. |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Latah Co | 19. Residence (usual place of abode) (If non-resident, give place and State): Latah Co |
| 11. Color or race: white 12. Age at last birthday: 45 (years) | 20. Color or race: white 21. Age at last birthday: 43 (years) |
| 13. Birthplace (city or place) (State or Country): Iowa | 22. Birthplace (city or place) (State or Country): Iowa - |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: no other |
| 16. Date (month and year) last engaged in this work: no other work 19.. | 25. Date (month and year) last engaged in this work: 19.. |
| 17. Total time (years) spent in this work: during life | 26. Total time (years) spent in this work: life |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitr sol -

28. Number of children of this mother: Nine - (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead one (c) Stillborn .....

29. If stillborn, period of gestation: none months or weeks

30. Cause of Stillbirth ✓ Before labor ✓ During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive July 18 1902 at ..... m. on the date above stated. (Born Alive or Stillborn)

(Signed) Ernst T. Hein MD, M. D.

or ....., Midwife

Address Palouse Wash.

Filed Jan 31, 1940 Mae G Atwood Registrar. LB

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

314 714 014 - 318

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 19 1940

# CERTIFICATE OF BIRTH

288906

Registration District No. 3 State File No. .....

Prim. Registration District No. 331 Local Registrar's No. 42

2. FULL NAME OF CHILD Donald Taylor Lauer

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept 14, 1902 (Month, Day, Year)

FATHER

9. Full name James August Lauer

10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Ida.

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Idaho City Ida.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emma Frances Taylor

19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) John Day, Oreg

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J R Woodward, M. D.

or ....., Midwife

Address Payette Idaho

Filed 2/17/1940, 193..... J C Woodward

Registrar.

MAR 30 1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

FEB 12 1940

288936

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. A 463-264 028-814 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Laura Alice Doty

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Aug. 4, 1902 (Month, Day, Year)

FATHER

9. Full name William Sherman Doty

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Polk Co. Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith

15. ~~Industry or business in which~~ work was done, as silk mill, sawmill, bank, etc. at mine

16. Date (month and year) last engaged in this work at gen own shop, 1902

17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Laura Viola Hammer

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Auburn Sangamon Co. Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....

(Date of)

Filed Feb, 1940

Registrar.

Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED

FEB 13 1940

State of Oregon
County of Jackson } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laura Viola Doty being first duly sworn says that is the mother (Relationship of child)* of Laura Alice Doty born August 4th 1902 (Date of birth) at Harrison, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Laura Viola Doty hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. L. M. Busby M. D. was the ~~Midwife~~ medical attendant at the birth of said Laura Alice Doty and that the said medical attendant is cannot be located, (Now deceased (or) cannot be located)

Name of Affiant ~~Mrs.~~ Laura Viola Doty,
P. O. Address Cave Junction, Oregon

Subscribed and sworn to before me this 10th day of February, 1940

Vida A. Reynold
U.S. Commissioner-Dist. of Oregon
Residing at Medford, Oregon, ~~XXXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A2L 2 5 1

A 762:201 014-719

STATE OF IDAHO 289926
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 289926

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. RFD. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Geneva Dixie Poston

3. Sex

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? Yes

8. Date of birth June 1, 1902 (Month, Day, Year)

FATHER

9. Full name Thomas Dolan Poston

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa

11. Color or race White 12. Age at last birthday 49 (years)

13. ~~Birthplace (city or place)~~ Saltville Va (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Elizabeth Park

19. Residence (usual place of abode) (If non-resident, give place and State) _____

20. Color or race White 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Pocahontas Ark (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____ (Date of)

Filed Feb. 23, 1902

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Poston being first duly sworn says that she is the mother of Geneva Dixie Poston
(Relationship of child)*

born June 1, 1902 at Nampa Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Geneva Dixie Poston hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mattie Critzer ~~M.D.~~ Midwife was the medical attendant at the birth of said Geneva Dixie Poston and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant x Elizabeth Poston
P. O. Address 1815 Bank Boise Idaho

Subscribed and sworn to before me this 13 day of September, 1939

[illegible]
Notary Public.
Residing at Boise Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

219-114-028-219

29-042

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

MAR 18 1940

Registration District No. ..... State File No. 290043

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Kootenai

City of Granite

No. on ranch St.

at home

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Floyd Barry

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? .....

8. Date of birth Nov 4, 1902 (Month, Day, Year)

FATHER

9. Full name George Elmer Barry

10. Residence (usual place of abode) (If non-resident, give place and State) Granite Ida.

11. Color or race W | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Pilot Mound, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 1908

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name Matilda Barry

19. Residence (usual place of abode) (If non-resident, give place and State) Granite Ida.

20. Color or race W | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Morgan County Kentucky

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or ~~Stillborn~~) at 2 a.m. on the date above stated.

(Signed) Matilda Barry, ~~M.D.~~

or ....., Midwife

Address 524 Ried ave. Coeur d'Alene Idaho

Filed Mar, 1940

Registrar.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

390043

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Kootenai } ss.

I Matilda Barry being first duly sworn says that
she is the Other (Relationship of child)* of Floyd Barry
born November 4 - 190[illegible] (Date of birth) at Near Granite, Idaho,
whose certificate of birth is hereto attached, and that Floyd Barry desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Floyd Barry hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Cara Hockett ~~M. D.~~ was the Midwife medical attendant at the birth of said Floyd Barry and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Matilda Barry
P. O. Address 524 Reid Ave Cda Ida

Subscribed and sworn to before me this 15 day of March, 1940

Jas. A. Foster
Clerk of the District Court Notary Public.
Residing at ~~Ex-Officio Auditor and Recorder~~, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

556-227-001-713

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

290047

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**1. PLACE OF BIRTH**

County of Ada

City of Boise

No. R.F.D.5 St.

(If born in hospital or institution give name.)

**2. FULL NAME OF CHILD** Marguerite Lillian Newman

**3. Sex** F

**If plural births** 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

**6. Premature** ..... Full term yes

**7. Legitimate?** yes.

**8. Date of birth** Sept 27, 1902 (Month, Day, Year)

**FATHER**

9. Full name Olof Engelbert Newman

10. Residence (usual place of abode) (If non-resident, give place and State) R.F.D.5

11. Color or race W | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Ortrack (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name Marguerite Irene Palmer

19. Residence (usual place of abode) (If non-resident, give place and State) R.F.D.5

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Dodge Center (State or Country) Minn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4.30 P.m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) [illegible], M. D.

or ....., Midwife

Address Boise Ida

Filed Mar. 15, 1940 Mae G. Atwood Registrar.

JUN 2 2 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 319 - PLACE OF BIRTH 208-008-105

County of Boise

City of Horseshoe Bend

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO 290995
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

290995

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Myrtle Harriet Harland

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov. 8, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: George Harland | 18. Full maiden name: Elizabeth Jones |
| 10. Residence (usual place of abode) Horseshoe Bend, (If non-resident, give place and State) Idaho. | 19. Residence (usual place of abode) Horseshoe Bend, (If non-resident, give place and State) Idaho. |
| 11. Color or race White 12. Age at last birthday 32 (years) | 20. Color or race White 21. Age at last birthday 20 (years) |
| 13. Birthplace (city or place) Conestoga (State or Country) New York | 22. Birthplace (city or place) Harlech (State or Country) Wales |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Elizabeth Harland, ~~M.D.~~

or Mother., ~~Midwife~~

Address P.O. Box 71, McCall, Idaho.

Filed Mar. 25, 1940 Mae G. Atwood Registrar. By R. B.

RCCOCS

290995

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Valley } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Harland being first duly sworn says that she is the mother (Relationship of child)* of Myrtle Harriet Harland born November 8, 1902 (Date of birth) at Horseshoe Bend, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 189—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Myrtle Harriet Harland hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Mary Clarkson, ~~MXX~~ Midwife, was the medical attendant at the birth of said Myrtle Harriet Harland and that the said medical attendant is ~~cannot be located~~ Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Elizabeth Harland.

P. O. Address P.O. Box 71, McCall, Idaho.

Subscribed and sworn to before me this 7 day of March, 1940

G. G. Loadman
Notary Public.

Residing at McCall, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

791-108-016-613

291002

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

291002

MAR 25 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Cal Gray

3. Sex M

If plural births { 4. Twin, triplet, or other 1 / 5. Number, in order of birth 2nd

6. Premature ..... Full term ✓

7. Legitimate? —

8. Date of birth Dec 8, 1902 (Month, Day, Year)

FATHER

9. Full name Calvin Melvin Gray

10. Residence (usual place of abode) (If non-resident, give place and State) Albion Idaho

11. Color or race W | 12. Age at last birthday [illegible] (years)

13. Birthplace (city or place) (State or Country) Albion, Ida.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work July 28, 1905

17. Total time (years) spent in this work all life

MOTHER

18. Full maiden name Helen Walton

19. Residence (usual place of abode) (If non-resident, give place and State) Albion Ida.

20. Color or race W | 21. Age at last birthday 16 (years)

22. Birthplace (city or place) (State or Country) Albion Ida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Mar 22, 1940

26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Helen Mecum, ~~M.D.~~

or Mother, ~~Midwife~~

Address 618 No 3rd ave - Nyakina Wn

Filed Mar. 25, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

dup of 1902-339300

CALVIN TWIN 1
CAL TWIN 2

DELAYED

291002

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Wash.
County of Yakima } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Helen Mecum being first duly sworn says that she is the mother (Relationship of child)* of Cal. Gray born Dec 8 1902 (Date of birth) at Albion Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Cal. Gray hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Storey - Now deceased M. D., was the Midwife medical attendant at the birth of said Cal Gray and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Helen Mecum

P. O. Address 618 No 3rd Ave., Yakima Wa

Subscribed and sworn to before me this 22 day of March, 1940

Glenn Gray
Cl. Dep Auditor
Notary Public.

Residing at Yakima, ~~Idaho~~ Wash.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

613-110-035-113

291055

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 15 1940

## CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291055

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lapwai
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Farley J. Walrath

3. Sex Male

(If plural births) 4. Twin, triplet, or other 0 5. Number, in order of birth 0

6. Premature No Full term yes

7. Legitimate? yes

8. Date of birth May 10, 1940 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Harry L. Walrath | 18. Full maiden name Naomi R Jacques |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho |
| 11. Color or race White 12. Age at last birthday ..... (years) | 20. Color or race White 21. Age at last birthday ..... (years) |
| 13. Birthplace (city or place) (State or country) Constantia N. Y. | 22. Birthplace (city or place) (State or country) Savarzon, Estelle France |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Merchant | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag nitr

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks

30. Cause of stillbirth 0 Before labor 0 During labor 0

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 4 A m. on the date above stated.

(Signed) John H Alley M. D.
or ..... Midwife
Address Lewiston, Idaho
Filed April 5, 1940 Mae B. Thurin Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

WHITE CERTIFICATE WITH ATTENDING MD. — THIS IS A PERMANENT RECORD.

A165 · 214 · 044-791

291066

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

291066

RECEIVED
APR 16 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Anna Laura Jones

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth April 14, 1902 (Month, Day, Year)

9. Full name — FATHER: Stephen David Jones

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) ..... (State or Country) Arkansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

18. Full maiden name — MOTHER: Laura Amanda Gray

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida.

20. Color or race White. | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Boise, (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother four (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed apr, 1940

Registrar.

# STATE OF IDAHO

291066

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
APR 16 1940

State of Idaho
County of Washington } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laura Amanda Gray Jones being first duly sworn says that

She is the Mother of Anna Laura Jones
(Relationship of child)*

born April 14, 1902 at Weiser, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Anna Laura Jones

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Steves M. D. was the Midwife medical attendant at the birth of said Anna Laura Jones and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Mother's Signature — Name of Affiant Laura Amanda Gray Jones

P. O. Address 233 Auburn Ave Baker Oregon

Subscribed and sworn to before me this 15th day of April, 1940

Eva Farmer
Notary Public.

Residing at Weiser, Idaho, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 463-113-825-958

County of Idaho

City of Tolo, Ida.

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

291092

APR 9 1940

Registration District No. 240 State File No. 291092

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Andrew Marion Mock

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 1-13-1902, (Month, Day, Year)

**FATHER**

9. Full name William Oser Mock

10. Residence (usual place of abode) (If non-resident, give place and State) Tolo Ida

11. Color or race W | 12. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Pike Co

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineol Cook

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 4 years

**MOTHER**

18. Full ~~maiden~~ name Viola Francis Reynolds

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Cripple Creek Bentum Co

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at home m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ~~C. S. Shepherd~~ Viola Francis Mock, M. D.

or ....., Midwife

Address Denver, Ida.

Filed 4-5, 1940 B Chapman

Registrar.

291092

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
APR 22 1940

State of Idaho
County of Asotin } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Viola Francis Mock being first duly sworn says that she is the Mother (Relationship of child)* of Andrew Marion Mock born January 13th, 1902 (Date of birth) at Tolo, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Andrew Marion Mock hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that G. S. Stockton, M. D., was the Midwife medical attendant at the birth of said Andrew Marion Mock and that the said medical attendant is no deceased (Now deceased (or) cannot be located)

Name of Affiant Viola Francis Mock

P. O. Address Clarkston, Wash.

Subscribed and sworn to before me this 20th, day of April, 1940

A. M. Rognstad
Notary Public.

Residing at Clarkston Wash.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

719-122-014-256

1. PLACE OF BIRTH
County of Canyon
City of Emmett
No. ..... St.
(If born in hospital or institution give name.)

APR 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

291129

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Leal Parrish

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 8 | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Oct 22, 1902 (Month, Day, Year)

FATHER

9. Full name William Whitney Parrish
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Idaho
11. Color or race ..... | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Cortwright New York

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 14 years

MOTHER

18. Full maiden name Ella Frances Knox
19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Idaho
20. Color or race white | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Dry Creek Ada Co. Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. home-maker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Alfred Skippen, M. D.
or ....., Midwife
Address Emmett Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Apr. 15, 1940 ..... Registrar.

APR 3 1969

365 224001 314

RECEIVED MAY 1940

292231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

292231

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. — Hays St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Love

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term — | 7. Legitimate? Yes. | 8. Date of birth June 24, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Johnathan Amon Love | 18. Full maiden name Harriet Matilda Campbell |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Hays St. Boise | 19. Residence (usual place of abode) (If non-resident, give place and State) Hays St. Boise |
| 11. Color or race W | 12. Age at last birthday ~~35~~ 40 (years) |
| 20. Color or race W | 21. Age at last birthday ~~31~~ 36 (years) |
| 13. Birthplace (city or place) (State or Country) Utah | 22. Birthplace (city or place) (State or Country) Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife. |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) [illegible], M. D.
or ....., Midwife
Address Boise Ida
Filed June, 1936 ..... Registrar.

DELAYED

149 204 001-349

292235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

292235

RECEIVED APR 30 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 625 South 16th St. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alice Myrtle Jurges

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Aug 4, ~~198~~ 1902 (Month, Day, Year)

FATHER

9. Full name Chas. Henry Jurges

10. Residence (usual place of abode) (If non-resident, give place and State) 625 S. 16th St.

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Julia Furpin

19. Residence (usual place of abode) (If non-resident, give place and State) 625 S. 16th St. Boise

20. Color or race white | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Green County, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:45 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) R. S. GREGORY, M. D.

or Julia Furpin Jurges mother, ~~Midwife~~

Address 1107 N. 8th St. Boise

Filed Apr, 1940

Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
APR 30 1940

292235

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Snohomish } ss.

Julia Turpin Jurges being first duly sworn says that she is the mother of Alice Myrtle Jurges (Relationship of child)* born Aug 4 - 1902 (Date of birth) at 625 South 16th St Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that R. J. Gregory M. D. was the ~~Midwife~~ medical attendant at the birth of said Alice Myrtle Jurges and that the said medical attendant is ..... ~~(Now deceased~~ (or) cannot be located)

Name of Affiant Julia Turpin Jurges.
P. O. Address 2301 Cleveland, Everett, Wash

Subscribed and sworn to before me this 26 day of April, 1940

L. J. Mel
Notary Public.
Residing at Everett Wash ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

113-215-029815

292238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

292238

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH
County of Latah
City of Genesee
No._____ St._____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Olga Almira Aaland

3. Sex: Female

If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____

6. Premature ✓ Full term ✓

7. Legitimate? ✓

8. Date of birth 10-15, 1902 (MONTH, DAY, YEAR)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Ole M. Aaland | 18. Full maiden name: Anna Hanson |
| 10. Residence (usual place of abode) (If non-resident, give place and State): | 19. Residence (usual place of abode) (If non-resident, give place and State): |
| 11. Color or race: W 12. Age at last birthday: 51 (years) | 20. Color or race: W 21. Age at last birthday: 47 (years) |
| 13. Birthplace (city or place) (State or country): Norway | 22. Birthplace (city or place) (State or country): Norway |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: |
| 16. Date (month and year) last engaged in this work: Oct, 1902 | 25. Date (month and year) last engaged in this work: Same, 19__ |
| 17. Total time (years) spent in this work: 30 | 26. Total time (years) spent in this work: life |

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 12 (b) Born alive but now dead 3 (c) Stillborn ___

28. If stillborn, period of gestation ___ months or weeks

29. Cause of stillbirth ___ Before labor ___ During labor ___

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (BORN ALIVE OR STILLBORN) at a m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

Give name added from a supplemental report_____ (DATE OF)

_____ Registrar.

(Signed) _____, M. D.

or Marie Aaland Swaly Sister ~~Midwife~~

Address Genesee

Filed April, 1910 _____ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

# STATE OF IDAHO

292238

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie Aaland Qualey being first duly sworn says that she is the sister (Relationship of child)* of Alga Almire Aaland born Oct. 15, 1902 (Date of birth) at Genesee, Idaho, Idaho, whose ~~certificate of birth is hereto attached, and that~~ she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Olga Almira Aaland hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. H. Ehlen, M. D., was the Midwife medical attendant at the birth of said Olga Almira Aaland and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Marie Aaland Qualey

P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 40

W. B. Perr.
Notary Public.

Residing at Genesee, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

381 129 001 791

292241

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 2 1940

# CERTIFICATE OF BIRTH

**292241**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1433 State St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vord L. Chamberlain

3. Sex Male

If plural births: 4. Twin, triplet, or other —
5. Number, in order of birth —

6. Premature no
Full term yes

7. Legitimate? yes

8. Date of birth May 29, 1902
(Month, Day, Year)

**FATHER**

9. Full name Herbert Allen Chamberlain

10. Residence (usual place of abode) 1433 State St.
(If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Boise, Idaho
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work May, 1902

17. Total time (years) spent in this work 11

**MOTHER**

18. Full maiden name Sarah Lavina Gray

19. Residence (usual place of abode) 1433 State St.
(If non-resident, give place and State) Boise, Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Star, Idaho
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work — —

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — — (c) Stillborn — —

29. If stillborn, period of gestation — — months or weeks

30. Cause of Stillbirth — — Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Lavina Chamberlain Martindale, ~~M.D.~~

or Mother, ~~M.D.~~

Address 3821 N.E. Glisan Street, Portland, Oregon

Filed May, 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

292241
RECEIVED
MAY 2 1940

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lavina Chamberlain Martindale being first duly sworn says that she is the Mother (Relationship of child)* of Vord L. Chamberlain born May 29th, 1902 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Vord L. Chamberlain hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Haley M. D. was the ~~XXXXXX~~ medical attendant at the birth of said Vord L. Chamberlain and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Lavina Chamberlain Martindale
P. O. Address 3821 N.E.Glisan Street, Portland, Oregon

Subscribed and sworn to before me this 26th day of April, 19 40

Florence H. Farrington
Notary Public.

Residing at Portland, Oregon ~~XXXXXX~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires April 5, 1944

AUG 31 1950

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. R. Route
552-218 001-819
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

MAY 14 1940

Registration District No. ..... State File No. 292295 (292295)
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Goldie E. Nesbit

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No. Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 18, 1902 (Month, Day, Year)

**FATHER**

9. Full name George W. Nesbit
10. Residence (usual place of abode) ~~Portland~~ Boise (If non-resident, give place and State) ~~Oregon~~ Ida
11. Color or race White | 12. Age at last birthday ~~19~~ 21 (years)
13. Birthplace (city or place) ..... (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, own farm ~~etc. Nat. Lumber Co.~~
16. Date (month and year) last engaged in this work May, 1937
17. Total time (years) spent in this work ~~15~~ 8

**MOTHER**

18. Full maiden name Rena Harris Nesbit
19. Residence (usual place of abode) ~~Eugene~~ Boise (If non-resident, give place and State) ~~Oregon~~ Ida
20. Color or race White | 21. Age at last birthday ~~27~~ 19 (years)
22. Birthplace (city or place) Gatesville (State or Country) Texas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home and others
25. Date (month and year) last engaged in this work at present, 1940
26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9.00 A.m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....
**Registrar.**

(Signed) Jena Coffeigh Mother ~~M.D.~~
or ....., Midwife
Address Eugene, Oregon

Filed May, 1940

**Registrar.**

# STATE OF IDAHO

292295

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

MAY 14 1940

State of Oregon
County of Lane } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zena Cobleigh being first duly sworn says that is the Mother (Relationship of child)* of ~~Zena~~ Goldie E. Nesbit born July 18th 1902 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Goldie E. Nesbit hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Spaulding, M. D., was the ~~Midwife~~ medical attendant at the birth of said Goldie E. Nesbit and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Zena Cobleigh

P. O. Address Eugene Oregon

Subscribed and sworn to before me this 10th day of May, 1940

F. J. Berger
Notary Public.

My Com. Expires Oct. 9-1940

Residing at Eugene, Oregon, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG 28 1952

695-212-003-313

292312

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 11 1940

# CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bannock
City of Soda Springs, Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 520 Local Registrar's No. 53

2. FULL NAME OF CHILD Dorthey Arzella Winschell

3. Sex Female

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature — Full term Yes

7. Legitimate? Yes

8. Date of birth June 12, 1902 (Month, Day, Year)

FATHER

9. Full name William Winschell

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Terre Haute Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stage Driver

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 22 years

MOTHER

18. Full maiden name Dora Cates

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Salem Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 22 Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
Ten —
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn —

29. If stillborn, period of gestation — months or weeks —

30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at a m. on the date above stated.

(Signed) Elisha Fry, M. D.

or ....., Midwife

Address Soda Springs

Filed April 9, 1940 Dr. Russell Tiegert, Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 693 107 240-249

County of Shoshone

City of Black Bear, Ida.

No. about 3 miles from Wallace, Ida

at home.

RECEIVED MAY 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293370

Registration District No. ..... State File No. 293370

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ira Donald Wilbur.

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth Sept. 9 1902. (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name IRA HOMER WILBUR | 18. Full maiden name Bertha Bell Smith |
| 10. Residence (usual place of abode) Seattle, Wash (If non-resident, give place and State) Blackbear, Ida | 19. Residence (usual place of abode) Blacbear, Ida (If non-resident, give place and State) ..... |
| 11. Color or race white 12. Age at last birthday 61 (years) | 20. Color or race white 21. Age at last birthday 57 (years) |
| 13. Birthplace (city or place) Hutchinson (State or Country) Kansas | 22. Birthplace (city or place) Carthage (State or Country) Missouri |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoist Engineer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house-wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fed. Mining & Smelting Co Mace, Idaho | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home |
| 16. Date (month and year) last engaged in this work Sept. 1912, 19 ..... | 17. Total time (years) spent in this work 12 |
| 25. Date (month and year) last engaged in this work 1938, 19 ..... | 26. Total time (years) spent in this work always |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn No

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Ira Homer Wilbur, M. D.

or father of said Ira Donald Wilbur Midwife

Address 3447 44th. ave SW, Seattle, Wash

Filed May, 1940

Registrar.

293370

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
MAY 28 1940

State of Washington
County of King } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

IRA HOMER WILBUR being first duly sworn says that he is the father (Relationship of child)* of Ira Donald Wilbur born Sept. 7th., 1902 (Date of birth) at Black Baer, Idaho., Idaho, whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ira Donald Wilbur hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Heimar M. D. was the ~~Midwife~~ medical attendant at the birth of said Ira Donald Wilbur and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Ira Homer Wilbur

P. O. Address 3447 44th. ave SW, Seattle, Wash

Subscribed and sworn to before me this 27th day of May, 1940, 19

Thomas S. Sivers
Notary Public.

Residing at Seattle, Wash, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

293377

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 29 1940

# CERTIFICATE OF BIRTH

293377

Registration District No. 220 State File No.
Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St.
773 21 0035 234
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eva May Gilman

3. Sex Female

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Aug 10, 1902 ~~1903~~ (Month, Day, Year)

FATHER

9. Full name Dudley Gilman

10. Residence (usual place of abode) Lewiston Idaho
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Frances Lovina Sturgeon

19. Residence (usual place of abode) Lewiston Idaho
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) Pennsylvania
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at m. on the date above stated.

(Signed) Frances L Gilman, M. D.
or (Mother), Midwife
Address 2012 - 8th Avenue Lewiston, Ida

Filed May 28, 1940 Mae McNurnd, Md
Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

293377

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frances L. Gilman being first duly sworn says that she is the Mother of Eva May Gilman
(Relationship of child)*

born August 10, 1902 (Date of birth) at Lewiston, Idaho,

whose certificate of birth is hereto attached, and that Frances L. Gilman desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Eva May Gilman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said Eva May Gilman and that the said medical attendant is unknown
(Now deceased (or) cannot be located)

Name of Affiant Frances L. Gilman
P. O. Address 2012 - 8th Avenue Lewiston Idaho

Subscribed and sworn to before me this 28th day of May, 1940

~~Notary Public.~~

Residing at, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

by A. Curtis, Deputy

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of IDAHO

City of LUCILLE

No. 295 710 025 295 St.

(If born in hospital or institution give name.)

RECEIVED MAY 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 293386 ~~293386~~

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MAURICE CALVIN KIELING

3. Sex MALE

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? YES

8. Date of birth AUG 10, 1902 (Month, Day, Year)

9. Full name FATHER (NOW DECEASED) CALVIN FREDRICK KIELING

10. Residence (usual place of abode) (If non-resident, give place and State) LUCILLE IDAHO

11. Color or race WHITE | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) CHEWELAH WASH

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. MINE

16. Date (month and year) last engaged in this work AUGUST, 1902

17. Total time (years) spent in this work 2

18. Full maiden name MOTHER (NOW DECEASED) ELVA E. KIELING

19. Residence (usual place of abode) (If non-resident, give place and State) LUCILLE IDAHO

20. Color or race WHITE | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) LUCILLE IDAHO

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOUSEWIFE

25. Date (month and year) last engaged in this work AUG, 1902

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE (Born Alive or Stillborn) at 12:01 P. m. on the date above stated.

(Signed) Marie E. Kieling (Aunt), M. D.

or ....., Midwife

Address 2315 N. Dekum St Portland Oreg.

Filed May 28, 1940

Registrar.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

Registrar.

BUREAU OF VITAL STATISTICS
Department of Public Welfare
Division of Public Health
BOISE, IDAHO

# STATE OF IDAHO

-292386

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1940

State of OREGON
County of MULTNOMAH } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MARIE E. KIELING being first duly sworn says that SHE is the AUNT (Relationship of child)* of MAURICE CALVIN KIELING born AUGUST 10, 1902 (Date of birth) at LUCILLE, Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said MAURICE CALVIN KIELING ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. FOSKETT, M. D., was the ~~Midwife~~ medical attendant at the birth of said MAURICE CALVIN KIELING and that the said medical attendant is DECEASED
(Now deceased (or) cannot be located)

Name of Affiant Marie E. Kieling
P. O. Address 2315 N DEKUM ST. PORTLAND ORE

Subscribed and sworn to before me this 11 day of MAY, 19 40

A. L. Simpson
Notary Public.

Residing at PORTLAND, ~~Idaho.~~ OREGON
My commission expires 2-4-44

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 28 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. 693 719 029 249 St.
(If born in hospital or institution give name.)

RECEIVED
JUN 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293445

# CERTIFICATE OF BIRTH

293445

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Glenn Roy Wilkison

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term x | 7. Legitimate? x | 8. Date of birth Feb. 19, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Fred Wilkison | 18. Full maiden name: Hettie Burgess |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Idaho |
| 11. Color or race W \| 12. Age at last birthday 34 (years) | 20. Color or race W \| 21. Age at last birthday 26 (years) |
| 13. Birthplace (city or place) (State or Country) Ohio | 22. Birthplace (city or place) (State or Country) West Virgina |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Land Dealer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fred Wilkison Father, M. D.
or ....., Midwife
Address Twin Falls, Idaho
Filed June, 1940 J. O. Pumphrey
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

# STATE OF IDAHO

293445

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls, } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred Wilkison being first duly sworn says that he is the Father of Glenn Roy Wilkison
(Relationship of child)*

born Feb. 19, 1902 at Genesee, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Glenn Roy Wilkison hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Conant M. D. was the Midwife medical attendant at the birth of said Glenn Roy Wilkison and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Fred Wilkison

P. O. Address Twin Falls, Idaho

Subscribed and sworn to before me this 5th day of June, 1940

Notary Public.

Residing at Twin Falls, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

795-111-037-791

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM... N.B.—In case of more than one child at birth a Separate Return must be made f... and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of Bruneau
No. ..... St. .....
(If born in hospital or institution give name.)

RECEIVED
JUN 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

293544

Registration District No. 380 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 13

2. FULL NAME OF CHILD Joe Pinkston

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Nov. 11, 1902 (Month, Day, Year)

FATHER

9. Full name: Jess B. Pinkston
10. Residence (usual place of abode) (If non-resident, give place and State): Bruneau Idaho
11. Color or race: white
12. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): St Genevieve County Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ranching
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Renting
16. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Ada May Grayson
19. Residence (usual place of abode) (If non-resident, give place and State): Bruneau Idaho
20. Color or race: white
21. Age at last birthday: 29 (years)
22. Birthplace (city or place) (State or Country): St. Francis County Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... M.D.
or Jess B. Pinkston Father, ~~Midwife~~
Address Mountain Home, Idaho
Filed May 27, 1940, 193.... [signature] Registrar.

DELAYED

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

29354

State of Idaho
County of Elmore } ss.

APPROVED
JUN 10 1940

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jess B. Pinkston being first duly sworn says that he is the Father (Relationship of child)* of Joe Pinkston born November 11, 1902 (Date of birth) at Bruneau, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Joe Pinkston hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. John Bridges, M. D., was the Midwife medical attendant at the birth of said Joe Pinkston and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Jess B Pinkston

P. O. Address Mountain Home, Idaho

Subscribed and sworn to before me this 27th. day of May, 1940

Probate Judge ~~Notary Public~~.

Residing at Mountain Home, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

294698

RECEIVED JUL 1 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City or near Cottonwood
No. 815 728 725 815 St.
Farm Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Fred Wesley Yandell

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Dec. 28th 1902 (Month, Day, Year)

9. Full name FATHER James C. Yandell

10. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood Idaho

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Joplin, Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work Still engaged 19..
17. Total time (years) spent in this work 15 yrs

18. Full maiden name MOTHER Edna M. Yandell

19. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood Idaho

20. Color or race ..... | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Grangeville, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work Still engaged
26. Total time (years) spent in this work 7 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No

28. Number of children of this mother Two (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) James C. Yandell Father, M.D.
or ....., Midwife
Address Wolf Point, Montana
Filed July, 1940 ..... Registrar.

DELAYED

# STATE OF IDAHO

294693

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1940

State of Montana
County of Roosevelt } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edna M. Yandell being first duly sworn says that she is the mother (Relationship of child)* of Fred Wesley Yandell born December 28th, 1902 (Date of birth) at Cottonwood, Idaho County, Idaho, State of Idaho whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Fred Wesley Yandell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Truitt, M. D., was the ~~XXXX~~ medical attendant at the birth of said Fred Wesley Yandell and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Edna M. Yandell

P. O. Address Wolf Point, Montana

Subscribed and sworn to before me this 28th day of June, 19 40

Grace M. Fox
NOTARY PUBLIC for the State of Montana.
Notary Public.
Residing at Wolf Point, Montana.
Residing at ~~Boise, Idaho.~~
My commission expires June 5th, 1942.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

386-227029-386

294747

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

RECEIVED JUN 27 1940

294747

1. PLACE OF BIRTH
County of Latah
City of Moscow, Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Esther Angeline Lyon

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth June 22, 1922 (Month, Day, Year) (1922)

| FATHER | MOTHER |
|---|---|
| 9. Full name Milton Lyon | 18. Full maiden name Grace Marion Legomon |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) ..... |
| 11. Color or race White \| 12. Age at last birthday 33 (years) | 20. Color or race White \| 21. Age at last birthday 37 (years) |
| 13. Birthplace (city or place) (State or Country) West Virginia | 22. Birthplace (city or place) (State or Country) Walla Walla Wash |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeping |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) ..... Registrar.

(Signed) Mrs Johnson, M. D.
or ..... Midwife
Address Moscow Idaho
Filed June, 1940 ..... Registrar.

We were living at Moscow Idaho when each child was born

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

294747

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
JUN 27 1940

State of Washington Spokane
County of Spokane } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

That I Grace Hopkins being first duly sworn says that I am is the Mother of Esther Angeline Lyon Piske
(Relationship of child)*

born June 22 at Moscow Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Esther Angeline Piske hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Mrs Johnson M. D. was the Midwife medical attendant at the birth of said Moscow Idaho and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Grace Hopkins
P. O. Address 1132½ College Spokane Wash

Subscribed and sworn to before me this 26 day of June, 1940

Notary Public.
Residing at Spokane Wash, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 2 1 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more th one child at birth a Separate Return must be made for each, and the number of each, in order of birth state.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294749

RECEIVED JUL 8 1940

# CERTIFICATE OF BIRTH

294749

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Shoshone

City of Burke

No. A-4/4 106-040-238 St.

Idaho

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joseph Robert Madar

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct. 6, 1902 (Month, Day, Year)

9. Full name John Madar

10. Residence (usual place of abode) (If non-resident, give place and State) Burke

11. Color or race white | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Pisek Austria

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hard rock miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. metal mines

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 20 years

FATHER

MOTHER

18. Full maiden name Mary Francis Schirmer

19. Residence (usual place of abode) (If non-resident, give place and State) Burke

20. Color or race white | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) New York City N. Y.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) three

(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July 8, 1940.

Registrar.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

Registrar.

# STATE OF IDAHO

294749

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

JUL 8

State of Washington
County of Spokane } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Frances Moder being first duly sworn says that she is the mother (Relationship of child)* of Joseph Robert Moder born Oct 6-1907 (Date of birth) at Burke, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Joseph Robert Moder hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Miller, ~~M. D.~~, was the Midwife medical attendant at the birth of said Joseph Robert Moder and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary Frances Moder

P. O. Address 15-12th W. Mora Spokane Wn

Subscribed and sworn to before me this 5 day of July, 19 40

A W Davis
Notary Public.

Residing at Spokane Wash, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG 4 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

413 716 035 693

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294757

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294757

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho.
City of Cottonwood.
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Raymond M.Matthiesen.

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth 9-16-1902, 193..... (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Helmuth Christian Matthiesen | 18. Full maiden name: Maude Blanch Williams |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Lewiston, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State): Lewiston, Idaho |
| 11. Color or race: white \| 12. Age at last birthday: 61 (years) | 20. Color or race: white \| 21. Age at last birthday: 59 (years) |
| 13. Birthplace (city or place) (State or Country): New Holstein, Wis. | 22. Birthplace (city or place) (State or Country): Astoria, Oregon |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banking | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Bank | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home |
| 16. Date (month and year) last engaged in this work: October, 1, 1927 | 25. Date (month and year) last engaged in this work: still so engaged |
| 17. Total time (years) spent in this work: 21 | 26. Total time (years) spent in this work: 39 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living one (b) Born alive but now dead x (c) Stillborn x

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 P.M on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. C. Matthiesen Father, ~~MD~~

or ....., ~~Midwife~~

Address 526-5th, Street, Lewiston, Idaho.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed July, 1940

Registrar.

294757

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Idaho. } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

H.C.Matthiesen being first duly sworn says that he is the Father (Relationship of child)* of Raymond M.Matthiesen.

born Septembet,16th, 1902 (Date of birth) at Cottonwood, Idaho., Idaho,

whose certificate of birth is hereto attached, and that Raymond M.Matthiesen desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond M.Matthiesen

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J.W.Turner, M. D., was the ~~midwife~~ medical attendant at the birth of said Raymond M.Matthiesen and that the said medical attendant is Can not be located. ~~[illegible]~~ cannot be located)

Name of Affiant H.C.Matthiesen

P. O. Address 526-5th,Street,Lewiston, Idaho.

Subscribed and sworn to before me this 5th, day of July, 19 40

Notary Public.

Residing at Grangeville, Idaho., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of LATAH

City of KENDRICK

No. ..... St.

A 433 101 029 453

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294802

RECEIVED JUL 5 1940

# CERTIFICATE OF BIRTH

294802

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** WALTER GORDON McCREA

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? YES | 8. Date of birth MAR. 1, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name WALTER MURPHY McCREA | 18. Full maiden name NELLIE ELIZABETH NELLISON |
| 10. Residence (usual place of abode) (If non-resident, give place and State) DECEASED 1928 | 19. Residence (usual place of abode) (If non-resident, give place and State) SEATTLE, WASH. |
| 11. Color or race [redacted] \| 12. Age at last birthday 32 [redacted] (years) | 20. Color or race WH \| 21. Age at last birthday 28 (years) |
| 13. Birthplace (city or place) (State or Country) PERHAM, MINNESOTA | 22. Birthplace (city or place) (State or Country) FORT HAYS-KANSAS |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OWNER OF HARDWARE STORE | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work MAR. 1, 1902 | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work [redacted] 5 yrs | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July, 1940 ..... Registrar.

294802

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1940

State of WASHINGTON
County of KING } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

NELLIE MELLISON McCREA being first duly sworn says that SHE is the MOTHER (Relationship of child)* of WALTER GORDON McCREA born MAR. 1, 1902 (Date of birth) at KENDRICK, Idaho,

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said WALTER GORDON McCREA hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. ALEXANDER HUNTER, M. D., was the ~~Midwife~~ medical attendant at the birth of said WALTER G. McCREA and that the said medical attendant is CANNOT BE LOCATED (Now deceased (or) cannot be located)

Name of Affiant Nellie Mellison McCrea

P. O. Address 8553 - 14th Ave., N.W. Seattle

Subscribed and sworn to before me this 2nd day of July, 1940.

R. L. H. Marshall
Notary Public.

Residing at Seattle, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

294 814

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

294814

RECEIVED
JUL 10 1940

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. 1754 120 040 815 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter Mullen Pederson

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... }

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth March 20 1902 (Month, Day, Year)

**FATHER**

9. Full name Peter Christian Pedersen

10. Residence (usual place of abode) (If non-resident, give place and State) Mullan, Idaho

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Aarhus (State or Country) Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

16. Date (month and year) last engaged in this work March 20, 1902

17. Total time (years) spent in this work 2 yrs.

**MOTHER**

18. Full maiden name Anna Marie Hansen

19. Residence (usual place of abode) (If non-resident, give place and State) Mullan, Idaho

20. Color or race white | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Odense (State or Country) Denmark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed July, 1940

Registrar.

Registrar.

# STATE OF IDAHO

294814

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

JUL 1 0 1940

State of Washington
County of King } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna M Pedersen being first duly sworn says that she is the mother (Relationship of child)* of Walter Mullen Pedersen born March 20, 1902 (Date of birth) at Mullan, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Walter Mullen Pedersen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Matstad, ~~Mrs.~~, was the Midwife medical attendant at the birth of said Walter Mullen Pedersen and that the said medical attendant is probably deceased (Now deceased (or) cannot be located)

Name of Affiant Anna M Pedersen
P. O. Address 7526-24th NW Seattle Wash

Subscribed and sworn to before me this 8th day of July, 19 40

[illegible]
Notary Public.
Residing at Seattle, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAR 24 195

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Silver King
No. 375 706 040-168 St.
(If born in hospital or institution give name.)

RECEIVED
JUL 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294822

# CERTIFICATE OF BIRTH 294822

Registration District No. ..... State File No. .....
Prim. Registration District No. 140 Local Registrar's No. 106

2. FULL NAME OF CHILD Herbert Alfred Linn

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth April 6, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Samuel H. Linn | 18. Full maiden name: Anna Edelia Johnson |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Silver King | 19. Residence (usual place of abode) (If non-resident, give place and State): Silver King |
| 11. Color or race: White \| 12. Age at last birthday: 28 (years) | 20. Color or race: White \| 21. Age at last birthday: 21 (years) |
| 13. Birthplace (city or place) (State or Country): Sweden | 22. Birthplace (city or place) (State or Country): Sweden |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: |
| 16. Date (month and year) last engaged in this work ....., 19.. \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.. \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Miss Ana C. Ingstad, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed June 24, 1940 John C. Bunn
Registrar.

Registrar.

# STATE OF IDAHO

294822

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
JUL 3 _ 1940

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Samuel H. Linn being first duly sworn says that is the Father (Relationship of child)* of Herbert Alfred Linn born April 6 — 1902 (Date of birth) at Silver King, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Herbert Alfred Linn. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss C. Mogstad, ~~M. D.~~, was the Midwife medical attendant at the birth of said Herbert Alfred Linn. and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

Name of Affiant Samuel H. Linn

P. O. Address Wallace Ida.

Subscribed and sworn to before me this 24 day of June, 1940

Elizabeth E. Ward
Notary Public.

Residing at Wallace Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Mullan, Idaho

No. 4417 06 04 0847 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

294852

Registration District No. ..... State File No. 294852

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Richard Raymond Daxon

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 6, 1902 (Month, Day, Year)

9. Full name — FATHER: William Daxon Deceased 3/6/1931

10. Residence (usual place of abode) (If non-resident, give place and State): Mullan, Idaho

11. Color or race: White 12. Age at last birthday 74 (years)

13. Birthplace (city or place) (State or Country): Lock Island 36 Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mine Operator

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mine

16. Date (month and year) last engaged in this work: June, 15th, 1928

17. Total time (years) spent in this work: 23 yrs

18. Full maiden name — MOTHER: Cora Clementine Hughes

19. Residence (usual place of abode) (If non-resident, give place and State): Mullan, Idaho

20. Color or race: White 21. Age at last birthday 68 (years)

22. Birthplace (city or place) (State or Country): Hitzville Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: Feb. 28, 1940

26. Total time (years) spent in this work: 46 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Third

Five (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn **

29. If stillborn, period of gestation ** months or weeks

30. Cause of Stillbirth ** Before labor ** During labor **

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Cora Clementine Daxon
Registrar.

Filed July, 1940

Registrar.

294853

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Washington (Cullan)
County of ~~Shoshone~~ King } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora Clementine Daxon being first duly sworn says that she is the Mother (Relationship of child)* of Lichard Raymond Daxon born Oct. 6, 1902 (Date of birth) at Mullan, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lichard Raymond Daxon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Lewis (M.D.), M. D., was the Midwife medical attendant at the birth of said Lichard Raymond Daxon and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Cora Clementine Daxon

P. O. Address 2228 2nd Ave. West.

Subscribed and sworn to before me this 10th day of July, 19 40

Dora L. Dyer
Notary Public.

Residing at Seattle, ~~Idaho~~ Wn.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

294729 029 595

RECEIVED
JUL 15 1940

STATE OF IDAHO 294865
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

294865

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Moscow Idaho
No. 6th St. & Elm St. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold Stephen Kimberling

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 29, 1902 (Month, Day, Year)

9. Full name Joseph Marion Kimberling

10. Residence (usual place of abode) Deceased Nov. 15. 1937
(If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday Nov. 15. 1937 61 (years)

13. Birthplace (city or place) Bland County
(State or Country) Virginia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer,~~ bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 30

FATHER

MOTHER

18. Full maiden name Mary Ann Nivens

19. Residence (usual place of abode) Los Angeles Calif.
(If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 60 (years)

22. Birthplace (city or place) .....
(State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 4 P. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mary Ann Kimberling (mother), M. D.
or ....., ~~Midwife~~

Address 1907 - Steele St. Rosemead Calif.

Filed July, 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

294865

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
JUL 15 1940

State of California
County of Los Angeles } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ann Kimberling being first duly sworn says that is the Mother (Relationship of child)* of Harold Stephen Kimberling born January 29, 1902 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant x Mary Ann Kimberling
P. O. Address 1907 Steele St. Rosemead, California

Subscribed and sworn to before me this 15th. day of July, 1940

F M O Fanning
Notary Public.

Residing Los Angeles, California, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My Commission Expires June 2

A255125029 193

296060

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

296060

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 511 Sweet Ave St.
in home.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Devere Delancey Benedict

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Jan. 25, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Orloff A. Benedict | 18. Full maiden name Merlie Lena Archer |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Moscow | 19. Residence (usual place of abode) (If non-resident, give place and State) Moscow |
| 11. Color or race W | 12. Age at last birthday 43 (years) |
| 20. Color or race W | 21. Age at last birthday 32 (years) |
| 13. Birthplace (city or place) (State or Country) Waupaca Wisconsin | 22. Birthplace (city or place) (State or Country) East Hallingford Vermont |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed July 22, 1940 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

296060

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

State of Idaho
County of Latah } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mertie Archer Benedict being first duly sworn says that Devere is the Son (Relationship of child)* of Mertie Archer Benedict born Jan 25 1902 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Mertie A Benedict desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Devere Delancey Benedict hereto attached are true and correct ~~as stated therein,~~ **and that this birth has not been previously recorded.**

Affiant further states that Dr J R Clark, M. D., was the Midwife medical attendant at the birth of said Devere Delancey Benedict and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Mertie Archer Benedict
P. O. Address 511 Sixth Ave Moscow

Subscribed and sworn to before me this 20 day of July, 1940

Martin L Nudey
Notary Public.

Residing at Moscow, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

555-104-014-261

296115

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

**296115**

Registration District No. 362 State File No.

Prim. Registration District No. Local Registrar's No. 261

1. PLACE OF BIRTH
County of Canyon
City of Nampa Idaho
No. 1013 - 2nd St So St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Julian Wayne Everitt

3. Sex Male

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ✓ Full term yes

7. Legitimate? yes

8. Date of birth Dec. 4, ~~193~~ 1902 (Month, Day, Year)

FATHER

9. Full name George Henry Everitt

10. Residence (usual place of abode) 1013-2St-So (If non-resident, give place and State) Nampa

11. Color or race white | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Hannah Elizabeth Swanson

19. Residence (usual place of abode) 1013-2nd St-So (If non-resident, give place and State) Nampa Idaho

20. Color or race white | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) J H Murray, M. D.

or , Midwife

Address Nampa Idaho.

Filed July 24, 1940 Lyda Rodgers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 7 1955

B.

#296115

affidavit picked up 8-24-59 to correct birth date to Dec. 4, 1901

~~1~~ documents needed

1 signature

not paid.

NEW
DELAYED
NEEDED

249-121-C 23-753

296157

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296157

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. ✓ St. ✓
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lawson Burl Smith

3. Sex Male

If plural births { 4. ~~Twin, triplet, or other~~ alone
5. Number, in order of birth ✓

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth March 21, 1902 (Month, Day, Year)

FATHER

9. Full name Lawson Orien Smith

10. Residence (usual place of abode) Emmett ~~Oregon~~ Idaho
(If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday ~~[illegible]~~ 25 (years)

13. Birthplace (city or place) Boise
(State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer ~~[illegible]~~

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

16. Date (month and year) last engaged in this work Now engaged in same

17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name Evelyn Peck

19. Residence (usual place of abode) Emmett ~~Oregon~~ Idaho
(If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday ~~[illegible]~~ 32 (years)

22. Birthplace (city or place) Wichita
(State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

25. Date (month and year) last engaged in this work Now engaged in same

26. Total time (years) spent in this work 12 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Three.
(a) Born alive and now living Yes (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ was present at the birth of this child, who was alive (Born Alive or Stillborn) at 2 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Lawson G. Smith, ~~M. D.~~
or father of said child and son, ~~Midwife~~
Address Dallas, Polk County, Oregon

Filed July 27, 1940 Mae G. Atwood
Registrar

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Oregon
County of Polk } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Lawson Green Smith being first duly sworn says that he is the Father of Lawson Burl Smith
(Relationship of child)*

born March 21 - 1902 at Emmett, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Lawson Burl Smith desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lawson Burl Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that he is the father of the said Lawson Burl Smith and was present ~~M. D., was the Midwife~~ ~~medical attendant~~ at the birth of said Lawson Burl Smith and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Lawson Green Smith
P. O. Address 823- Court St Dallas Oregon

Subscribed and sworn to before me this 23d day of July 19 40.

Walter Gregory
Notary Public.

My Commn. expires July 23, 1941.

Residing at Dallas, Oregon ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 30 1942.

A245-130-004-245

96165

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake County
City of Bern
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 296165

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Loran T. Kunz

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 12-30, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name David J. Kunz | 18. Full maiden name Emma Caroline Kunz |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Bern, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Bern, Idaho |
| 11. Color or race White \| 12. Age at last birthday x 22 (years) | 20. Color or race White \| 21. Age at last birthday x 17 (years) |
| 13. Birthplace (city or place) (State or Country) Bern, Idaho | 22. Birthplace (city or place) (State or Country) Bern Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work Present, 19 | 25. Date (month and year) last engaged in this work Present, 19 |
| 17. Total time (years) spent in this work 4 Years | 26. Total time (years) spent in this work 4 Years |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed July 30, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics
Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

David J. Kunz being first duly sworn says that He is the Father (Relationship of child)* of Loran T. Kunz born December 30th 1902 (Date of birth) at Bern, Idaho,

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Loran T. Kunz ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Annie Hilier, ~~M. D.~~ was the Midwife medical attendant at the birth of said Loran T. Kunz and that the said medical attendant is Cannot Be Located (Now deceased (or) cannot be located)

Name of Affiant David J. Kunz

P. O. Address Bern, Idaho

Subscribed and sworn to before me this 27th day of July, 19 40.

Albert E. Leeright
Notary Public.

Residing at Montpelier, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

314-209-000-335

296168

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

296168

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 1806 Ridenbaugh St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Elizabeth Campbell

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth July 9, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Joseph Milton Campbell | 18. Full maiden name: Mary Eleanor Mc Clelland |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Boise | 19. Residence (usual place of abode) (If non-resident, give place and State): Boise |
| 11. Color or race: White 12. Age at last birthday: 50 (years) | 20. Color or race: White 21. Age at last birthday: 36 (years) |
| 13. Birthplace (city or place) (State or Country): Penn. | 22. Birthplace (city or place) (State or Country): Penn. |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nursery man | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 1906 | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 12.17 m on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [illegible], M. D.

or ....., Midwife

Address Boise Ida

Filed July 30, 1940 Mae G. Atwood

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A466-124-001-859

RECEIVED
AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296198
29619

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 13th Franklin st.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harry Alfred Moore

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct 24th 1902 (Month, Day, Year)

FATHER

9. Full name Thomas Moore

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race White 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) San Francisco California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cigar maker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. John Phil. Tob. Co

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Anna Elizabeth Hersh

19. Residence (usual place of abode) (If non-resident, give place and State) Boise

20. Color or race White 21. Age at last birthday 62 (years)

22. Birthplace (city or place) (State or Country) Hebron Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address RECEIVED

Give name added from a supplemental report .....

(Date of)

Filed AUG -1 1940, 193.. Bureau of Vital Statistics

Mae G. Atwood
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED AUG -1 1940

State of ..... } ss.
County of ..... }

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Elizabeth Shopp being first duly sworn says that she is the Mother (Relationship of child)* of Harry Alfred Moore born Oct. 24th 1902 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harry A. Moore hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Maxey, M. D., was the Midwife medical attendant at the birth of said Harry Alfred Moore and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Anna Elizabeth Shopp
P. O. Address Boise Route # 3

Subscribed and sworn to before me this 31st day of July, 19 40

H. A. Sievers
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

236-224-646-432

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Copy 296260

296260

# CERTIFICATE OF BIRTH

AUG - 2 1940

1. PLACE OF BIRTH
County of Shoshone
City of Gem Idaho
No. no St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Orpha Nathene Stockton

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature no Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 24, 1922 (Month, Day, Year)

**FATHER**

9. Full name Charles W. Stockton
10. Residence (usual place of abode) (If non-resident, give place and State) Gem Idaho
11. Color or race W. | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) no
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Several years, 19..... | 17. Total time (years) spent in this work ?

**MOTHER**

18. Full maiden name Nellie McKinney
19. Residence (usual place of abode) (If non-resident, give place and State) Gem Idaho
20. Color or race W. | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Lowell Kansas
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home
25. Date (month and year) last engaged in this work ✓, 19..... | 26. Total time (years) spent in this work Several

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of Stillbirth ✓ Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6:P. m. on the date above stated.

(Signed) Dr H. Hemmers, M. D.
or Gem Idaho, Midwife
Address Gem Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... Mae G. Atwood Registrar.
Bureau of Vital Statistics

AUG - 2 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Nellie McKinney Rhodes being first duly sworn says that She is the Mother (Relationship of child)* of Orpha Katherine Stockton born Dec 24 1902 (Date of birth) at Gem Idaho, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Orpha Katherine Stockton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. H. Hemmers, M. D., was the Midwife medical attendant at the birth of said Orpha Katherine Stockton and that the said medical attendant is Can not be located (Now deceased (or) cannot be located)

Name of Affiant Nellie Stockton Rhodes

P. O. Address Columbus Kansas

Subscribed and sworn to before me this 27 day of July, 1940

Term Exp May 18 1943

Paul V. Jeffery
Notary Public.

Residing at Columbus Kan ~~, Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAR 1 1966
DEC 26 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 692-219-044-299

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG -5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

296318

296318

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roberta Kirk Fisher

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Aug 19, 1902 (Month, Day, Year)

**FATHER**

9. Full name James M. Fisher

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho

11. Color or race White 12. Age at last birthday 54 (years)

13. Birthplace (city or place) (State or Country) Dumfriesshire Scotland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranches

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 14

**MOTHER**

18. Full maiden name Wilhelmina Kirk ~~Fisher~~

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho

20. Color or race White 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Dumfriesshire Scotland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Joseph R. Rumbers, M. D.

or Ira Mae Broderson, Midwife

Address Boise Idaho

Filed Aug 5, 1940 Mae D. Atwood Registrar.

Bureau of Vital Statistics

453-103-044-285

RECEIVED
AUG -7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

296354
296354

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Cambridge
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eugene Glenn Welker

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Sept. 3, 1930 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name John T. Welker | 18. Full maiden name Ann Zella Shepherd |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Cambridge, Ida. | 19. Residence (usual place of abode) (If non-resident, give place and State) Cambridge, Ida. |
| 11. Color or race W \| 12. Age at last birthday 36 (years) | 20. Color or race W \| 21. Age at last birthday 34 (years) |
| 13. Birthplace (city or place) Greensboro, (State or Country) North Carolina | 22. Birthplace (city or place) Greensboro, (State or Country) North Carolina |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... \| 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... \| 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Seventh (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 12:00 (Born Alive or Stillborn) at Noon m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Zella Welker, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed AUG -7 1940 193.. Mae G. Atwood Registrar.

..... Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Zella Welker being first duly sworn says that she is the Mother (Relationship of child)* of Eugene Glenn Welker born Sept. 3, 1902 (Date of birth) at Cambridge, Idaho, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eugene Glenn Welker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Schaeffer, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Zella Welker
P. O. Address Cambridge, Idaho

Subscribed and sworn to before me this 31st day of July, 1940

[signature] Notary Public.

Residing at Cambridge, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

572-22-0282-765

JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296356

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Vernon
No. Idaho St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD ~~Delmar Egbert~~

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? ..... | 8. Date of birth Feb. 20, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Samuel Parley Egbert | 18. Full maiden name: Millie Amanda Pond |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Marysville | 19. Residence (usual place of abode) (If non-resident, give place and State) Marysville |
| 11. Color or race White \| 12. Age at last birthday 26 (years) | 20. Color or race White \| 21. Age at last birthday 28 (years) |
| 13. Birthplace (city or place) Marysville Idaho (State or Country) Idaho, Fremont Co. | 22. Birthplace (city or place) Marysville (State or Country) Idaho, Fremont Co |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.. \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.. \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Millie Amanda P. Egbert, M. D.
or Mother of Delmar Egbert, ~~Midwife~~
Address .....

Give name added from a supplemental report .....

(Date of) JUL 31 1940 193..

Mae G. Atwood
Registrar. Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Montana
County of Blaine } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Millie Amanda P. Egbert being first duly sworn says that she is the mother (Relationship of child)* of Delmar Egbert born February 20, 1902 (Date of birth) at Vernon, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Delmar Egbert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Emily Lamborne, M. D., was the Midwife medical attendant at the birth of said Delmar Egbert and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Millie Amanda P Egbert
P. O. Address Harlem, Montana

Subscribed and sworn to before me this 29 day of July, 1940

NOTARY PUBLIC for the State of Montana,
Residing at Harlem, Montana:
My commission expires January 31st, 1943

John Searlow
Notary Public.
Residing at Harlem, Montana, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 235 122 006-315

296404

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. None St.
(If born in hospital or institution give name.)

AUG -7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 296404
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Louis Sylvester Stevenson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth April 22, 1902 (Month, Day, Year)

FATHER

9. Full name John Marion Stevenson
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Idaho
11. Color or race White | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Green County, Wisc.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 1902 | 17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Mary Ellen Cave
19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Idaho
20. Color or race White | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Salina, Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Marion Stevenson Father
or ....., Midwife
Address RECEIVED 4st St. Long Beach Calif.

Give name added from a supplemental report .....
(Date of)

Filed AUG -7 1940, 193....

Registrar. Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Marion Stevenson being first duly sworn says that he is the father (Relationship of child)* of Louis Sylvester Stevenson born April 22, 1902 (Date of birth) at Blackfoot, Bingham County Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1927 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Louis Sylvester Stevenson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Wm. Plant, ~~M. D.~~ was the Midwife medical attendant at the birth of said Louis Sylvester Stevenson and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant John Marion Stevenson
P. O. Address 1614 E. 1st St. Long Beach, Calif.

Subscribed and sworn to before me this 5th day of August, 19 1942

Ruth L. Day
Notary Public.

Residing at Long Beach, California, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A163226-029-466

296559

RECEIVED AUG 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

296559

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Esther Nydia Jolly

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth April 26, 1902 (Month, Day, Year)

FATHER

9. Full name Elmer E. Jolly

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper owner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Moscow Mirror

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 9 years

MOTHER

18. Full maiden name Eva Moore

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow

20. Color or race White | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Calhoun, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eva E. Jolly, MD.

or ..... Mother, Midwife

Address Present Address Puyallup, Washington

Give name added from a supplemental report .....

(Date of)

Filed 8-14-40, 193.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Washington
County of Pierce } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eva E. Jolly being first duly sworn says that she is the Mother (Relationship of child)* of Esther Nydia Jolly born April 26, 1902 (Date of birth) at Moscow, Idaho, whose certificate ~~of birth~~ is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Esther Nydia Jolly hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Gritman, M. D., was the ~~Midwife~~ medical attendant at the birth of said Esther Nydia Jolly and that the said medical attendant ~~is cannot be located, believe him deceased~~ (Now deceased (or) cannot be located)

Name of Affiant Eva E. Jolly.

P. O. Address 131 Fourth Ave. N.W. Puyallup, Wash.

Subscribed and sworn to before me this ____ day of August, 19 40

Notary Public.

Residing at Puyallup, Washington ~~xxxx~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

819217 040-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 16 1940

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296570
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Shoshone (b) City Wallace
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county 2 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Coeur d'Alene
(c) City Wallace
(d) Street Address or R.F.D. No. Wallace, Idaho
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Wallace, Idaho
3. **RESIDENCE OF FATHER** (city, state) Wallace, Id.

4. **FULL NAME OF CHILD** Thelma Herculea Hardwick
5. Date of Birth (Month, day, year) May 17, 1902
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Jefferson Hardwick
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Pullman, Washington (City or town) (State or foreign country)
14. Exact Occupation Miner and rancher
15. Industry or Business Mines and Ranches

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Cora Markwell
17. Color or Race white
18. Age at time of THIS birth 19 years
19. Birthplace Austin, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) ....(Date received) (b) ....(Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Markwell Buchanan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thelma Herculea Hardwick (Name of person on certificate above) as Mother (State relationship or acquainteance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hardwick, the mother of Thomas Jefferson Hardwick (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Markwell Buchanan
Name
Emma Markwell Buchanan, formerly Emma Markwell Hardwick, 1224 Tremaine Ave.,
P. O. Address
Los Angeles, Calif.

Subscribed and sworn to before me on this 14th day of August 1940

(SEAL) Leonard Dunteell
Notary Public, residing at
In and for the County of Los Angeles, State of California
My Commission Expires May 5, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1281-104 028962

RECEIVED AUG 16 1940

296578

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. 121 State File No.
Prim. Registration District No. Local Registrar's No. 228

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Finley Shaffer

3. Sex M

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Dec. 4, 1902 (Month, Day, Year)

FATHER

9. Full name Wayne Shaffer

10. Residence (usual place of abode) (If non-resident, give place and State) Harrison

11. Color or race W | 12. Age at last birthday 58 (years)

13. Birthplace (city or place) (State or Country) Van Wert Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Mill

16. Date (month and year) last engaged in this work Dec., 1902

17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Minnie Sarah Robbison

19. Residence (usual place of abode) (If non-resident, give place and State) Harrison

20. Color or race W | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Sparta Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Dec., 1902

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) , M. D.
or Mrs Minnie Shaffer. mother ~~Midwife~~
Address

Give name added from a supplemental report
(Date of)

Filed 8. 10, 1940 H. L. Stevenson M.D.
Registrar. Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie Shaffer being first duly sworn says that she is the mother (Relationship of child)* of Frank Finley Shaffer born Dec. 4, 1902 (Date of birth) at Harrison, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frank Finley Shaffer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. John Busby, M. D., was the ~~Midwife~~ medical attendant at the birth of said Frank Finley Shaffer and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant x Mrs Minnie Shaffer.

P. O. Address 417 Fourth St. Coeur d'Alene, Idaho

Subscribed and sworn to before me this 9 day of August 1940

Jas. A. Foster Clerk of the District Court ~~Ex-Officio Auditor and Recorder~~ ~~Notary Public.~~

By Jos. C. White, Deputy

Residing at ..... Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 7 1980

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

296614

RECEIVED AUG 15 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH A38 (7207-025-345)
County of Idaho
City of Grangeville
No. — St. —
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elizabeth Jeanne Sharp

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 7 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Louis Melvyn Sharp | 18. Full maiden name Mary Pauline Lung |
| 10. Residence (usual place of abode) (If non-resident, give place and State) [redacted] | 19. Residence (usual place of abode) (If non-resident, give place and State) [redacted] |
| 11. Color or race White \| 12. Age at last birthday 34 (years) | 20. Color or race White \| 21. Age at last birthday 23 (years) |
| 13. Birthplace (city or place) (State or Country) Lisbon, Oregon | 22. Birthplace (city or place) (State or Country) Portland Oregon |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home |
| 16. Date (month and year) last engaged in this work ....., 19..... \| 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ✓, 19..... \| 26. Total time (years) spent in this work ✓ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of Stillbirth — During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Aug, 1940 ..... Registrar.

K.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Washington
County of Lewis } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Viola C. Bishop being first duly sworn says that she is the sister (Relationship of child)* of Elizabeth Hannie Thorp born April 7th 1902 (Date of birth) at Grangeville, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elizabeth Hannie Thorp hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Elizabeth P. Long, ~~M.D.~~ Midwife was the medical attendant at the birth of said Elizabeth Hannie Thorp and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Viola C. Bishop

P. O. Address Centralia Washington

Subscribed and sworn to before me this 8th day of July, 1940

S. H. Cameron
Notary Public.

Residing at Centralia, Wash., ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth s...

1. PLACE OF BIRTH A231-126 007276

County of Blaine

City of Hailey

No. ..... St.

Idaho.

(If born in hospital or institution give name.)

RECEIVED AUG - 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

296687

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Julo Williams Blair

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth one

6. Premature ..... Full term yes

7. Legitimate? .....

8. Date of birth Aug 26, 1942 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Samuel Julo Blair | 18. Full maiden name Ida Inez Spooner (Spooner) |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Hailey | 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho |
| 11. Color or race white 12. Age at last birthday 34 (years) | 20. Color or race white 21. Age at last birthday 25 (years) |
| 13. Birthplace (city or place) (State or Country) Jasper Co Iowa | 22. Birthplace (city or place) (State or Country) Boise Co Idaho |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Prospecting | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work June, 1940 | 25. Date (month and year) last engaged in this work June, 1940 |
| 17. Total time (years) spent in this work 3.0 | 26. Total time (years) spent in this work 4.0 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Six (At time of this birth and including this child) (a) Born alive and now living Six (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Aug 7, 1940 .....

Registrar.

NOV 1942

# STATE OF IDAHO

296687

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Washington
County of Lewis } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida May Blair being first duly sworn says that she is the Mother of Milo William Blair
(Relationship of child)*
born Aug-26-1902 (Date of birth) at Hailey, Idaho,
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Milo William Blair
Not recorded hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Rourke M. D., was the ~~Midwife~~ medical attendant at the birth of said Milo William Blair and that the said medical attendant is to my knowledge still living
(Now deceased (or) cannot be located)

Name of Affiant Mrs Ida May Blair
P. O. Address Rt #3 - Box 242 - Centralia

Subscribed and sworn to before me this 6 day of August, 19 40

P. H. Shoffner
Notary Public
Residing at Centralia Washington, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 6 1982

A263189 043242

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 19 1940

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 296761

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Valley
City of Roseberry
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John George Bollari

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? .....

8. Date of birth June 9, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Mr. John Bollari | 18. Full maiden name Miss Olga Kukila |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Roseberry | 19. Residence (usual place of abode) (If non-resident, give place and State) ..... |
| 11. Color or race white \| 12. Age at last birthday 25 (years) | 20. Color or race white \| 21. Age at last birthday 24 (years) |
| 13. Birthplace (city or place) (State or Country) Finland | 22. Birthplace (city or place) (State or Country) Finland |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19.. | 25. Date (month and year) last engaged in this work ....., 19.. |
| 17. Total time (years) spent in this work ..... | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation no months or weeks

30. Cause of Stillbirth none During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 o'clock p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Bollari father, M. D.

or ~~Unnecessary~~, Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Aug, 1940

Registrar.

# STATE OF IDAHO

296761

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho

County of Valley ss.

AUG 1 9 3

**AFFIDAVIT**

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mr. John Bollari being first duly sworn says that John Geo is the son (Relationship of child)* of John Bollari born June 9, 1902 (Date of birth) at Roseberry, Idaho, whose certificate of birth is hereto attached, and that Mr. Bollari desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John George Bollari hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mr. John Bollari ~~M. D.,~~ Father ~~was the~~ Midwife medical attendant at the birth of said John George Bollari and that the said medical attendant is Mr. Tiina Puotsalu ~~(Now deceased (or) cannot be located)~~ demented

Name of Affiant John Bollari

P. O. Address Lake Fork Idaho

Subscribed and sworn to before me this 16 day of August, 1940

Blair E. Armstrong
Notary Public.

Residing at Donnelly, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

864-102-007-014

297838

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

RECEIVED AUG 22 1940

Registration District No. ..... State File No. 297838

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Blaine
City of near City of Soldier
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Frederick Young

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Sept 2nd, 1932 (Month, Day, Year)

FATHER

9. Full name John Alfred Young deceased

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Coeur d'Alene~~ ~~Cody~~ Soldier

11. Color or race white | 12. Age at last birthday 40 years

13. Birthplace (city or place) (State or Country) near Clinton Missouri

OCCUPATION

14. Trade, profession, or particular ~~kind of~~ work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work 1936, 19..

17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name Sadie May Daugherty Young

19. Residence (usual place of abode) (If non-resident, give place and State) Soldier ~~Cody~~

20. Color or race white | 21. Age at last birthday 30 years

22. Birthplace (city or place) (State or Country) Keokuk, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work April, 1938

26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child) 3rd child (Time of this birth 5 A.M.)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or ~~Stillborn~~) at 2 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) x [illegible], M. D.

or ....., Midwife

Address Chula Vista, Calif.

Give name added from a supplemental report .....
(Date of)

Filed Aug 22 1940 Mae G. Atwood
Registrar. Bureau of Vital Statistics Registrar.

Father's age at time of Birth 40 yrs mother's age - 30 yrs.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 1 8 1971

NOV 16 1942

119-107-029-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 23 1940

297875

State File No. 297875
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Latah (b) City: near Genesee
(c) Street Address or R F D No.:
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: — days.
In **THIS** county: 9 years 8 months 18 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Latah
(c) City: Genesee - (3 miles east)
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 4.8 yrs.
(f) Mother's mailing address: Genesee Ida.

3. **RESIDENCE OF FATHER** (city, state) Genesee Ida. now deceased

4. **FULL NAME OF CHILD:** Donald Richard Jain

5. Date of Birth (Month, day, year): June 7 - 1902

6. Sex: Male

7. Twin or Triplet: — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Walter F. Jain

11. Color or Race: White

12. Age at time of THIS birth: 35 yrs.

13. Birthplace: Dane Co. (City or town) Wis (State or foreign country)

14. Exact Occupation: Farmer

15. Industry or Business: Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Lela M. Lenpolsar

17. Color or Race: White

18. Age at time of THIS birth: 26 years

19. Birthplace: Salt River (City or town) Mich (State or foreign country)

20. Exact Occupation: Housewife

21. Industry or Business: Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 5
(c) Born alive and now dead: — (d) Stillborn: —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 23 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lela M. Jain, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Richard Jain (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Canant (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lela M. Jain Name
Genesee Ida. P. O. Address

Subscribed and sworn to before me on this 21 day of Aug. 1940

(SEAL) O. W. Burr Notary Public, residing at Genesee Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-125 BS Reed 8/26/43

297879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 297879
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (CANYON) PAYETTE (b) City PAYETTE
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: AT- HOME (4 MILES NORTH OF PAYETTE)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 28 years 1 months 18 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County (CANYON) PAYETTE
(c) City PAYETTE
(d) Street Address or R.F.D. No. 4 M-N-OF-PAYETTE
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address PAYETTE IDAHO

3. **RESIDENCE OF FATHER** (city, state) PAYETTE IDAHO

4. **FULL NAME OF CHILD** WILFRED PAUL CROUCH

5. Date of Birth (Month, day, year) OCT. 25, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

**FATHER OF CHILD**

10. **FULL NAME** WILBUR-TRAVIS-CROUCH
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace (PLUMB-HOLLOW) THURMAN, IOWA (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business SHEEP RANCHER

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** CLARA-EUNICE-MACK
17. Color or Race WHITE
18. Age at time of THIS birth 28 years
19. Birthplace NEAR- PACIFIC-JUNCTION, IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSE-WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 12:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by CLARA CROUCH (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) Aug 26 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of GEM } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CLARA CROUCH, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) WILFRED PAUL CROUCH (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR O.E. AVEY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara Crouch Name

301 E 1st ST, Emmett Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of August 1940

(SEAL) J. B. Burdell Notary Public, residing at Emmett Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-231-231-466

297889

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
AUG 24 1940

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 297889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lewis (b) City Kamiah
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 10 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Kamiah Idaho
3. **RESIDENCE OF FATHER** (city, state) Kamiah Ida

4. **FULL NAME OF CHILD** Agnes Una Renshaw
5. Date of Birth (Month, day, year) Aug 31 1902
6. Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Harvey Renshaw
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Tillamook Co (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rose Downing
17. Color or Race white
18. Age at time of THIS birth 27 years
19. Birthplace Sheridan, (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9. A M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Una Renshaw (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Aug 24, 1940 (Date Received) (b) Mae G. Atwood (Registrar's signature)
Division of Vital Statistics
27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or midwife (D.O., Midwife, etc.)
and address Kooskia Idaho Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Renshaw, being first duly sworn, say that I am related (Related to (or) acquainted with) Agnes Una Renshaw (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ida Doty (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Downing Renshaw Name
Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of August 1940

(SEAL) Roy S. Jones Notary Public, residing at Kooskia Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

297934

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. R613-224 040-955 Street
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bertha W. Walkup

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth March 24, 1902 (Month, Day, Year)

FATHER

9. Full name Byron Stephen Walkup
10. Residence (usual place of abode) (If non-resident, give place and State) Santa Idaho
11. Color or race white | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Pocatello Co. Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Draying for hire
16. Date (month and year) last engaged in this work March 24, 1902 | 17. Total time (years) spent in this work 3 years

MOTHER

18. Full maiden name Nora Ann Reyfro
19. Residence (usual place of abode) (If non-resident, give place and State) Santa Idaho
20. Color or race white | 21. Age at last birthday 17 (years)
22. Birthplace (city or place) (State or Country) Beckley Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work March 24, 1902 | 26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... ~~M. D.~~
or Mrs. Nora A. Walkup mother ~~Midwife~~
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Aug 26, 1940 Mae G. Atwood
Registrar
Bureau of Vital Statistics

Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED AUG 26 1940

State of Idaho.

County of Bonneville } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Nora Walkup being first duly sworn says that she is the Mother (Relationship of child)* of Bertha W. Walkup born March 24th 1902 (Date of birth) at South ~~Bonneville~~ Bear Lake County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1907 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Bertha W Walkup. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Herle, ~~M. D.~~ Midwife was the medical attendant at the birth of said Bertha W Walkup and that the said medical attendant ~~is~~ Can not be located (Now deceased (or) cannot be located)

Name of Affiant Mrs Nora A Walkup

P. O. Address Fernwood Idaho

Subscribed and sworn to before me this 14 day of August, 1940

Harold Fabello
Notary Public.

Residing at Fernwood Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

297936

297936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

RECEIVED AUG 26 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Nezperce
City of Nezperce
No. A4/3 227 035 562 St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Daisy Karen Malmoe

3. Sex Female

If plural births: 4. Twin, triplet, or other Other; 5. Number, in order of birth 5th

6. Premature No; Full term Yes

7. Legitimate? Yes

8. Date of birth 11-27-02 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Martin Baal Malmoe | 18. Full maiden name: Daisy Belle Nobles |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Nezperce, Ida | 19. Residence (usual place of abode) (If non-resident, give place and State): Nezperce, Idaho |
| 11. Color or race: White; 12. Age at last birthday: 42 (years) | 20. Color or race: White; 21. Age at last birthday: 25 (years) |
| 13. Birthplace (city or place) (State or Country): Malmo Estate, Norway | 22. Birthplace (city or place) (State or Country): Ferguson Co., Calif. |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: |
| 16. Date (month and year) last engaged in this work ____, 19____ | 25. Date (month and year) last engaged in this work ____, 19____ |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Lucy B Malmoe ~~M. D.~~

or ____ ~~Midwife~~ mother

Address 1823 N Lean

Give name added from a supplemental report ____ (Date of)

Filed Aug 26, 1940 Mae G. Atwood Registrar.

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 26 1940

STATE OF IDAHO
[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Daisy Nobles Malmoe being first duly sworn says that she is the Mother of Daisy Karen Malmoe
(Relationship of child)*

born November 27, 1902 at Nezperce, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Daisy Karen Malmoe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Mary Nobles ~~M. D.~~ Midwife was the medical attendant at the birth of said Daisy Karen Malmoe and that the said medical attendant is No Physician. Midwife deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Daisy B Malmoe
P. O. Address 1823 W Dean Spokane

Subscribed and sworn to before me this 31st day of July, 1946.

Paul F. Schiffner
Notary Public.

Residing at Spokane, Wash, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

284 229 014858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

297948 · 297948

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R F D No.: 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) ~~Street Address~~ or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address: Caldwell, Idaho

3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD**: Grace Isabel Shuee

5. Date of Birth (Month, day, year): 12-29-1902

6. Sex: Female

7. Twin or Triplet: X If so—born 1st, 2nd, 3rd: X

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME**: Daniel Marion Shuee
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Nebraska City (City or town) Nebraska (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: Carpentering

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Amelia Eleanor Hey
17. Color or Race: White
18. Age at time of THIS birth: 31 years
19. Birthplace: Independence (City or town) Kansas (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: X
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 8-30-40 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of: Idaho
County of: Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Amelia E. Shuee, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) the above person known as Grace Isabel Shuee (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Amelia E. Shuee Name
1301 Cleveland, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of August - 1940

(SEAL) Nece Wilson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1967

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962110
001813

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

297996
297996

# CERTIFICATE OF BIRTH

AUG 30 1940

1. PLACE OF BIRTH
County of Ada
City of Rural
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edgar Taylor Rosenlof

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3. | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 12-10, ~~1903~~ 1902 (Month, Day, Year)

**FATHER**

9. Full name Frank Neils Rosenlof
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Mt. Pleasant Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On ranch
16. Date (month and year) last engaged in this work 12 —, 1902
17. Total time (years) spent in this work 7½

**MOTHER**

18. Full maiden name Olive Ann Hatfield
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race white 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or country) Appleton Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work December, 1902
26. Total time (years) spent in this work 4½

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Ag. nit
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 P.M. m. on the date above stated.

(Signed) J. P. Murray, M. D.
or ....., Midwife
Address Nampa Ida

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Aug 30, 1940 Mae G. Atwood Registrar.
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

9-10-9

356721 022845

298-17

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298017
Local Reg. No.
Reg. Dist. No.

AUG 31 1940

1. **PLACE OF BIRTH:**
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R F D No. FOURTH STREET
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 6 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BANNOCK
(c) City OXFORD
(d) Street Address or R.F.D. No. MAIN STREET
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address ST ANTHONY, IDAHO

3. **RESIDENCE OF FATHER** (city, state) ST ANTHONY IDAHO

4. **FULL NAME OF CHILD** HARRY FRANKLIN LEWIS

5. Date of Birth (Month, day, year) JULY 21ST 1902

6. Sex MALE

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy NINE

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** ISAAC NARIH LEWIS
11. Color or Race WELSH
12. Age at time of THIS birth 33 yrs.
13. Birthplace RICHMOND (City or town) UTAH (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** JENNIE HUNT LEWIS
17. Color or Race ENGLISH-IRISH-DUTCH
18. Age at time of THIS birth 36 years
19. Birthplace MILLVILLE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn NO

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) ....(Date received) (b) ....(Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JENNIE HUNT LEWIS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HARRY FRANKLIN LEWIS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. LEWIS (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jennie Hunt Lewis ....Name
1453-15TH ST. SANTA MONICA, CALIFORNIA ....P. O. Address

Subscribed and sworn to before me on this 22ND day of AUGUST, 1940

(SEAL) Grace Barrett ....Notary Public, residing at SANTA MONICA CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

K45071

1. ~~PLACE~~ OF BIRTH
County of Shoshone
City of Murray
No. Main St St.
A613-108 040-295
(If born in hospital or institution give name.)

SEP 3 1940

Registration District No. ..... State File No. 298041
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Albert Walker

3. Sex m

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term full

7. Legitimate? yes

8. Date of birth Aug. 8, 1902 (Month, Day, Year)

FATHER

9. Full name Charles A. Walker

10. Residence (usual place of abode) (If non-resident, give place and State) Main St. Murray, Idaho

11. Color or race W | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Racine (State or Country) Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. gold mines

16. Date (month and year) last engaged in this work Aug. 8, 1902

17. Total time (years) spent in this work 4yrs.

MOTHER

18. Full maiden name Lillian Eliza Brewin

19. Residence (usual place of abode) (If non-resident, give place and State) Main St Murray, Idaho

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Perry City (State or Country) Jasper County, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Aug. 8, 1902

26. Total time (years) spent in this work 3yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 p. m. on the date above stated.

(Signed) mrs Lillian Eliza Shirley, M.D.
or mother, Midwife

Address R. F. D. # 1 Royal Oak, Michigan

Filed Sep 3, 1940 Mae G Atwood Registrar.
Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
SEP 3 1940

State of Michigan
County of Oakland } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lillian Eliza Shirley being first duly sworn says that she is the mother (Relationship of child)* of George Albert Walker born August 8, 1902 (Date of birth) at Murray, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Albert Walker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that George Lesher, M. D., was the ~~XXXXX~~ medical attendant at the birth of said George Albert Walker and that the said medical attendant ~~XX~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Lillian Eliza Shirley.

P. O. Address 160 Whitcomb St. R. F. D. # 1 Box 108, Royal Oak, Michigan.

Subscribed and sworn to before me this 17th day of July, 19 40

Roy J. Kolb
Notary Public.
~~XXXXXX~~ Oakland County, Michigan ~~XX~~

My Commission Expires January 17, 1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

499-212 006-719

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

298089

State File No. 298089
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

RECEIVED SEP 5 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Blackfoot, Idaho
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Edna Winnifred Dippel
5. Date of Birth (Month, day, year) 9-13-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Henry Clarence Dippel
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sacramento (City or town) Calif (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Louella May Parsons
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Payne (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) Sep 5 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Louella May ...., being first duly sworn, say that I am mother of (Related to (or) acquainted with) Edna Winnifred Dippel (Name of person on certificate above) as ....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Cooper (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louella May Dippel Name
....P. O. Address

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES 4-16-41

Subscribed and sworn to before me on this 2nd day of Aug, 1940
(SEAL) C. W. Fowler Notary Public, residing at Portland Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993712-035-819

298098

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No. 220 96
Reg. Dist. No. 4 220

1. **PLACE OF BIRTH:** (a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D No. 512 - 4th Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

SEP 5 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 512 - 4th Ave.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Lewiston, Ida.
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida.

4. **FULL NAME OF CHILD** Percy Guy Richards
5. Date of Birth (Month, day, year) March 12 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Guy George Richards
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Austin (City or town) Minnesota (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Margery Harvey
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Medford (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Guy G. Richard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Percy Guy Richards (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Guy G. Richards ..... Name
512 - 4 Ave Lewiston Ida. ..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

THIS BIRTH IS RECORDED IN THE "CITY OF LEWISTON BIRTH REGISTER" AS FOLLOWS:

March 12, 1902 - Male - Living - Mrs. Guy G. Richards - White - Lewiston - J. G. Morris

THE ABOVE IS FOUND ON PAGE 8, REGISTER NUMBER 55.

SEP - 4 1940
Date

Philip Weisgerber.

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

391127 003693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

298158

State File No. 298158
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Grayes Lake
(c) Street Address or R F D No. Idaho
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 17 years 9 months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Freemont Co.
(c) City Teaton City
(d) Street Address or R.F.D. No. Gen Del
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Teaton City
3. RESIDENCE OF FATHER (city, state) Idaho, Teaton

4. FULL NAME OF CHILD Walter George Crane
5. Date of Birth (Month, day, year) oct 27, 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter George Crane
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Evanston (City or town) Wyoming (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta B. Willey
17. Color or Race American
18. Age at time of THIS birth 18 years
19. Birthplace Meadon (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept. 9, 1948 (Date) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of San Bernardino } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Walter Geo Crane, being first duly sworn, say that I am Father Related to (Related to (or) acquainted with) Walter George Crane (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Stanley (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Walter Geo Crane ..... Name
253 Olive ..... P. O. Address

Subscribed and sworn to before me on this 31st day of August, 1940.

(SEAL) Harold B. Carson Notary Public, residing at San Bernardino California
My Commission Expires Dec. 7, 1940

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 230-04 0-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298205
Local Reg. No.
Reg. Dist. No.

SEP 3 1940

1. **PLACE OF BIRTH:**
(a) County: Shoshone (b) City: Kellogg
(c) Street Address or R.F.D. No.: Post Office
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Delivered at home
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Shoshone
(c) City: Kellogg
(d) Street Address or R.F.D. No.: Post Office
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address: Kellogg, Idaho

3. **RESIDENCE OF FATHER** (city, state): Same

4. **FULL NAME OF CHILD:** Beulah Marie Murray

5. Date of Birth (Month, day, year): Aug. 30 02

6. Sex: female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Henry Alfred Murray
11. Color or Race: White
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Trinton (City or town) Missouri (State or foreign country)
14. Exact Occupation: Contractor
15. Industry or Business: Lead mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Jamima Katherine Hancock
17. Color or Race: White
18. Age at time of THIS birth: 31 years
19. Birthplace: Mayville (City or town) Missouri (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3
(c) Born alive and now dead: 1 (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Henry Murray (First name) (Last name) who is related to this child as father (Mother, etc.)

26. (a) Sep 3, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry A. Murray, being first duly sworn, say that I am related to (Related to (or) acquainted with) Beulah Marie Murray (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mason (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Henry A. Murray — Name
5728 Hollywood Blvd. Calif. — P. O. Address

Subscribed and sworn to before me on this 29th day of August, 1940

(SEAL) Eunice M. Ford — Notary Public, residing at City and County of Los Angeles, State of California

My Commission Expires Oct. 13, 1943

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795710041986

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298225

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298225
Local Reg. No.
Reg. Dist. No.

SEP 13 1940

1. **PLACE OF BIRTH:**
(a) County Teton (b) City Teton
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Twin Falls, Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Spencer Rhodes Greene

5. Date of Birth (Month, day, year) Jan. 10, 1902

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Addison Theron Greene
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosey Bell Rhodes
17. Color or Race white
18. Age at time of THIS birth 39 years
19. Birthplace Lehi City (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep. 13 1940 (Date) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ruby Moss, being first duly sworn, say that I am Acquaintance (Related to (or) acquainted with) Spencer Rhodes Greene (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Sorensen (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Ruby Moss — Name
Driggs, Idaho — P. O. Address

Subscribed and sworn to before me on this 7th day of September 1940

(SEAL) Emily M Locke Notary Public, residing at TORRANCE, CALIF.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-20 022356

United States
Department of Commerce
Bureau of the Census

RE SEP 18 1940

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Fremont (b) City: Rexburg
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Fremont
(c) City: Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address: Rexburg Idaho

3. **RESIDENCE OF FATHER** (city, state) Rexburg Idaho

4. **FULL NAME OF CHILD:** Helen Dorothy Dasch

5. Date of Birth (Month, day, year) Jan. 10th 1902

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME:** Charles Philip Dasch
11. Color or Race: white
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Macon Mo (City or town) (State or foreign country)
14. Exact Occupation: Ranchman and
15. Industry or Business: Sheepman

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Helena Coray Lewis
17. Color or Race: White
18. Age at time of THIS birth: 28 years
19. Birthplace: Nephi Utah (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....(Date) by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Calif.
County of Riverside } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helena C. Dasch, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Dorothy Dasch (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....and that this birth has not been previously recorded.
~~(Is now deceased (or)~~ cannot be located)

Helena C. Dasch — Name
1088 S.E. Grand Blvd Corona — P. O. Address

Subscribed and sworn to before me on this 16 day of Sept. 194

(SEAL) John A. Cubley Notary Public, residing at Corona

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-213 022-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 18 1940

298294

State File No. 298294
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Fremont (b) City: Humphrey
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Fremont
(c) City: Humphrey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address: Humphrey
3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD:** Rose Anna Patt
5. Date of Birth (Month, day, year): April 13, 1902
6. Sex: female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** William Andrew Patt
11. Color or Race: White
12. Age at time of THIS birth: 42 yrs.
13. Birthplace: Central Falls, R.I. (City or town) (State or foreign country)
14. Exact Occupation: Carpenter & rancher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Emma Kerzenmacher
17. Color or Race: White
18. Age at time of THIS birth: 37 years
19. Birthplace: St. Georgen, Germany (City or town) (State or foreign country)
20. Exact Occupation: house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 7
(c) Born alive and now dead: 1 (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Andrew Patt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rose Anna Patt (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Emma Robbins (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Andrew Patt — Name
77 Greenwood Pocatello, Idaho — P. O. Address

Subscribed and sworn to before me on this 16th day of September

(SEAL)

E. J. Finch — Notary Public, residing at Pocatello, Ida
my commission expires 7.13.43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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533107-022-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

298317

STATE OF IDAHO

State File No. 298317
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Rexburg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 2 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address same
3. **RESIDENCE OF FATHER** (city, state) Alexander

4. **FULL NAME OF CHILD** Reo Winn Ellsworth
5. Date of Birth (Month, day, year) Feb 9th 1902
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 months Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Asa Charles Ellsworth
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace West Weber Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emily Thurse Ellsworth
17. Color or Race white
18. Age at time of THIS birth 37 years
19. Birthplace Providence Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn. no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 M. on the date and at the place stated above, and that personal particulars were furnished by Emily T. Ellsworth (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 9/24/40 (Date received) (b) (Registrar's signature)
27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** midwife M.D. or A. Stephens (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Idetta C. Merrill, being first duly sworn, say that I am sister (Related to (or) acquainted with) Reo Winn Ellsworth (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. Stephens (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Idetta C. Merrill Name
P. O. Address

Subscribed and sworn to before me on this 3rd day of Sept. 1940

(SEAL) .... Notary Public, residing at Redmond Ut

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1968

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A791107 044-235

2983 69

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

298369

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ~~Adams~~ Washington
City of Indian Valley
No. ..... St.
Idaho

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Edward Gray

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Aug 7, 1912 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Robert Edward Gray | 18. Full maiden name Edith Ellen Stewart |
| 10. Residence (usual place of abode) Indian Valley Idaho (If non-resident, give place and State) | 19. Residence (usual place of abode) Indian Valley Idaho (If non-resident, give place and State) |
| 11. Color or race We | 20. Color or race ..... |
| 12. Age at last birthday 32 (years) | 21. Age at last birthday 20 (years) |
| 13. Birthplace (city or place) ..... (State or Country) Missouri | 22. Birthplace (city or place) Salubria (State or Country) Washington Idaho |
| OCCUPATION | OCCUPATION |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... | 25. Date (month and year) last engaged in this work ....., 19..... |
| 17. Total time (years) spent in this work ..... | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living Two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8-30 (Born Alive or Stillborn) at Pm m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Edith E Gray Mother, M. D.
or ....., Midwife
Address Indian Valley Idaho
Filed Sep 23, 1940 Mae L Atwood
Registrar.

Bureau of Vital Statistics

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
SEP 23 1940

State of Idaho
County of Adams } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith E Gray being first duly sworn says that she is the mother (Relationship of child)* of Charles Edward Gray born Aug 7 1902 (Date of birth) at Indian Valley, Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Edward Gray ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mattie E Gray, M. D., was the Midwife medical attendant at the birth of said Child and that the said medical attendant is ..... (Now deceased ~~(or) cannot be located~~)

Name of Affiant Edith E Gray
P. O. Address Indian Valley Idaho

Subscribed and sworn to before me this 5 day of Sept, 1940

P. H. Ware
Notary Public.

Residing at Indian Valley, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAY 1 7 1967

AUG 2 7 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 014866

County of Canyon

City of 1 Mi. from Middleton

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298415

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cecil Ez Ezra Shaffer

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Apr. 12, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: William Perry Shaffer | 18. Full maiden name: Eunice Hood |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Middleton | 19. Residence (usual place of abode) (If non-resident, give place and State): Middleton |
| 11. Color or race: W 12. Age at last birthday ..... (years) | 20. Color or race: W 21. Age at last birthday ..... (years) |
| 13. Birthplace (city or place) (State or Country): Joplin Missouri | 22. Birthplace (city or place) (State or Country): Joplin Missouri |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Otis W. Hall, M. D.

or ..... Midwife

Address Meridian Idaho

Filed 9/5/40, 193.....

Registrar.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....

Registrar.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

RECEIVED AUG 26 1940

1. **PLACE OF BIRTH:**
(a) County....Canyon..... (b) City.....
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....f...yrs.
(f) Mother's mailing address...Deceased.....

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD**....Cecil Ezra Shaffer.....

5. Date of Birth (Month, day, year) April 12, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** William Perry Shaffer

11. Color or Race ...am.....

12. Age at time of THIS birth.....yrs.

13. Birthplace Joplin (City or town) Missouri (State or foreign country)

14. Exact Occupation ...Farmer

15. Industry or Business .....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emmie Hood

17. Color or Race...am.....

18. Age at time of THIS birth.....years

19. Birthplace Joplin (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child..5..... (b) Born alive and now living..3.....
(c) ~~Born alive and now dead.....~~ ~~(d) Stillborn.....~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of...California.....
County of...Los Angeles.....} ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with)
.....(Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that...Dr Reed.....(Name of attendant at birth), who attended said birth...deceased.....(Is now deceased (or) cannot be located) and that this birth has ~~not been~~ previously recorded.

.....Cecil Ezra Shaffer.....Name
.....3117½ Rosabella St.....P.O. Address

Subscribed and sworn to before me on this...23.....day of...August 1940 Los Angeles, Cal.

(SEAL) .....Eva A. Blonde.....Notary Public, residing at...3237 No. Figueroa St. L.A. Calif.

My Commission Expires October 20, 1943 My Commission Expires October 20, 1943

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

AUG 17 1962

APR 27 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date, such~~ report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-228-640-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299554

State File No. 299554
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City Wardner
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 7 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Wardner, Idaho

3. **RESIDENCE OF FATHER** (city, state) Wardner

4. **FULL NAME OF CHILD** Lillian Lien

5. Date of Birth (Month, day, year) Oct. 28, 1902

6. Sex F.

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Ole Lien
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Trondheim, (City or town) Norway (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dorothea Caroline Olson
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Tromsoe, (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nx
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) Sep. 23 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Minnesota
County of Wright } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harold C. Lien, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lillian Lien (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mason (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Harold C Lien Name

5648 Blaisdell, Minneapolis, Minn P. O. Address

Subscribed and sworn to before me on this 20th day of September, 19[illegible]

(SEAL) F. M. LEAHY
CLERK OF DISTRICT COURT
WRIGHT COUNTY MINN.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

MAR 24 1960

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-227-209-465

United States
**Department of Commerce**
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 23 1940

# CERTIFICATE OF BIRTH
STATE OF IDAHO

299562

State File No. 299562
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City New Port, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home of Parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county years months days.
Parents lived in New Port One year.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City New Port
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address New Port, Idaho

3. **RESIDENCE OF FATHER** (city, state) New Port. I

4. **FULL NAME OF CHILD** Rena Margaret Moen

5. Date of Birth (Month, day, year) Nov. 27, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Martin Moen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Randine mary moen
17. Color or Race white
18. Age at time of THIS birth 34 years
19. Birthplace Woodville, Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time~~ of birth and including ~~this child~~ 3 (b) Born alive and now living 3
(c) Born alive and now ~~dead~~ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sep. 23, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Wisconsin
County of St. Croix } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Randine Mary Moen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rena Margaret Moen Carlson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bell Riley (Name of attendant at birth), who attended said birth Is now unknown (Is now deceased (or) cannot be located) ~~[illegible]~~ recorded.

Randine Mary Moen Name
Woodville, Wis. P. O. Address

Subscribed and sworn to before me on this 19th day of Sept 1940

(SEAL) [signature] Notary Public, residing at Woodville Wis.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. If more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

299594

AUG 30 1940

Registration District No. ..... State File No. 299594

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Winchester
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Charles Ralph Benefiel

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth July 4, 1902 (Month, Day, Year)

| 9. Full name FATHER | 18. Full maiden name MOTHER |
|---|---|
| Charles William Benefiel | Mary Booher |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Winchester | 19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston |
| 11. Color or race white | 12. Age at last birthday 35 years | 20. Color or race white | 21. Age at last birthday 19 years |
| 13. Birthplace (city or place) (State or Country) Amity Oregon | 22. Birthplace (city or place) (State or Country) Maryland |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer~~, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work 1932, 19.. | 17. Total time (years) spent in this work ~~1932~~ | 25. Date (month and year) last engaged in this work 1929, 19.. | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 1 D. (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Aug 30, 1940 Mae G. Atwood
Registrar.

.....
Registrar.

Bureau of Vital Statistics

255-104.035-266

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Pierce } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith Benefiel Brackett being first duly sworn says that is the ~~[illegible]~~ Sister of Charles Ralph Benefiel.
(Relationship of child)*

born July 4 1902 at Winchester, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Ralph Benefiel hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that , M. D., was the Midwife medical attendant at the birth of said Charles Ralph Benefiel and that the said medical attendant is Mrs. John King
(Now deceased (or) cannot be located)

Name of Affiant X Mrs. Edith B. Brackett
P. O. Address c/o Tacoma Country Club

Subscribed and sworn to before me this 15th day of Aug., 1940

H. B. Schwemler
Notary Public.

Residing at Tacoma Wash Pierce Co. ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

751-128-040-589

299621

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

# CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 25 1940

State File No. 299621
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R F D No. not known
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 7 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Iowa (b) County Plymouth
(c) City Le Mars
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 mo. yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Oregon

4. **FULL NAME OF CHILD** Charles Thomas Pearson
5. Date of Birth (Month, day, year) Dec. 28, 1902
6. Sex male
7. Twin or Triplet X If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy X
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick Webb Pearson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Benton County (City or town) Oregon (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Adeline Eyres
17. Color or Race white
18. Age at time of THIS birth 32 years
19. Birthplace Durham County (City or town) Ontario Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 26 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Iowa
County of Plymouth } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sara Eyres Begg, being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles Thomas Pearson (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Haupt (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Sara Eyres Begg ..... Name
Le Mars, Iowa. ..... P. O. Address

Subscribed and sworn to before me on this 21st day of September 1940

(SEAL) Earl F. Renner ~~Notary Public~~, residing at Le Mars, Iowa.
Clerk District Court

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-209.031-4B

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

299641

State File No. 299641
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Lewis (b) City: Mohler
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
SEP 27 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 2 years 3 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Lewis
(c) City: Mohler
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address: Mohler, Idaho.

3. **RESIDENCE OF FATHER** (city, state): Mohler,

4. **FULL NAME OF CHILD:** ESTHER EILEEN MARTIN

5. Date of Birth (Month, day, year): April 9, 1902

6. Sex: Female

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** George Sylester Martin
11. Color or Race: White
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Donnellson, Iowa (City or town) (State or foreign country)
14. Exact Occupation: Merchant and publisher
15. Industry or Business: Merchantile and printing

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Janet Dove Maybee
17. Color or Race: White
18. Age at time of THIS birth: 26 years
19. Birthplace: Agnes City, Kansas (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3
(c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Janet D. Martin (First name) (Last name), who is related to this child as mother (Mother, etc.)

SEP 26 1940

26. (a) Sep 27 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George S. Martin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Eileen Martin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J T Price (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George S Martin — Name

Harrah, Washington — P. O. Address

Subscribed and sworn to before me on this 23rd day of September, 1940

(SEAL) George M. Matten — Notary Public, residing at Yakima, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope marked FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-149-028-285

299642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299642
Local Reg. No. 312
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County KOOTENAI (b) City RATHDRUM
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
HOME DELIVERY SEP 27 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City RATHDRUM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address DECEASED

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** KENNETH EVERTT BRUNDAGE

5. Date of Birth (Month, day, year) NOV. 19, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** ALBERT KERNAHAN BRUNDAGE
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace LONGTON (City or town) KANSAS (State or foreign country) U.S.A.
14. Exact Occupation
15. Industry or Business SAWMILL OWNER

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** IDA SHERO
17. Color or Race WHITE
18. Age at time of THIS birth 20 years
19. Birthplace ST. CLOUD (City or town) MINNESOTA (State or foreign country) U.S.A.
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 9.25.40 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

TOM HOWARD BRUNDAGE, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) KENNETH EVERTT BRUNDAGE (Name of person on certificate above) as [redacted] UNCLE (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ANNA M. BRUNDAGE, MOTHER (Name of attendant at birth) who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Tom Howard Brundage Name
1344 W. 55th Street Los Angeles Cal P. O. Address

Subscribed and sworn to before me on this 23rd day of September, 1940

(SEAL) E W Parker Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-211-040-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299711
Local Reg. No. 80
Reg. Dist. No. 140

1. PLACE OF BIRTH: (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 726 Pearl St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county ....years ....months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Idaho (b) County Shoshone (c) City Wallace (d) Street Address or R.F.D. No. 726 Pearl (e) How long has MOTHER lived in Idaho? 2 yrs. (f) Mother's mailing address Wallace Idaho
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Grace Josephine Walker
5. Date of Birth (Month, day, year) May 11-1902
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes.

**FATHER OF CHILD**

10. FULL NAME Geo. W. Walker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Parkdale (City or town) Ontario Canada (State or foreign country)
14. Exact Occupation Bookkeeper.
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Josephine Brown
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Brentwood (City or town) Ont. Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Geo W Walker (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Sep. 27-1940 (Date received) (b) John A Barr (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's OWN signature Mrs Rude (M.D., D.O., Midwife, etc.) and address Wallace. Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Geo W Walker, being first duly sworn, say that I am related (Related to (or) acquainted with) Grace Josephine Walker (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rude (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Geo W. Walker ....Name
Wallace Idaho ....P. O. Address

Subscribed and sworn to before me on this 27 day of September

(SEAL) Elizabeth E. Ward ....Notary Public, residing at Wallace Idaho.

Usually BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-237,022-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299721
Local Reg. No.
Reg. Dist. No.

RECEIVED SEP 30 1940

1. PLACE OF BIRTH: (a) County Fremont (b) City Spencer
(c) Street Address or R.F.D. No. Gen. Del
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State California (b) County Los Angeles
(c) City Downey
(d) Street Address or R.F.D. No. Rt. 1 Box 801 a
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Rt. 1 Box 801 a Downey Calif.

3. RESIDENCE OF FATHER (city, state) Downey Calif.

4. FULL NAME OF CHILD Minnie Eva Collier

5. Date of Birth (Month, day, year) Nov. 27-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Crockett Collier
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Beaver Creek (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Minnie Mary Lee
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace St. Johns (City or town) California (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Mary Collier (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Sep. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Mary Collier, being first duly sworn, say that I am The mother (Related to (or) acquainted with) of Minnie Eva Collier (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Said Nate (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Mary Collier ..... Name
Rt. 1 Box 801 a Downey Calif. ..... P. O. Address

Subscribed and sworn to before me on this 26 day of September 1940

(SEAL) Wellborn F. Moses Notary Public, residing at Long Beach Calif.

My Commission Expires June 24, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-213-011-39

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299730
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boundary (b) City Bonners Ferry
(c) ~~Street Address or~~ R F D No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county 1 years 9 months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Dangquist
5. Date of Birth (Month, day, year) Nov 13-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Fritz L. Dangquist
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Minnie Larson
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sept. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fritz L. Dangquist, being first duly sworn, say that I am Related (Related to (or) acquainted with) Ethel Dangquist (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth ~~is now deceased~~ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fritz L. Dangquist Name
Bonners Ferry Ida RFD 2 P. O. Address

Subscribed and sworn to before me on this 26th day of September 1940

(SEAL) E. R. Sebelle ~~Notary~~ Public, residing at Bonners Ferry Idaho

PROBATE JUDGE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Use one child at birth a Separate Return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Osborne
No. --- St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 3 1940

299796

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 299796
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Milton Norman Hooper

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? yes
8. Date of birth Nov. 22, 1932 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Norman Hooper | 18. Full maiden name: Nettie Elizabeth Sumner |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Osborne, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Osborne, Idaho |
| 11. Color or race W \| 12. Age at last birthday ..... (years) | 20. Color or race W \| 21. Age at last birthday 26 (years) |
| 13. Birthplace (city or place) (State or Country) California | 22. Birthplace (city or place) (State or Country) Missouri |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home |
| 16. Date (month and year) last engaged in this work Present, 19 ..... \| 17. Total time (years) spent in this work Life | 25. Date (month and year) last engaged in this work Present, 19 ..... \| 26. Total time (years) spent in this work 10 yrs |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation --- months or weeks
30. Cause of Stillbirth -- Before labor -- During labor ---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Oct 3, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

966-122-040-244

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of } ss.

OCT 1 1940

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Norman Hooper being first duly sworn says that he is the father (Relationship of child)* of Milton Norman Hooper born November 22, 1902 (Date of birth) at Osborne, Idaho, whose certificate of birth is hereto attached, and that Milton Norman Hooper desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Milton Norman Hooper hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. William Hooper ~~M.D.~~ was the Midwife medical attendant at the birth of said Milton Norman Hooper and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Norman Hooper
P. O. Address Ellenburg, Route 2

Subscribed and sworn to before me this 25th day of September, 1940

A. G. Hooper
Notary Public.
Residing at Ellenburg, ~~Idaho~~ Wash.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

469-124-014-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

299833 **299833**

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No. # 2
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county 1 years 9 months 12 days.

OCT 7 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Caldwell Idaho R.F.D. 2

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida

4. **FULL NAME OF CHILD** Joseph Lloyd Morse

5. Date of Birth (Month, day, year) Nov 24 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas L. Morse
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Luella Eames
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace (City or town) Sterling R.D. (State or foreign country) Nebraska
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Morse (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 10/15/40 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho Wash
County of Canyon Whatcom

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Morse, being first duly sworn, say that I am Mother related to (Related to (or) acquainted with) Joseph Lloyd Morse (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Horace (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Morse Name
R. Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of Oct., 1940

(SEAL) Stella Morse Notary Public, residing at Bellingham

DEPUTY AUDITOR

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-123-040-364

299846

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **299846**
Local Reg. No. 141
Reg. Dist. No. 142

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No. 710 - 3rd - St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 14 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address 710 - 3rd St.

3. **RESIDENCE OF FATHER** (city, state) Kellogg

4. **FULL NAME OF CHILD** Clarence Albert Lamiselle

5. Date of Birth (Month, day, year) Dec. 23-1902

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full time

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Dennis Lamiselle
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace St Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Power House

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Elizabeth Sommers
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace — (City or town) Germany (State or foreign country)
20. Exact Occupation House mfe
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 a. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) Oct 3-1940 (Date received) (b) Mrs. Helen McBride (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Elizabeth Lamiselle being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clarence Albert Lamiselle (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Darlen Matchett (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Elizabeth Lamiselle ..... Name
Kellogg Idaho ..... P. O. Address

Subscribed and sworn to before me on this 2nd day of October, 1940

(SEAL) Stella Brown ..... Notary Public, residing at Kellogg, Idaho.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-214-035-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

299866 **299866**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Nez Perce (now Lewis) (b) City on farm
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Lincoln
(c) City Davenport
(d) Street Address or R.F.D. No. – – –
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Davenport, (Wash)

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Charlotte Stellmon (Banks)

5. Date of Birth (Month, day, year) February 14, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Wesley Stellmon
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace near Greeneville (City or town) Greene County (State or foreign country) Tennessee, U.S.A.
14. Exact Occupation farmer + stockman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dillie Brock
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace Greene County (City or town), Missouri (State or foreign country), U.S.A.
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington
County of Lincoln } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dillie Stellmon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charlotte Stellmon (Banks) (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Webb (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dillie Stellmon ..... Name
Davenport, Washington ..... P. O. Address

Subscribed and sworn to before me on this 12th day of September, 1940

(SEAL) M. O. Donnel (Notary Public, residing at Davenport, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1956

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-114-003-243

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Grace
No. — St.
(If born in hospital or institution give name.)

RECEIVED OCT 8 - 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

299914

Registration District No. ..... State File No. 299914
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD David Alondus Sullivan

3. Sex M | If plural births: 4. Twin, triplet, or other 1 | 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 8-14-02, 193.. (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name David Dee Sullivan | 18. Full maiden name Maud Buckland |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Grace Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Grace, Idaho |
| 11. Color or race W \| 12. Age at last birthday 23 (years) | 20. Color or race W \| 21. Age at last birthday 23 (years) |
| 13. Birthplace (city or place) (State or Country) Idaho | 22. Birthplace (city or place) (State or Country) Ut. |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.. \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.. \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley Ellis Kackley, M. D.
or ....., Midwife
Address Soda Springs, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 10/8/40, 193.. Mae G. Atwood
Bureau of Vital Statistics Registrar.

FEB 20 1942

433-216-236-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 300055

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Weston
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Weston, Idaho
3. **RESIDENCE OF FATHER** (city, state) Weston, Ida

4. **FULL NAME OF CHILD** Anna McCulloch
5. Date of Birth (Month, day, year) Feb. 6 - 1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Richard McCulloch
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura Rosina Simmonds
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by McCulloch Laura R. (First name) (Last name), who is related to this child as Mother (Mother, etc.)
Laura R. McCulloch

26. (a) 10-14-40 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... of ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura R. McCulloch, being first duly sworn, say that I am Related (Related to (or) acquainted with) Anna McCulloch (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jensen (Name of attendant at birth) midwife who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Laura R. McCulloch Name
332 East 2nd North Logan Utah P. O. Address

Subscribed and sworn to before me on this 14 day of October - 1940

(SEAL) Ora J. Lein Notary Public, residing at Logan, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1963

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-207006-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

300060

State File No.
Local Reg. No. 745
Reg. Dist. No. 610

1. **PLACE OF BIRTH:** now Bonneville
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 230 Corner Ave
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address same
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lulu Bell Rogers
5. Date of Birth (Month, day, year) 11/7-1902
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Deloss Rogers
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace New York city (City or town) New York (State or foreign country)
14. Exact Occupation General Contractor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Bell Boyes
17. Color or Race white
18. Age at time of THIS birth 18 years
19. Birthplace Lincoln city (City or town) Colorado (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 14-40 (Date received) (b) Anna Bridges (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Bell Rogers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lulu Bell Rogers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Franklin L. Rose (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Bell Rogers Name
230 Corner Avenue, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me on this 10th day of October, 1940

(SEAL) Bessie Allen Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-113-008-612

RECEIVED OCT 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

300081

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boise
City of Cascade
No. ..... St.
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter Ashley Robbins

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Oct. 13 - 1902, 193.... (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Joseph Jackson ~~Hughes~~ Robbins | 18. Full maiden name Sarah M. Washburn |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Cascade | 19. Residence (usual place of abode) (If non-resident, give place and State) Cascade |
| 11. Color or race W | 12. Age at last birthday 32 (years) |
| 20. Color or race W | 21. Age at last birthday 29 (years) |
| 13. Birthplace (city or place) (State or Country) Georgetown, Texas | 22. Birthplace (city or place) (State or Country) Kansas |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock-raiser | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife. |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work ..... |
| 25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at P. M. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ..... M. D.
X or Ida E. Brown Van Sickle Midwife
Address .....
Filed apr, 1938 Mae G. Atwood Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

300089

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

300089

Registration District No. 121 State File No.

Prim. Registration District No. Local Registrar's No. 341

1. PLACE OF BIRTH
County of Kootenai
City of Spokane Bridge
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Otis Alvin Brookshire

3. Sex M

If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth April 12 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name James Monroe Brookshire | 18. Full maiden name Samantha Jane Newberry |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Spokane Bridge | 19. Residence (usual place of abode) (If non-resident, give place and State) Spokane Bridge |
| 11. Color or race W 12. Age at last birthday 29 (years) | 20. Color or race W 21. Age at last birthday 31 (years) |
| 13. Birthplace (city or place) Gilmore County (State or Country) Georgia | 22. Birthplace (city or place) Gilmore County (State or Country) Georgia |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farmer |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm |
| 16. Date (month and year) last engaged in this work, 19 | 25. Date (month and year) last engaged in this work, 19 |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 6 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor / Before labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at P. m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

(Signed) S. J. Brookshire, Mother, ~~M. D.~~
or Post Falls, Idaho, ~~Midwife~~
Address

Give name added from a supplemental report
(Date of)

Filed 10-14-1940 H. C. Curcombe, M.D.
Registrar.
by Fay P. Thomas, deputy
Registrar.

296-110-028 -556

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. S. J. Brookshire being first duly sworn says that she is the mother (Relationship of child)* of Otis Alvin Brookshire born April 12, 1902 (Date of birth) at ~~Coeur d'Alene~~ Spokane Bridge, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Otis Alvin Brookshire hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Nettie Mellick ~~M. D.~~ was the Midwife medical attendant at the birth of said Otis Alvin Brookshire and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs S. J. Brookshire
P. O. Address Post Falls Idaho, Route #2

Subscribed and sworn to before me this 14th day of October, 19 40

My commission expires June 2, 1941. Hubert H. Barton Notary Public for Idaho

Residing at Coeur d'Alene, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

362-720030-761

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300150
Local Reg. No.
Reg. Dist. No. 2116

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Lemhi Agency
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 21 years ....months ....days.

RECEIVED
OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Lemhi Agency
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Lemhi Agency, Ida.

3. **RESIDENCE OF FATHER** (city, state) Lemhi Agency, Ida.

4. **FULL NAME OF CHILD** Kermit Tasker Tobias

5. Date of Birth (Month, day, year) May 20, 1902

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Solon Socrates Tobias
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Grand Isle, Vermont (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ada Jane Gorton
17. Color or Race white
18. Age at time of THIS birth 42 years
19. Birthplace West Lodi, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Gorton Tobias (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 14 - 1940 (Date received) (b) Chas C. Bellamy (Registrar's signature)

27. Given name added on ....by Chas C. Bellamy (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Gorton Tobias, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kermit Tasker Tobias (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Fox (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada Gorton Tobias ....Name
Lemhi, Idaho ....P. O. Address

Subscribed and sworn to before me on this 12th day of October, 1940

(SEAL)

Maurine C. McBride Notary Public, residing at Salmon, Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

APR 5 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-205-035-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**301158**

# CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Nez Perces
City of Gifford
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 221 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grace Amada Hobson

3. Sex F | If plural births: 4. Twin, triplet, or other — | 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 5, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: John H Hobson | 18. Full maiden name: Lilly Wilcox |
| 10. Residence (usual place of abode) (If non-resident, give place and State): | 19. Residence (usual place of abode) (If non-resident, give place and State): |
| 11. Color or race: W / 12. Age at last birthday: 38 (years) | 20. Color or race: W / 21. Age at last birthday: 23 (years) |
| 13. Birthplace (city or place) (State or country): Ark | 22. Birthplace (city or place) (State or country): California |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housf |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: |
| 16. Date (month and year) last engaged in this work: Aug 5, 1902 / 17. Total time (years) spent in this work: 11 yr | 25. Date (month and year) last engaged in this work: Aug 4, 1902 / 26. Total time (years) spent in this work: 6 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 P m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) E. E. Watts, M. D.
or ....., Midwife
Address Gifford Ida
Filed Oct 2, 1940 Patricia Burks Deputy Registrar.

FEB 4 1942

319 101 022 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301231
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County FREMONT (b) City REXBURG
(c) Street Address or R F.D No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 18 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State OREGON (b) County LANE
(c) City EUGENE
(d) Street Address or R.F.D. No. 994 HILYARD
(e) How long ~~has~~ DID **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address same as above

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** THEODORE R. LARSEN

5. Date of Birth (Month, day, year) SEPT. 1ST 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** LLOYD BOOTH LARSEN
11. Color or Race WHITE
12. Age at time of THIS birth 20 yrs.
13. Birthplace MANTI (City or town) UTAH (State or foreign country)
14. Exact Occupation RETIRED
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** IDA LOUISE WOODVINE [redacted]
17. Color or Race WHITE
18. Age at time of THIS birth 18 years
19. Birthplace REXBURG (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living —
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 2 AM. on the date and at the place stated above, and that personal particulars were furnished by LOUISE LARSEN (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) Oct 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. BOOTH LARSEN, being first duly sworn, say that I am ~~THE FATHER~~ RELATED (Related to (or) acquainted with) THEODORE R. LARSEN (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. HYDE (Name of attendant at birth), who attended said birth IS NO DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

L. Booth Larsen ..... Name
994 Hilyard St Eugene, Ore. ..... P. O. Address

Subscribed and sworn to before me on this 5th day of October, 1946

(SEAL) Ruth Martha ..... Notary Public, residing at Eugene, Ore.

Notary Public for Oregon — Commission Expires July 11, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Form No. 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

*N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.*

438 720 022 313

Idaho
STATE OF ~~CALIFORNIA~~
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

LOCAL REGISTERED No. 301241

# STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH. Dist. No. Ora
County of Fremont
City or Rural Registration District St Anthony
No. Farm House St. — Ward
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME OF CHILD Earl Lacey McQuiston [If child is not yet named, make supplemental report as directed.]

3. Sex male
If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓
6. Premature ✓ Full term yes
7. Date of birth (month, day, year) May 20th 1902

| FATHER | MOTHER |
|---|---|
| 8. Full name Milo Adolphus McQuiston | 17. Full maiden name Bessie Irene Lacey |
| 9. Residence (usual place of abode; if nonresident, give place and State) Ora Idaho | 18. Residence (usual place of abode; if nonresident, give place and State) Ora Idaho |
| 10. Color or race White — 11. Age at last birthday 30 years | 19. Color or race White — 20. Age at last birthday 29 years |
| 12. Birthplace Colfax Jasper Co. Iowa (State or country) | 21. Birthplace Greencastle Jasper Co. Iowa (State or country) |
| OCCUPATION: 13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher & Farmer | OCCUPATION: 22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ✓ |
| 14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓ | 23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓ |
| 15. Date (month and year) last engaged in this work ✓, 19 — 16. Total time (years) spent in this work ✓ | 24. Date (month and year) last engaged in this work ✓, 19 — 25. Total time (years) spent in this work ✓ |

26. If stillborn, period of gestation ✓ months or weeks — 27. Cause of stillbirth ✓ — Before labor ✓ During labor ✓

28. Was a prophylactic for Ophthalmia Neonatorum used? ✓ If so, what? ✓ — 29. Specify congenital crippling deformities ✓

30. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn ✓

## 31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

*I hereby certify that I attended the birth of this child, who was* alive (Born alive or stillborn) *at* 9 P.m. *on the date above stated.*

was present
not present

[~~SIGNED~~] Mrs E. J. McQuiston Grand Mother
Mrs Gee (neighbor woman)
Physician, midwife, father, etc.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ Date of _____ Registrar

Address Bessie Irene McQuiston Mother

32. Filed 10/29/40 Mae G. Atwood Registrar

# INSTRUCTIONS

1. THIS IS A LEGAL DOCUMENT. IT IS A PERMANENT RECORD.
2. A birth certificate must be filed for every child born. In case of plural births a separate certificate must be filed for each child.
   A stillbirth must be registered both as a birth and a death. If, however, the foetus has not advanced to the fifth month of uterogestation no certificate need be filed.
   Midwives are prohibited by law from signing death certificates of stillborn children. In case of a stillbirth with no physician in attendance, refer the case to the coroner.
3. All information called for on this certificate must be given. Read the printed matter carefully.
4. THE PHYSICIAN in attendance must file the birth certificate with the local registrar of the registration district in which the birth occurs within four days after the birth. If there was no physician in attendance, then the midwife or person acting as such, must file the birth certificate with the local registrar. If no person attended the birth, then the father or mother must file the birth certificate with the local registrar.
5. In Freeholders Charter Cities and in those cities of 5,000 inhabitants or more at the last census which have a contract with the County Health Officer to care for the health work in that city, the health officer is the local registrar.
   In other cities of 5,000 inhabitants or more at the last census, the city clerk is the registrar.
   The balance of each county is divided into rural registration districts, with the registrar especially appointed. It is customary for city clerks to act as registrars for rural districts. Information concerning district boundaries can be obtained from the Department of Public Health, Vital Statistics, Sacramento.
6. SIGNATURE: This certificate must bear the ACTUAL SIGNATURE of the physician, midwife or person acting as midwife. Typewritten and rubber stamp signatures are not legal and can not be accepted.
7. If the child is not named before this certificate is filed a SUPPLEMENTAL REPORT OF BIRTH must be filed with the local registrar as soon as the child is named. Secure the blank from the local registrar.
8. Fill out the certificate (except signatures) with typewriter if possible. Otherwise WRITE PLAINLY with black ink.
   BE CAREFUL in spelling names. Make them legible.

## STATE OF CALIFORNIA
## DEPARTMENT OF PUBLIC HEALTH
## VITAL STATISTICS

STATE PRINTING OFFICE

# Affidavit

*GENERAL*

**State of California,**
*County of* Los Angeles } *ss.*

Milo Adolphis McQuiston & Bessie Irene McQuiston, his wife

**Being First Duly Sworn,** *deposes and says:* that statements they have given in the Birth Certificate of Earl Lacey McQuiston are all correct

**And Further** *deponent saith not.*

**Subscribed** *and sworn to before me, this* 18 *day of* October *A. D. 19* 40

Milo Adolphis McQuiston
Bessie Irene McQuiston

[illegible]
*Notary Public in and for said County and State.*
*My Commission Expires August 14, 1941*

AFFIDAVIT—GENERAL—WOLCOTT'S FORM 292

one copy issued 10/30/40 L.B.

255-103-040-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

301342

State File No. 301342
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 26 1940

1. **PLACE OF BIRTH:**
(a) County: Shoshone (b) City: Mullan
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1½ years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Shoshone
(c) City: Mullan
(d) Street Address or R.F.D. No.: –
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address: Mullan, Idaho

3. **RESIDENCE OF FATHER** (city, state): Same.

4. **FULL NAME OF CHILD:** Anthony Ignatius Kennedy

5. Date of Birth (Month, day, year): July 3, 1902

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** John J. Kennedy
11. Color or Race: White
12. Age at time of THIS birth: 52 yrs.
13. Birthplace: Belfast, (City or town) Ireland (State or foreign country)
14. Exact Occupation: Miner
15. Industry or Business: Hunter Mine

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Anna Gorevin
17. Color or Race: White
18. Age at time of THIS birth: 29 years
19. Birthplace: Sligo, (City or town) Sligo County, Ireland (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: – – –
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5
(c) Born alive and now dead: – – (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Oct. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
BUREAU OF VITAL STATISTICS

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of ..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Gorevin Kennedy, being first duly sworn, say that I am related (Related to (or) acquainted with) Anthony Ignatius (James) Kennedy (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1931 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Gibson, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Gorevin Kennedy — Name
2725 Sixth Avenue, Sacramento, Calif. — P. O. Address

Subscribed and sworn to before me on this 24 day of October, 1940

(SEAL) A. Cippzynski Notary Public, residing at Sacramento Calif.

Notary Public in and for the County of Sacramento, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

One copy issued 10/31/40 L.B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-114-029-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 3-1389

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301389
Local Reg. No. 1247
Reg. Dist. No. 200

RECEIVED OCT 28 1940

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: at Home
In Hosp. or Mat. Home ....days.
In **THIS** county 17 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fred Eugene Nelson
5. Date of Birth (Month, day, year) May 14, 1902
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Nels August Nelson
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Josephine Lind
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) 10-23-40 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho, } ss.
County of Latah }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Nelson, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Fred Eugene Nelson (Name of person on certificate above) as ....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Gritman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J. Nelson ....Name
Moscow, Idaho ....P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 1940.
(SEAL) [signature] Notary Public, residing at Moscow, Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-224 040-231

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301422
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Murray
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 12 years 6 months ....days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12½ yrs.
(f) Mother's mailing address Murray, Idaho

3. **RESIDENCE OF FATHER** (city, state) Murray, Idaho

4. **FULL NAME OF CHILD** Martie Francen Smith

5. Date of Birth (Month, day, year) June 24, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Fred William Smith
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Katherine Marie Stabenow
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Schoenwalde, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother) Mae G. Atwood

26. (a) Oct. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella A. Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Martie Francen Smith (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that George S. Lesher M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella A. Jones ....Name

Wallace, Idaho ....P. O. Address

Subscribed and sworn to before me on this 7th day of October, 1940

(SEAL) Mae Sherman ....Notary Public, residing at Wallace, Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843126 031799

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301433
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Lewis (b) City: Nezperce
(c) Street Address or R F.D No.: R.F.D. 1
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 20 years 0 months 0 days.

RECEIVED NOV 1 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Lewis
(c) City: Nezperce
(d) Street Address or R.F.D. No.: Rural
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address: Nezperce
3. **RESIDENCE OF FATHER** (city, state): Idaho Nezperce

4. **FULL NAME OF CHILD:** Charles W. Hutchins
5. Date of Birth (Month, day, year): 4-26-1902
6. Sex: M
7. Twin or Triplet: 0 If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Charles Hutchins 37
11. Color or Race: W
12. Age at time of THIS birth: ....yrs.
13. Birthplace: Waterlix (City or town) Mich. (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: ✓

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Virginia Pricard
17. Color or Race: W
18. Age at time of THIS birth: 23 years
19. Birthplace: 0 (City or town) Belgium (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: 0
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was: Alive (born alive, stillborn) at 7-8 P.M. on the date 4-26-1902 and at the place stated above, and that personal particulars were furnished by: Mrs. Charles Hutchins (First name) (Last name), who is related to this child as: Mother (Mother, etc.)

26. (a) 11-1-40 (Date received) (b) Albert Hoff (Registrar's signature)
27. Given name added on: 0 by: " " (Registrar's signature)

25. Attendant's **OWN signature**: 0 M.D. or: 0 (D.O., Midwife, etc.)
and address: 0 Date: 0

State of: Idaho
County of: Lewis } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

✓ I, Charles Hutchins, being first duly sworn, say that I am: Related (Related to (or) acquainted with) Charles W. Hutchins (Name of person on certificate above) as: Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that: Mrs. Charlie Tarbox (Name of attendant at birth), who attended said birth: Now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Charles Hutchins Name
Nezperce Idaho P. O. Address

Subscribed and sworn to before me on this: 29 day of: October 1940

(SEAL) Ray W. Hutchins Notary Public, residing at: Nezperce Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 3 1977

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Nov. 14, 1970. E.W.

459/25021415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301456
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Franklin (b) City Preston
(c) Street Address or R F D No. R.F.D.#4
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. R.F.D. #4
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Salt Lake City, Ut

3. RESIDENCE OF FATHER (city, state) Preston, Ida

4. FULL NAME OF CHILD Glenn William Merrill

5. Date of Birth (Month, day, year) Jan. 25, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (9)

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Austin William Merrill
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sarah Davis
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Philadelphia, Penn. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 11-7-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Davis Mikaw, being first duly sworn, say that I am (Mother) Related to (Related to (or) acquainted with) Glenn William Merrill (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Swanson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Merrill Mikaw Name
2364 So. 8th East Salt Lake City P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1940

(SEAL) ..... Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1942

JL 3 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 124 003493

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH
STATE OF IDAHO

**301524**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County: Bannock (b) City: Mink Creek
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county: 11 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Ida (b) County: Bannock
(c) City: Mink Creek
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

RECEIVED NOV 7 1940

4. **FULL NAME OF CHILD** Marion Hansen
5. Date of Birth (Month, day, year) 1/24 1907
6. Sex. Male
7. Twin or Triplet: Twin — If so—born 1st, 2nd, 3rd: 2nd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Niels Christian Hansen
11. Color or Race: white
12. Age at time of THIS birth: 50 yrs.
13. Birthplace: Nygrup (City or town) Denmark (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business.....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Margret Neilsen
17. Color or Race: white
18. Age at time of THIS birth: 42 years
19. Birthplace: Nygrup (City or town) Denmark (State or foreign country)
20. Exact Occupation: House keeping
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child: 17 (b) Born alive and now living: yes
(c) Born alive and now dead: No (d) Stillborn: No

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother)

26. (a) Nov. 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** Mae Atwood Attendant M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name Burial Permit by Bureau of Vital Statistics (Registrar's signature)

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Niels Christian Hansen, being first duly sworn, say that I am Father (Related to (or) acquainted with) Merrion (Marion) Hansen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Witness: C. A. Harris
X his mark Niels Christian Hansen Name
Corinne Utah P. O. Address

Subscribed and sworn to before me on this 7th day of November 1940

(SEAL) Harry Nelson Notary Public, residing at Corinne Box Elder County Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 12, 1940. L.W.

495 215 003-258

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH
STATE OF IDAHO

301552

**301552**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. South Garfield Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. South Garfield Ave.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Pocatello Idaho

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Isabel Dietrich

5. Date of Birth (Month, day, year) April 15, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Sigel Dietrich
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ottawa (City or town) Kansas (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Belle Dietrich
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace McGregor (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Nov. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Belle Dietrich, being first duly sworn, say that I am related to (Related to (or) acquainted with) Isabel Dietrich (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Oscar Steely (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(Mrs. F. S.) Martha Belle Dietrich Name
201 Jefferson St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of Nov., 1940.

(SEAL) Frances M. Kenna Notary Public, residing at Notary Public for Idaho residing at Boise, Idaho

Commission expires Nov. 6, 1944

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

1 copy issued 11/13/40 L.B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 117 001 843

301555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301555
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1408 No. 7th St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: days.
In **THIS** county: 11 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state): Boise, Ida.

4. **FULL NAME OF CHILD** Volney Jacob Hoobing
5. Date of Birth (Month, day, year) May 17, 1902
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jacob Hoobing
11. Color or Race: white
12. Age at time of THIS birth: 32 yrs.
13. Birthplace (City or town) (State or foreign country): Ohio
14. Exact Occupation: Transfer Man
15. Industry or Business: For self

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lena Hulstrom
17. Color or Race: white
18. Age at time of THIS birth: 30 years
19. Birthplace (City or town) (State or foreign country): Sweden
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1st. (b) Born alive and now living: 1
(c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Nov. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name assigned Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jacob Hoobing, being first duly sworn, say that I am r related to (Related to (or) acquainted with) Volney Jacob Hoobing (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Springer (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Jacob Hoobing Name

1408 North 7th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of November, 1940

(SEAL) Beth Brandlebury Notary Public, residing at Boise Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

MAR 22 1965

1 copy issued 11/13/40 L.B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A366-IDS 016-236

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

301593

NOV

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Cook, George Seber

3. Sex

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Nov 5 - 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Cook, John Henry | 18. Full maiden name Stokes, Kate Delaney |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Albion | 19. Residence (usual place of abode) (If non-resident, give place and State) Albion |
| 11. Color or race White 12. Age at last birthday 25 (years) | 20. Color or race ..... 21. Age at last birthday 23 (years) |
| 13. Birthplace (city or place) Albion (State or Country) Cassia Co. Idaho | 22. Birthplace (city or place) Beaver City (State or Country) Beaver Co. Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolteacher | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work ....., 19..... | 25. Date (month and year) last engaged in this work ....., 19..... |
| 17. Total time (years) spent in this work 3 yrs | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Mae G. Atwood

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Nov. 9, 1940, 193..... Mae G. Atwood
Bureau of Vital Statistics Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

NOV 8 1940

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Kate Delaney Cook being first duly sworn says that She is the Mother of George Seber Cook
(Relationship of child)*

born Nov 5 1902 at Albion, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Kate Delaney Cook desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Seber Cook hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Richard Storey M. D. ~~was the Midwife~~ medical attendant at the birth of said George Seber Cook and that the said medical attendant is (now deceased)
(Now deceased (or) cannot be located)

Name of Affiant Kate Delaney Cook
P. O. Address 1611-E-63 Street Long Beach Calif

Subscribed and sworn to before me this 26th day of September, 1940

Clara Buck
Notary Public.

Residing at Long Beach, Calif., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

one copy 11/15/40 L.B.

695 718 028 695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301600
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. 306 Garden Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 15 years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 306 Garden Ave.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address 306 Garden Ave.

3. RESIDENCE OF FATHER (city, state Same as abov

4. FULL NAME OF CHILD Wilbur Hahn Frederic

5. Date of Birth (Month, day, year) Oct. 18 1902

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME John Brisbon Frederic
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bozeman (City or town) Montana (State or foreign country)
14. Exact Occupation Office Clerk
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Emma Rose Frederic
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Mandan (City or town) N. D. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by John B. Frederic (First name) (Last name), who is related to this child as Father (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature John B. Frederic M.D. or Father (D.O., Midwife, etc.)
and address 306 Garden Ave. Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John B. Frederic, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilbur H. Frederic (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Sabin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John B. Frederic Name
306 Garden Ave Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of Nov. 1940

(SEAL) Harold S. Lundy Notary Public, residing at Coeur d'Alene Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1975

11/18/40 L.B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-201-0 Parents both dead.
16-366

301609

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

NOV 12 1940

1. **PLACE OF BIRTH:**
(a) County....Cassia..... (b) City....Basin.....
(c) Street Address or R F.D No.....1.....
(d) Name of Hospital or Maternity Home:
.....At own Home.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State....Idaho..... (b) County....Cassia.....
(c) City....Basin.....
(d) Street Address or R.F.D. No.....1.....
(e) How long has **MOTHER** lived in Idaho?....4.....yrs.
(f) Mother's mailing address....Basin?Idaho.....
3. **RESIDENCE OF FATHER** (city, state)....Basin.....

4. **FULL NAME OF CHILD**....Vera Judd.....
5. Date of Birth (Month, day, year)....2/I/1902.....
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME**....Alfred Hastings Judd.....
11. Color or Race....White.....
12. Age at time of THIS birth....48.....yrs.
13. Birthplace....Salt Lake City, Utah.....
(City or town) (State or foreign country)
14. Exact Occupation....Farmer.....
15. Industry or Business.....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**....Susan Penelopy Cosley.....
17. Color or Race....White.....
18. Age at time of THIS birth....44.....years
19. Birthplace....Grantsville, Utah.....
(City or town) (State or foreign country)
20. Exact Occupation....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child....7.... (b) Born alive and now living....6.....
(c) Born alive and now dead....1.... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother)

Mae G. Atwood

26. (a) November 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of....Idaho.....
County of....Cassia.....
} ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I....Winnie Osterhout....., being first duly sworn, say that I am....related to.....(Related to (or) acquainted with) Vera Judd (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....Dr. Hanberg.....(Name of attendant at birth), who attended said birth....deceased.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Winnie Osterhout
.....Name
Acequia, Idaho
.....P. O. Addr

Subscribed and sworn to before me on this....9.....day of....November....1940

(SEAL) S. H. Kunau
.....Notary Public, residing at....Burley, Id

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-229-001-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: NOV 9 1940
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1703 N 9th
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. In THIS county 1 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1703 N 9th
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Boise, Idaho
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hilma Elida Swanholm
5. Date of Birth (Month, day, year) Oct. 29, 1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Henry Carl Swanholm
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Norkoping, (City or town) Sweden (State or foreign country)
14. Exact Occupation Police Captain
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mamie Thacker Slusser
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Vandalia, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given a number from Vital Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mamie T. Swanholm, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hilma Elida Swanholm (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth), who attended said birth now deceased (Is not living (or) cannot be located) and that this birth has not been previously recorded.

Mamie T. Swanholm Name
3117 Franklin, San Diego, Calif. P.O. Address

NOTARY PUBLIC in and for the County of San Diego, State of California

Subscribed and sworn to before me on this 8th day of November 1940

(SEAL) Paul C. [illegible] Notary Public, residing at 615 Broadway San Diego California

My Commission Expires February 7, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1963

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-119-001-693

United States
Department of Commerce,
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301637
Local Reg. No.
Reg. Dist. No.

NOV 15 1940

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R F D No. 1305 N. 14th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Own home
In Hosp. or Mat. Home ....days.
In THIS county ~~4 months~~ 4 months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1305 N. 14th
(e) How long has MOTHER lived in Idaho? 4 months
(f) Mother's mailing address Boise
3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Joseph Edwin Tinguely
5. Date of Birth (Month, day, year) Oct 19 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Samuel Tinguely
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Colo (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Cement

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Joanna Wickham
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Crossingville Penn (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~two~~ (b) Born alive and now living ~~two~~
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Joanna Tinguely (First name) (Last name), who is related to this child as Mother (Mother, etc.) Mae G. Atwood

26. (a) Nov. 15, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ....by.... (Registrar's signature)

25. Attendant's OWN signature ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of New Mexico
County of Socorro } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Joanna Tinguely, being first duly sworn, say that I am ~~the father~~ related to (Related to (or) acquainted with) Joseph Edwin Tinguely (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Springer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Joanna Wickham Tinguely Name
Magdalena N.M. Box 374 P. O. Address

Subscribed and sworn to before me on this 5 day of November 1940

(SEAL) M M Southard Notary Public, residing at Magdalena N.M.
My Commission expires March 3-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 22, 1940. E.W.

Send copy to 541 Hayes Ave — Schenectady N.Y.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301638
Local Reg. No. 1244
Reg. Dist. No. 200

660-129-029795

NOV 13 1940

1. **PLACE OF BIRTH:** (a) County Latah (b) City Moscow
(c) Street Address ~~or R.F.D. No.~~ 201 S Main
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ...days. In **THIS** county 7 years 10 months 17 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 201 S Main
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Lieuallen Woodworth
5. Date of Birth (Month, day, year) Apl. 29 1927
6. Sex.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jay Woodworth
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bozeman (City or town) Montana (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business Real Estate & Ins

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ethel F Lieuallen
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Moscow (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 11-9-40 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jay Woodworth, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Lieuallen Woodworth (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1939 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Pitman (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jay Woodworth Name
201 S Main Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of November 1940
(SEAL) E. S. Thompson Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 11-19-40

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 810 Mullan Ave ~~St.~~
Idaho
(If born in hospital or institution give name.)

Registration District No. 120 State File No. 301642
NOV 13 1940
Prim. Registration District No. Local Registrar's No. 379

2. FULL NAME OF CHILD Leonard Harry Heineman

3. Sex Male
If plural births: 4. Twin, triplet, or other ; 5. Number, in order of birth
6. Premature ; Full term Yes
7. Legitimate? Yes
8. Date of birth July 12, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Bernard John Heineman | 18. Full maiden name Minnetta Codella Miller |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) C d'Alene Ida |
| 11. Color or race White 12. Age at last birthday 28 (years) | 20. Color or race White 21. Age at last birthday 23 (years) |
| 13. Birthplace (city or place) (State or Country) Port Hope Michigan | 22. Birthplace (city or place) (State or Country) Newberry Mich |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Coeur d'Alene Lumber Co | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home |
| 16. Date (month and year) last engaged in this work Steady Employed ~~July~~, 19~~19~~ | 25. Date (month and year) last engaged in this work Continuous, 19 |
| 17. Total time (years) spent in this work 8 yrs | 26. Total time (years) spent in this work 2 yrs |

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
None but this child (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor ; Before labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.
or , Midwife
Address

Give name added from a supplemental report (Date)

Filed 11 8 40, 193 H. F. Lockwood
Registrar.

Registrar.

Certified Copy issued Nov. 19, 1940. E.W.

859-112-028-493

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

NOV 13 1940

State of Michigan
County of Luce } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Lodella M Heineman being first duly sworn says that she is the Mother (Relationship of child)* of Leonard Harry Heineman born at Coeur d'alene Idaho (~~Date of birth~~) on July 12, 1902, ~~here~~, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Leonard Harry Heineman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that P. J. Scallon M. D., M. D., was the Midwife medical attendant at the birth of said Leonard Harry Heineman and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Lodella Heineman

P. O. Address 7-5-N. Newberry Mich

Subscribed and sworn to before me this 7 day of Nov, 19 40

Elizabeth Hall
Notary Public.

Residing at Newberry Mich, Idaho

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My commission expires Jan 10-1942

851-129-030-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301651
Local Reg. No. 691
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Lemhi (b) City: Junction
(c) Street Address or R F D No.: None
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: Annie Yearian
In Hosp. or Mat. Home: 30 days.
In **THIS** county: 50 years 4 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Lemhi
(c) City: Salmon
(d) Street Address or R.F.D. No.: None
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address: Salmon, Idaho

3. **RESIDENCE OF FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD:** JOHN KENNETH YEARIAN

5. Date of Birth (Month, day, year): Dec. 29, 1902

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** John Wesley Yearian
11. Color or Race: White
12. Age at time of THIS birth: 33 yrs.
13. Birthplace: DuQuoin, Perry County Illinois (City or town) (State or foreign country)
14. Exact Occupation: Merchant, General Store Owner
15. Industry or Business: Merchant

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Annie Lee
17. Color or Race: White
18. Age at time of THIS birth: 31 years
19. Birthplace: Green County, Missouri (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Unknown
23. Number of children of this mother: (a) At time of birth and including this child: Three (b) Born alive and now living: Three
(c) Born alive and now dead: None (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 8:30 P.M. on the date and at the place stated above and that personal particulars were furnished by Annie Yearian Long (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Nov. 15, 1940

26. (a) (Date received) (b) Chas. E. Bellamy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Annie Yearian Long M.D. or Mother (D.O., Midwife, etc.)
and address Salmon, Idaho. Date Oct. 31, 1940

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Yearian Long, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Kenneth Yearian (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie Yearian Long ..... Name
Salmon, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 31st day of October, 1940

(SEAL) Kenneth E. McBride ..... Notary Public, residing at Salmon, Idaho.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

12/10/40 L. E.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-210-014-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301677
Local Reg. No.
Reg. Dist. No.

NOV 16 1940

1. PLACE OF BIRTH:
(a) County: Canyon (b) City: Nampa
(c) Street Address or R F D No.: 2nd Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county: 15 years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Canyon
(c) City: Nampa
(d) Street Address or R.F.D. No.: 2nd ave
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address:

3. RESIDENCE OF FATHER (city, state): Nampa, Ida

4. FULL NAME OF CHILD: Nellie Gwendolyn Griffith

5. Date of Birth (Month, day, year): May, 10, 1902

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 6

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: John Williams Griffith
11. Color or Race: White
12. Age at time of THIS birth: 49 yrs.
13. Birthplace: Pine Flats (City or town) - Pennsylvania (State or foreign country)
14. Exact Occupation: Railroad Construction
15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME: Lydia Palmer
17. Color or Race: White
18. Age at time of THIS birth: 40 years
19. Birthplace: Glendale (City or town) Illinois (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 2
(c) Born alive and now dead: 1 (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Nov. 16, 1940 (Date rec'd) (b) Mae G. Atwood (Registrar) Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Calif
County of San Diego } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Lydia Palmer Griffith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nellie Gwendolyn Griffith (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Gracie Ball (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia Palmer Griffith Name
Box 82 - Julian, Calif. P. O. Address

Subscribed and sworn to before me on this 11th day of November 1940

(SEAL) M. Ashley Notary Public, residing at Julian Calif

NOTARY PUBLIC
In and for the County of San Diego, State of California

My Commission Expires Feb. 19, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 20, 1940. E.W.

783-123-038-152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301693
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County PAYETTE (b) City PAYETTE
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County PAYETTE
(c) City PAYETTE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state) PAYETTE ID.

4. **FULL NAME OF CHILD** CARL IRA GILMORE

5. Date of Birth (Month, day, year) OCTOBER 23, 1940

6. Sex. MALE

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** CHARLES ROSS GILMORE
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace SPRINGFIELD (City or town) ILL. (State or foreign country)
14. Exact Occupation HOTEL PROPRIETOR
15. Industry or Business HOTEL

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** GLADYS MAE ANSON
17. Color or Race WHITE
18. Age at time of THIS birth 22 years
19. Birthplace MUSCATINE (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% SOLUTION ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead NONE Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN signature** Dr. L. R. Woodward M.D. or (D.O., Midwife, etc.) and address Payette Ida Date 11/7/40

26. (a) Nov. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

CHARLES ROSS GILMORE, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) CARL IRA GILMORE (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. L. R. WOODWARD (Name of attendant at birth) who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Ross Gilmore Name

P. O. Address

Subscribed and sworn to before me on this 29th day of October, 1940

(SEAL) Janice Richard Notary Public, residing at Los Angeles, Calif.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

NOV 17 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 22, 1940. H.W.

662-206-035632

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301764
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Nez Perce (b) City: Gifford
(c) Street Address or R.F.D No.: 1 Farm near Gifford
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

NOV 18 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Nez Perce
(c) City: Gifford Farm near Gifford
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD:** Sena Amelia Foss
5. Date of Birth (Month, day, year): February 6, 1902
6. Sex: Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME:** Sywert P. Foss
11. Color or Race: W
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Norway (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Mary Olson
17. Color or Race: W
18. Age at time of THIS birth: 38 years
19. Birthplace: Norway (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov 13 1940 (Date received) (b) Patricia Burke (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, S. P. Foss, being first duly sworn, say that I am related to (Related to (or) acquainted with) Sena Amelia Foss (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

S P Foss — Name
Rt. #1, Gifford, Idaho — P. O. Address

Subscribed and sworn to before me on this 13th day of November, 1940

(SEAL) R. A. Muehly — Notary Public, residing at Lewiston, Idaho.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 25, 1940. I.W.

(5b-124-007-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301775
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 18 1940

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Carey
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 6 months 6 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.
(f) Mother's mailing address Carey, Idaho
3. **RESIDENCE OF FATHER** (city, state) Carey, Ida.

4. **FULL NAME OF CHILD** George Erwin Jewett
5. Date of Birth (Month, day, year) Aug. 24, 1902
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos.
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Archie Ray Jewett
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Ft. Collins (City or town) Colorado (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Susan Blunck
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Ft. Collins (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Grays Harbor } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Susan Jewett, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Erwin Jewett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eunice Kelly (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Susan Jewett Name
Rd 1, Box 105, Elma, Washington P. O. Address

Subscribed and sworn to before me on this 15th day of November, 1940

(SEAL) E. S. Avey Notary Public, residing at Elma, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-128016-865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301802
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Cassia (b) City: Dry Creek
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

RECEIVED NOV 18 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Cassia
(c) City: Dry Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address: Same as above
3. RESIDENCE OF FATHER (city, state): same

4. FULL NAME OF CHILD: James Leon Pate
5. Date of Birth (Month, day, year): Aug. 28 1902
6. Sex: Boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME: Robert Burrows Pate | 16. FULL MAIDEN NAME: Francis Honeysett |
| 11. Color or Race: White 12. Age at time of THIS birth: 31 yrs. | 17. Color or Race: White 18. Age at time of THIS birth: 30 years |
| 13. Birthplace: West Jordan (City or town) Utah (State or foreign country) | 19. Birthplace: Ashburnham (City or town) England (State or foreign country) |
| 14. Exact Occupation: Farmer | 20. Exact Occupation: House wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle Markus, being first duly sworn, say that I am related (Related to (or) acquainted with) James Leon Pate (Name of person on certificate above) as a sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle Markus Name
59-4th Ave. Midvale, Utah P. O. Address

Subscribed and sworn to before me on this 9 day of November, 1940

(SEAL) Glen E. Lowe Notary Public, residing at Murray, Utah
Comm. exp. Dec 12/9/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 27, 1940. E.W.

845-101-029-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301819
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. N. Lilly St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ~~days~~. In [redacted] county 35 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City Portland
(d) Street Address or R.F.D. No. 1732 N.E. 10th
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address 1732 N.E. 10th
3. RESIDENCE OF FATHER (city, state) Portland, Ore.

4. FULL NAME OF CHILD Enos Wallace Quesnell
5. Date of Birth (Month, day, year) Sept 1, 1902
6. Sex. Male
7. Twin or Triplet ✓ If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Cornelius Quesnell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Station Canada

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Jessie Harrison
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Nampa Idaho (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Quesnell (First name) (Last name), who is related to this child as Mother (Mother, etc.)
Mae G. Atwood

26. (a) Nov. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

~~Bureau of Vital Statistics~~

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Quesnell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Enos Wallace Quesnell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Worthington (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

NOTARY PUBLIC FOR OREGON
My Commission Expires Sept. 15th, 1945

Jessie Quesnell Name
1732 N. E. 10th Avenue, Portland, Ore. P.O. Address

Subscribed and sworn to before me on this 14th day of November, 1940.

(SEAL) T. E. Stan Notary Public, residing at Portland, Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 27, 1940. E.W.

433 105 028 295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 25 1940

State File No. 302827
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years — months — days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Rockford, Wash.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lowell Orlow McClellan

5. Date of Birth (Month, day, year) Dec. 5, 1902

6. Sex male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? ✓

**FATHER OF CHILD**

10. FULL NAME Samuel David McClellan
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bristol Tenn. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business —

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Effie Siegle
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Albany Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business — — — — —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae Atwood

26. (a) NOV 25 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

27. Given name ..... by Bureau of Vital Statistics (Registrar's signature)

State of Idaho
County of Jerome } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. McClellan, being first duly sworn, say that I am ~~the mother~~ related to (Related to (or) acquainted with) Lowell Orlow McClellan (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gould (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Effie Siegle McClellan — Name
Jerome Idaho — P. O. Address

Subscribed and sworn to before me on this 18 day of November, 1940

(SEAL) Charlotte Roberson Notary Public, residing at Jerome
Clerk District Court, Jerome County Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 29, 1940. E.W.

619-210035-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

302838

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County: Nez Perce (b) City: Lewiston
(c) Street Address or R F D No.: Unknown
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county: 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Nez Perce
(c) City: Lewiston
(d) Street Address or R.F.D. No.: Unknown
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address: Lewiston, Idaho
3. **RESIDENCE OF FATHER** (city, state): Same

4. **FULL NAME OF CHILD:** Edna Margaret Farner
5. Date of Birth (Month, day, year): March 10, 1902
6. Sex: Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Frederick George Farner
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Caseyville, Illinois (City or town) (State or foreign country)
14. Exact Occupation: Owner
15. Industry or Business: Cigar manufacturing

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Margaret Nairne
17. Color or Race: White
18. Age at time of THIS birth: 33 years
19. Birthplace: Glasgow, Scotland (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Unknown
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4
(c) Born alive and now dead: None (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov 22 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of: California
County of: Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret N. Farner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edna M. Farner (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret N. Farner Name
223 N. Adams Street, Gelndale, Calif. P. O. Address

Subscribed and sworn to before me on this 15th day of November, 1940

(SEAL) Rose G. Shers Notary Public, residing at Los Angeles, Calif.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4419 109 006-595

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

DEC 2 1940

302955

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Randolph Martin

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth June 9, 1902 (Month, Day, Year)

FATHER

9. Full name William Riley Martin

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Ida.

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Covington Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cafe owner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. cafe

16. Date (month and year) last engaged in this work June, 1902

17. Total time (years) spent in this work 1/4 yr.

MOTHER

18. Full maiden name Wentla Victoria Niva

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.

20. Color or race white | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Calumet Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Mae G. Atwood

Filed Dec. 2, 1940, 193 Mae G. Atwood

Registrar.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

Bureau of Vital Statistics

Certified Copy issued Dec. 9, 1940. H.W .

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Twi n Falls } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Wentla Martin Harward being first duly sworn says that she is the mother of William Randolph Martin
(Relationship of child)*

born June 9, 1902 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Wentla Martin Harward desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Randolph Martin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Cook ~~MXD~~ was the Midwife medical attendant at the birth of said William Randolph Martin and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Wentla Martin Harward
P. O. Address Buhl, Idaho

Subscribed and sworn to before me this 5 day of September, 19 39

Ruth Yeamans
Notary Public.

Residing at Buhl, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

653 231 001 449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 1940

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County:
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address:

3. RESIDENCE OF FATHER (city, state): Boise, Idaho

4. FULL NAME OF CHILD: Anabel Wells

5. Date of Birth (Month, day, year): Aug 31-1902

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME: William H Wells
11. Color or Race: American
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Newman (City or town) Illinois (State or foreign country)
14. Exact Occupation: Painter
15. Industry or Business: Boise Statesman

**MOTHER OF CHILD**

16. FULL MAIDEN NAME: Kate Murphy
17. Color or Race: American
18. Age at time of THIS birth: 25 years
19. Birthplace: Newcastle (City or town) Indiana (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 3
(c) Born alive and now dead: (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kate Wells, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anabel Wells (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beaver (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kate Wells — Name
1146 S.E. Bidwell, Portland, Ore. — P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1940

(SEAL) Jay E. McCall Notary Public, residing at Portland, Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 9, 1940. E.W.

897-224 032 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 4 1940

State File No. 303020
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: IDAHO - ON RANCH
(a) County LINCOLN (b) City
(c) Street Address or R.F.D. No. SHOSHONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county ONE years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) ~~City~~ NEAR SHOSHONE
(d) Street Address or R.F.D. No. ON RANCH
(e) How long has MOTHER lived in Idaho? ONE yrs.
(f) Mother's mailing address MRS. ROY LOVE, PORTLAND, ORE
3. RESIDENCE of FATHER (city, state): DONT KNOW

4. FULL NAME OF CHILD ALBERTA HELEN HIGLEY
5. Date of Birth (Month, day, year) Dec. 24th 1902
6. Sex FEMALE
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME ELY HIGLEY
11. Color or Race WHITE
12. Age at time of THIS birth ABOUT 25 yrs.
13. Birthplace IDAHO (City or town) (State or foreign country)
14. Exact Occupation SHEEP RAISER
15. Industry or Business SHEEP BUISNESS

**MOTHER OF CHILD**

16. FULL MAIDEN NAME EMMA FANNY HENDRIX
17. Color or Race WHITE
18. Age at time of THIS birth 17½ yrs.
19. Birthplace ST. GEORGE UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 3
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Lorenzie E. Miller (First name) (Last name) who is related to this child as Grandmother (Mother, etc.)
Mae G. Atwood

26. (a) Dec. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's OWN signature Mrs Lorenzie E. Miller ~~M.D.~~ ~~(D.O.)~~, Midwife, etc.
and address Portland Ore. Date Nov 28-1940

State of
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 10, 1940. E.W.

249 102 040-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 6 1940

State File No. 303067
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D No. 124 Pine St.
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
In THIS county X years X months X days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Mont. (b) County Missoula
(c) City Missoula
(d) Street Address or R.F.D. No. 429 Connell Ave
(e) How long has MOTHER lived in Idaho? Lived yrs.
(f) Mother's mailing address same address
3. RESIDENCE OF FATHER (city, state) Missoula Mont

4. FULL NAME OF CHILD Clifford Smiley Smith
5. Date of Birth (Month, day, year) July 2nd 1902.
6. Sex Male
7. Twin or Triplet X If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy nine
9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Jacob Randolph Smith
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Biggsville Ill. (City or town) (State or foreign country)
14. Exact Occupation Trainmaster Np. Ry.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Johanna Smiley
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Lakeville Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know (Physician deceased.)
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name as ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

Mae G. Atwood
Bureau of Vital Statistics

State of Montana
County of Missoula } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Johanna Smiley Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clifford Smiley Smith (Name of person on certificate above) as Mother (State relationship or acquainted) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida Johanna Smiley Smith Name
Missoula Mont. P. O. Address

Subscribed and sworn to before me on this 28 day of November, 1940

(SEAL) Martha Alsteens Notary Public, residing at Missoula, Mont.
My Commission expires May 28, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 13, 1940.

162 116 044615

303079

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 6 1940

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D No. # 2
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. # 2
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address 617 S.W. Mill St.

3. **RESIDENCE OF FATHER** (city, state) Portland Ore

4. **FULL NAME OF CHILD** Fairell D. Joslin

5. Date of Birth (Month, day, year) Sept 16th., 1902

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Albert Carl Joslin
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rose Mary (Favre) Joslin
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn..... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Deceased~~ (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added **Bureau of Vital Statistics** by (Registrar's)

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Rose Mary Joslin, being first duly sworn, say that I am related to ~~the Mother~~ or (Related to (or) acquainted with) Fairell D. Joslin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mid-Wife (Name of attendant at birth), who attended said birth Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Mary Joslin Name
42-S.W. Mill St. Portland Oregon P.O. Address

Subscribed and sworn to before me on this 3rd day of December A.D. 1940

(SEAL) Leo Cosley Notary Public, residing at Portland

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 18, 1942

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 3, 1941. E.W.

913131014369

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

**303106**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 4 months.....days.

RECEIVED OCT 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City Portland
(d) Street Address or R.F.D. No. 928 No. Charleston
(e) How long has **MOTHER** lived in Idaho.....yrs.
(f) Mother's mailing address 928 No. Charleston
3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Wilfred Edwin Ratliff
5. Date of Birth (Month, day, year) Jan. 31, 1902
6. Sex Male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frank George Ratliff
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie Loetz
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Cowalis (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (14)
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living four
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) DEC 4 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Hattie Loetz Ratliff, being first duly sworn, say that I am Mother related to (Related to (or) acquainted with) Wilfred Edwin Ratliff (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that -None- (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Hattie Loetz Ratliff Name
9028 No. Charleston Ave. Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 22 day of November 1940.

(SEAL) W. Bitterlin Notary Public, residing at Everett, Wash.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

MAY 1 8 1971

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 Certified Copies Issued Dec. 19, 1940. E.W.

249 109 014 363

303121

**303131**

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County.....Canyon..... (b) City.....Payette.....
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
.....At Home.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County...Canyon.....
(c) City.....Payette.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state)..Payette,...Ida.

4. **FULL NAME OF CHILD**.....Frank Wilbur Smith.....

5. Date of Birth (Month, day, year)....Apr. 9, 1902.....

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME**.....Alexander Smith.....
11. Color or Race .....white.....
12. Age at time of THIS birth...36.....yrs.
13. Birthplace.....Stockholm, (City or town) Sweden (State or foreign country)
14. Exact Occupation.....Farmer.....
15. Industry or Business .....Stockraising.....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**.....Effie Ann Cochran.....
17. Color or Race.....white.....
18. Age at time of THIS birth.....24.....years
19. Birthplace.....Brownsville, (City or town) Oregon (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....Own Home.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child.Two.... (b) Born alive and now living..Two.
(c) Born alive and now dead.....0.... (d) Stillborn....0.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was....born alive (born alive, stillborn) at.....9:00.....A.M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother)

Mae G. Atwood

26. (a).....12/20/40..... (Date received) (b)....Mae G. Atwood..... (Registrar's signature)

27. Given name added on ..... by ..... (Signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Effie A. Smith, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Frank Wilbur Smith (Name of person on certificate above) as May Son Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Brown (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Effie A. Smith Name

Drawer One P. O. Address

Subscribed and sworn to before me on this 12th day of December 1940

(SEAL)

W. R. Neilsen Notary Public, residing at Boise, Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

SEP 1 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

303176

DEC 11 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. 435 Park Ave St.
A243 230006-262
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Laura Marie Bucklin

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan 30 — 1902, 193 (Month, Day, Year)

FATHER

9. Full name Henry Culver Bucklin
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
11. Color or race White | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Sandusky Ohio Jan 29 — 1873
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher & Stockman
15. ~~Industry~~ or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 1904 | 17. Total time (years) spent in this work 22 yrs

MOTHER

18. Full maiden name Bottilda Bozen
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) North Ogden, Utah
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work June 7th, 1940 | 26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 3 (b) Born alive ~~but now dead~~ ..... (c) ~~Stillborn~~ .....

29. ~~If stillborn~~, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at 2:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Harry C Bucklin - Father, ~~M. D.~~
~~or~~ Miss Baard, Midwife
Address Unknown.

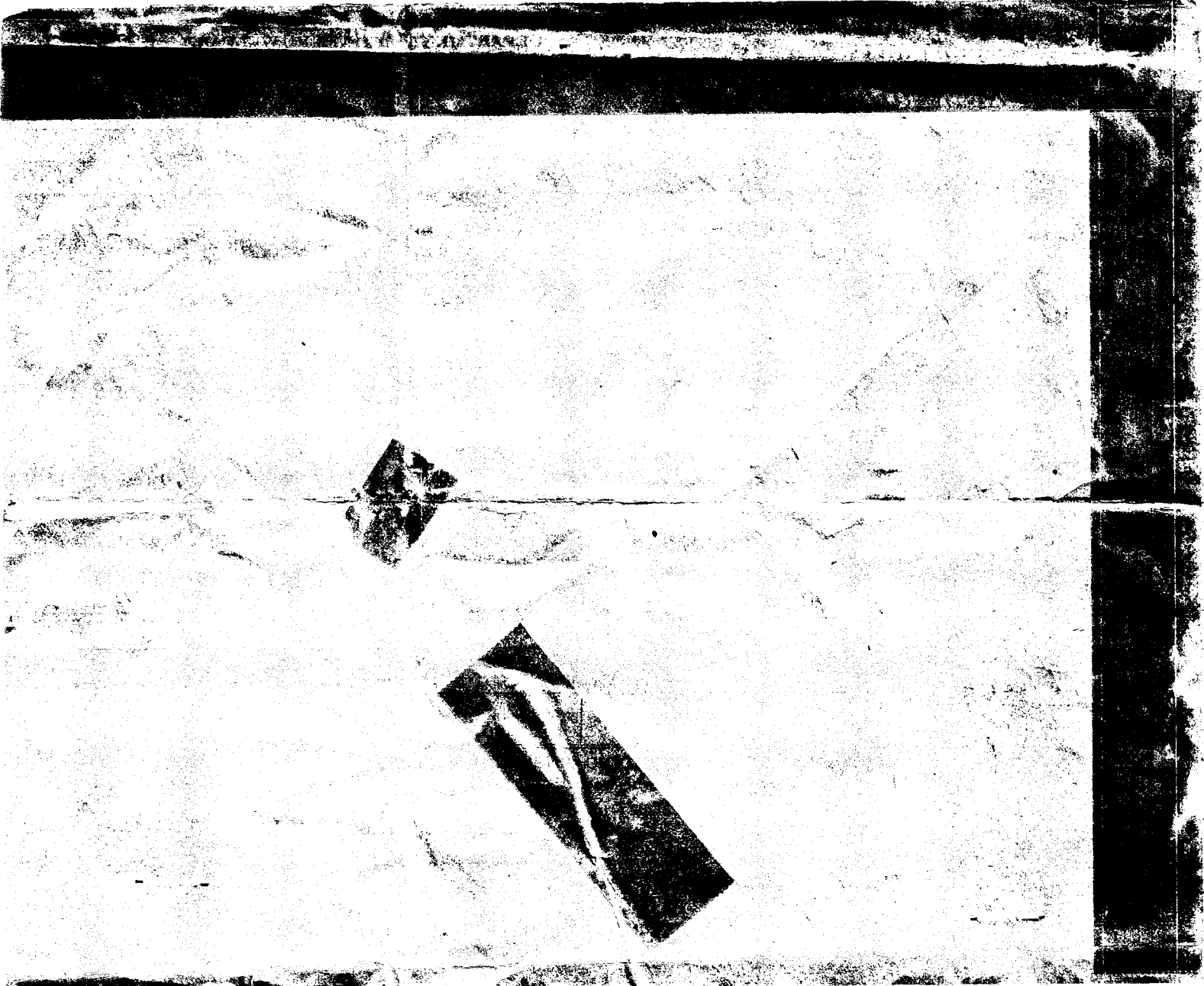
Give name added from a supplemental report Harry C Bucklin (Date of)

Filed ....., 193 Mae G. Atwood Registrar.

Registrar.

DEC 11 1940

Bureau of Vital Statistics



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Bonneville } ss.

Harry C Bucklin being first duly sworn says that he is the Father of Laura Marie Bucklin
(Relationship of child)*

born on Jan 30th 1902 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Harry C Bucklin desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Laura Marie Bucklin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Baard ~~M. D.~~ Midwife was the medical attendant at the birth of said Laura Marie Bucklin and that the said medical attendant is now deceased or cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Harry C Bucklin
P. O. Address Idaho Falls, Idaho.

Subscribed and sworn to before me this 10th day of June, 1940.

Isabel Beetham
Notary Public.
Residing at Idaho Falls, Idaho.

My Commission Expires 2/21/44

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 5 1963

635 104 044 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

303218

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 12 1940

1. **PLACE OF BIRTH:**
(a) County WASHINGTON (b) City MIDVALE
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County WASHINGTON
(c) City MIDVALE
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? ~~25~~ yrs.
(f) Mother's mailing address ~~DIED JUNE 1924~~
3. **RESIDENCE OF FATHER** (city, state ~~DIED MAY 1922~~

4. **FULL NAME OF CHILD** VERNON CARL FLETCHER
5. Date of Birth (Month, day, year) SEPTEMBER 4, 1902
6. Sex. MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** CARL FLETCHER
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace NO RECORD (City or town) MISSOURI (State or foreign country)
14. Exact Occupation ~~DECEASED 1922~~
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MINNIE ESTELLE SEID
17. Color or Race WHITE
18. Age at time of THIS birth 26 years
19. Birthplace CARLISLE, IOWA (City or town) (State or foreign country)
20. Exact Occupation ~~DECEASED 1924~~
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother)

Mae G. Atwood

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of RIVERSIDE } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, DELLA SEID CASELDINE, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) VERNON CARL FLETCHER (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that GRIFFITH KEITHLEY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Della Seid Caseldine present at birth Name
3495 Jefferson St Riverside Calif. P. O. Address

Subscribed and sworn to before me on this 10th day of December, 1940

(SEAL) John E. Doll Notary Public, residing at Riverside, California.

My Commission Expires ...

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy issued Dec. 24, 1940. E.W.

861-229 016 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1940

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303228
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. at home
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address 3055 Palm, San Dieg
3. RESIDENCE of FATHER (city, state). deceased

4. FULL NAME OF CHILD Melba Hoagland
5. Date of Birth (Month, day, year) May 29, 1902
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Joseph D. Hoagland
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Everline Pettingill
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Willard City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae G. Atwood

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Everline Pettingill Hoagland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melba Hoagland (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Parrish, midwife (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Everline Pettingill Hoagland Signature
3055 Palm Street, San Diego, Cal. P. O. Address

Subscribed and sworn to before me on this 9th day of December 1940

(SEAL) ..... Notary Public, residing at San Diego, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 23, 1940. E.W.

214 104 015 537

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

303239

DEC 4 1940

1. PLACE OF BIRTH

County of Caribou

City of Soda Springs, Idaho

No. Caribou Co. Hospital St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. 520 Local Registrar's No. 123

2. FULL NAME OF CHILD Octavious Ted Sampson

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth June 4, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Octavious Sampson | 18. Full maiden name Eunice Elgan |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs | 19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs, Ida. |
| 11. Color or race W | 12. Age at last birthday 35 (years) |
| 20. Color or race W | 21. Age at last birthday 21 (years) |
| 13. Birthplace (city or place) (State or Country) England | 22. Birthplace (city or place) (State or Country) Missouri |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sheepman | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife |
| 16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work ..... |
| 25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 PM m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Ellis Hackley, M. D.

or ....., Midwife

Address Soda Springs, Idaho

Give name added from a supplemental report .....
(Date of)

Filed Dec. 1, 1940 Dr. Russell Figut
Registrar.

Registrar.

6-12-41 ". J.

163721 025-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

303258

1. PLACE OF BIRTH
County of Idaho
City of Woodland
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 234 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Owen Carlyle Johnson

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 21, 1902 (Month, Day, Year)

**FATHER**

9. Full name John L Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Woodland Ida
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Foglavik Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 1

**MOTHER**

18. Full maiden name Hulda T Carlborg
19. Residence (usual place of abode) (If non-resident, give place and State) Woodland Ida
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Linkoping Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 a. m. on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) ....., M. D.
or Mrs. Anna F. Rupner, Midwife
Address R 825 North av. Spokane, Wash.
Filed Dec 1, 1940 Buriel V Brown
Registrar.

Certified Copy issued Jan. 8, 1941. E.W.

869-22-2003-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304290
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Soda Springs
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

DEC 21 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Soda Springs
3. **RESIDENCE OF FATHER** (city, state) Soda Sprgs, Id

4. **FULL NAME OF CHILD** Hortense Elizabeth Horsley
5. Date of Birth (Month, day, year) 12/22/02
6. Sex. fe
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas W. Horsley
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Providence, Ut. (City or town) (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Francis Rose
17. Color or Race W
18. Age at time of THIS birth 34 years
19. Birthplace Milton, Ill. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Thomas Horsley (First name) (Last name), who is related to this child as father (Mother, father, etc.)

Mae G. Atwood

26. (a) Dec. 21, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....
Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Ellis Kackley, M.D. (M.D., Midwife, etc.)
and address Soda Springs, Ida Date 12/6/40

State of Idaho
County of ....
} ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ...., being first duly sworn, say that I am .... (Related to (or) acquainted with) .... (Name of person on certificate above) as .... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that .... (Name of attendant at birth), who attended said birth .... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.... Name
.... P. O. Address

Subscribed and sworn to before me on this .... day of ....

(SEAL) .... Notary Public, residing at ....

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 2, 1941. E.W.

United States
**Department of Commerce**
Bureau of the Census
385-103-022-385

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Bannock (b) City: Salem
(c) Street Address or R F D No.: 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Madison
(c) City: Lewis
(d) Street Address or R.F.D. No.: 3
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address:

3. **RESIDENCE OF FATHER** (city, state): Madison

4. **FULL NAME OF CHILD:** Melvin Bud Cherry

5. Date of Birth (Month, day, year): Nov 3 1902

6. Sex: Male

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: Full

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Nat Lewis

11. Color or Race: White

12. Age at time of THIS birth: not known yrs.

13. Birthplace: Not known (City or town) (State or foreign country)

14. Exact Occupation: Not known

15. Industry or Business:

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Keturah Cherry

17. Color or Race: White

18. Age at time of THIS birth: 17 years

19. Birthplace: Lewiston, Utah (City or town) (State or foreign country)

20. Exact Occupation: Housewife

21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: Five (b) Born alive and now living:
(c) Born alive and now dead: (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mrs. Atwood

26. (a) Dec. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name: Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Keturah Cherry, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Melvin Bud Cherry (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Keturah Cherry Name
Rexburg Idaho R No 3 P. O. Address

Subscribed and sworn to before me on this 10th day of December 1940 -

(SEAL) Dora Nelson Notary Public, residing at Rexburg Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy issued Jan. 2, 1941. E.

168-708-006-251

304370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 304370

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bingham (b) City Iona Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Bingham (c) City Iona Idaho (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? [redacted] yrs. (f) Mother's mailing address [redacted]

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Ezra Leland Johnson

5. Date of Birth (Month, day, year) June 4th 1902

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd One 8. No. months of Pregnancy Full 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Hyrum Johnson
11. Color or Race W 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ovid, Bearlake Co (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Beach
17. Color or Race W 18. Age at time of THIS birth 21 yrs.
19. Birthplace Parley Park (City or town) Summit Co Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business General house duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Eliza Johnson (First name) (Last name) is related to this child as mother (Mother, etc.) Mae G. Atwood

25. Attendant's OWN signature Andrew H Johnson Eliza Beach Johnson M.D. (D.O., Midwife, etc.) and address Father and Mother Date

26. (a) Jan. 6, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

We, Andrew H. Johnson and Eliza Beach Johnson, being first duly sworn, say that we are related to (Related to (or) acquainted with) Ezra Leland Johnson (Name of person on certificate above) as Father and Mother (State relationship or acquaintance), whose birth certificate appears above, and that we desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. We further state that Sarah Elizabeth Beach (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Andrew H Johnson
Eliza Beach Johnson
Signature
Emmett, Idaho Rt. 2
P. O. Address

Subscribed and sworn to before me on this 6th day of January, 1941

(SEAL) J. Red Smith Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

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413-118 303-195 REC'D 304348

United States
Department of Commerce
Bureau of the Census

JAN 15 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

304398

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City North Camar Downey
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address. Mother died Feb. 1937

3. **RESIDENCE OF FATHER** (city, state) Salt Lake City Utah

4. **FULL NAME OF CHILD** HARRY EMANUEL MALM

5. Date of Birth (Month, day, year) June 18, 1902

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 Mos.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** ERIK MALM
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wanersborg, Westmanland, Sweden (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ELI MARIE ARNESEN
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Ullensaker, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

JAN 15 1941

26. (a).....(Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ERIK MALM, being first duly sworn, say that I am related to (Related to (or) acquainted with) HARRY EMANUEL MALM (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Christiansen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Erik Malm
Name

727 Richards St., Salt Lake City, Utah
P. O. Address

Subscribed and sworn to before me on this 6th day of January, 1941

(SEAL) Noreen Johnson Notary Public, residing at Salt Lake City, Utah

My Commission Expires Nov. 20, 1943

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

SEP 1 7 1968

1/15/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712 728 022-695

United States
Department of Commerce
Bureau of the Census

DEC 30 1940

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304428
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Fremont (b) City: Drigg
(c) Street Address or R F D No.: General Delivery
(d) Name of Hospital or Maternity Home: Private dwelling
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 5 years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE OF FATHER (city, state) .....

4. FULL NAME OF CHILD: Jesse Field Pascoe

5. Date of Birth (Month, day, year): Aug 28-1902

6. Sex: Male

7. Twin or Triplet: 1 only If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME: Edward Albert Pascoe
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation: General Building Contractor
15. Industry or Business: Contracting

**MOTHER OF CHILD**

16. FULL MAIDEN NAME: Margaret Stevens Field
17. Color or Race: White
18. Age at time of THIS birth: 25 years
19. Birthplace: Ogden (City or town), Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: "

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Dec. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Nevada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Margaret Pascoe Hildebrand being first duly sworn, say that I am related to (Related to (or) acquainted with) Jesse Field Pascoe (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Edward Albert Pascoe (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Pascoe Hildebrand ..... Name
P.O. Box 785 Grass Valley, Calif. ..... P. O. Address

Subscribed and sworn to before me on this 23 day of December 1940

(SEAL) John J. Hodge ..... Notary Public, residing at Grass Valley, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 6, 1941. E.W.

304478

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

249 19 001-234 DEC 31 1940

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Boise Idaho
3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Reuben Burbank
5. Date of Birth (Month, day, year) May 19 1902
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Burbank
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Sutton (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dora Plum
17. Color or Race White
18. Age at time of THIS birth 19 yrs 6 mont years
19. Birthplace..... (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dora Burbank (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora Burbank, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Reuben Burbank (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Paul (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dora Burbank ..... Name
704 - W 102nd St Los Angeles Cal. ..... P. O. Address

Subscribed and sworn to before me on this 28th day of December 1940

(SEAL) G. Green ..... Notary Public, residing at.....

NOTARY PUBLIC
in and for the County of Los Angeles, State of California

My Commission Expires Mar. 7, 1944

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 Certified Copies issued Jan. 10, 1941. E.W.

219 118 003-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1941

State File No. 304508
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Banock Hotel
(d) Name of Hospital or Maternity Home: Banock Hotel
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatella
(d) Street Address or R.F.D. No. Banock Hotel
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state). same

4. FULL NAME OF CHILD Earl Henry Kaiser
5. Date of Birth (Month, day, year) March 18, 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Julius George Kaiser
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Quincy (City or town) Ill. (State or foreign country)
14. Exact Occupation Salesman for
15. Industry or Business Swift & Co. of Omaha

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Fowler
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Niles (City or town) Michigan (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Jan. 2, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Ill.
County of Cook } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julius George Kaiser, being first duly sworn, say that I am Father (Related to (or) acquainted with) of Earl Henry Kaiser (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bean (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julius George Kaiser Signature
6307 Wentworth Ave Chicago Ill. P. O. Address

Subscribed and sworn to before me on this 21st day of December 1940

(SEAL) Notary Public, residing at 6345 Yale Av Chicago Ill.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 10, 1941. E.W.

384-127003-319 RECEIVED

304520

United States
Department of Commerce
Bureau of the Census

JAN 6 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 255 South Arthur
(d) Name of Hospital or Maternity Home: Child born at the above Address
(e) Mother's stay BEFORE delivery: In her home
In Hosp. or Mat. Home ..... days.
In THIS county 5 years 10 months days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 255 South Arthur
(e) How long has MOTHER lived in Idaho? 5 yrs 10 months
(f) Mother's mailing address 255 South Arthur, Pocatello, Ida.

3. RESIDENCE of FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Walter Carroll Chubbuck.

5. Date of Birth (Month, day, year) February 27, 1902

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd Second.

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Walter Elmer Chubbuck
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace ~~Swep~~ Niagara Falls, New York (City or town) (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business Oregon Short Line R.R.

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Della Lorine Carroll
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hastings, Minnesota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Running the home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 6, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Gross, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Carroll Chubbuck (Name of person on certificate above) as a maternal aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr O B Steeley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Gross — Signature
[illegible] Center St., Pocatello, Idaho — P. O. Address

Subscribed and sworn to before me on this second day of January, 1941.

(SEAL) J. A. McQuillen Notary Public, residing at Pocatello, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 copies 1/13/41 L. B.

842108 040236 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 7 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304545
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No. P.O. Address - Gem
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No. Gem
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Gem, Idaho

3. RESIDENCE of FATHER (city, state): Gem, Idaho

4. FULL NAME OF CHILD Charles Lorris Hubble

5. Date of Birth (Month, day, year) August 9, 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Charles Thomas Hubble
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Macon Co (Rural) Missouri (City or town) (State or foreign country)
14. Exact Occupation Loistman
15. Industry or Business mining

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anise Creola Stow
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Macon Co (rural) Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Ventura } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith H. George, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Lorris Hubble (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clancy (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edith H. George Signature
1608 San Nicholas, Ventura Caly P. O. Address

Subscribed and sworn to before me this 24th day of January, 1941

(SEAL) Fred Y. Sander Notary Public, residing at Ventura, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437122 025 793 RECEIVED

JAN 10 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304615

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Idaho Co
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 3 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yr yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Clearwater Ida

4. FULL NAME OF CHILD O.F.McPherson, ~~Known as Floyd MacPherson~~
5. Date of Birth (Month, day, year) 11/22/1902
6. Sex m
7. Twin or Triplet no If so—born 1st, 2nd, 3rd xx
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME W. A. McPherson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Henry Co Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Pitts
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Johnson Co Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Clyde A. Bridger

26. (a) Jan. 10, 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. A. McPherson, being first duly sworn, say that I am related (Related to (or) acquainted with) O.F.McPherson (Floyd MacPherson) (Name of person on certificate above) is father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ruark (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. A. McPherson Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 4 day of January, 1941

(SEAL) Roy C. Thomas Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

114129 029469 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

304660

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County....Latah..... (b) City....Kendrick.....
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county..1.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..Idaho..... (b) County....Latah.....
(c) City.....Kendrick.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?....1....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state)...Kendrick, Idaho

4. **FULL NAME OF CHILD**.....Paul Morris James.....

5. Date of Birth (Month, day, year) August 29, 1902

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME**.....Frederick John James.....
11. Color or Race .....white.....
12. Age at time of THIS birth....32....yrs.
13. Birthplace....Oak Harbor (City or town) Island County, Wash. (State or foreign country)
14. Exact Occupation.....Minister.....
15. Industry or Business .....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**.....Mabel Fern Morris.....
17. Color or Race.....white.....
18. Age at time of THIS birth.....20....years
19. Birthplace..Emporia, (City or town) Lyon County, Kansas (State or foreign country)
20. Exact Occupation.....Housekeeper.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..2nd.. (b) Born alive and now living..2nd
(c) Born alive and now dead....none.... (d) Stillborn...none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 13 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Clyde A. Bridger, Acting

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....Washington.....
County of.....Adams.....} ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,.....Mabel F. James....., being first duly sworn, say that I am.....related to.....(Related to (or) acquainted with) Paul Morris James (Name of person on certificate above) as.....Mother.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..Dr. Hunter.....(Name of attendant at birth), who attended said birth.....is now deceased.....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel F. James .....Name

Ritzville, Washington .....P. O. Address

Subscribed and sworn to before me on this 9th day of January, 1941

(SEAL) W O Miller .....Notary Public, residing at....Ritzville, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766 130 040 231 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304667
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Forgotten
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Forgotten
(e) How long has MOTHER lived in Idaho? 6 mo yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Wardner, Ida Ho

4. FULL NAME OF CHILD WILLIAM EDWARD MANSFIELD POOLE
5. Date of Birth (Month, day, year) Sep. 30, 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Edward Collson Poole
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Market

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Helena Anna Matilda Stabenow
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living --
(c) Born alive and now dead -- (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. E. C. Poole (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 13 1941 (Date received) (b) Clyde A. Bridger Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's OWN signature Helena A. M. Poole Mother of child (D.O., Midwife, etc.) and address Juneau, Alaska Date 1/6/41

27. Given name added on ..... by ..... (Registrar's signature)

State of UNITED STATES OF AMERICA, )
County of TERRITORY OF ALASKA.. } ss. ...: SS.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helena Anna Poole, being first duly sworn, say that I am Mother of WILLIAM (Related to (or) acquainted with) EDWARD MANSFIELD POOLE (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I do not know name of person (Name of attendant at birth), who attended said birth Not known. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Helena A. M. Poole Signature

Juneau, Alaska. P. O. Address

Subscribed and sworn to before me on this 6th day of January 1941.

(SEAL) M. E. Marsh Notary Public for Alaska Notary Public, residing at Juneau, Alaska.
My Commission expires March 1, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

117-101-029 117

RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Latah (b) City Troy, Ida.
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home: St. Joseph's Mat. and Mrs. Peter Hoidal
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 24 days. In **THIS** county years months 30 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Montana (b) County Flathead
(c) City Creston
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Creston Montana

3. **RESIDENCE OF FATHER** (city, state) Creston Mont.

4. **FULL NAME OF CHILD** Eugene Elwell Jaquette

5. Date of Birth (Month, day, year) May 1-1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy usual

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Newborn Jaquette
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Russellville (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farming at present
15. Industry or Business Farming Civil Engineer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Hoidal Jaquette
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Hutchinson (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 13 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Montana
County of Flathead } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Hoidal Jaquette, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eugene Elwell Jaquette (Name of person of certificate) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Peter Hoidal and Mrs. H. O. Jaquette (Name of attendant at birth) Charles Newborn who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Hoidal Jaquette — Name
Creston, Mont. — P. O. Address

Subscribed and sworn to before me on this 11 day of Jan - 1941

(SEAL) O. Larson Notary Public, residing at Kalispell, Mont.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

65/107 010-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304699

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County (b) City Idaho Falls
(c) Street Address or R.F.D. No. D Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? ~~to~~ yrs.
(f) Mother's mailing address 403 - 2nd St.
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Paul Holmes Weaver
5. Date of Birth (Month, day, year) Mar. 7, 1902
6. Sex Boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gilbert Oscar Weaver
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Millville (City or town) Cache Co. Utah (State or foreign country)
14. Exact Occupation Laborer on
15. Industry or Business Repairer on Union Pacific Passenger cars.

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Irene Steers
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes 6
(c) Born alive and now dead none (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs. Cook, midwife attendant, is now deceased.

JAN 16 1941
26. (a) (Date received) (b) Clyde A Bridges Registrar (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hannah Weaver, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul Holmes Weaver (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cook (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hannah I. Weaver Signature
403 - 2nd St. Idaho Falls, Ida P. O. Address

Subscribed and sworn to before me on this 15th day of January 1941.

(SEAL) Jewell H Chaney Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1966

JAN 15 1969

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-217-009-235 RECEIV

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304799
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Blanchard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Blanchard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Blanchard

3. **RESIDENCE OF FATHER** (city, state) Blanchard I

4. **FULL NAME OF CHILD** Sarah Lorene Melder

5. Date of Birth (Month, day, year) Oct. 17, 1902

6. Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick Eugene Melder
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Florence Mary Stevenson
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Ebsambeons, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Bragaw, being first duly sworn, say that I am related to (Related to (or) acquainted with) Sarah Lorene Melder (Name of person on certificate above) as older cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Melder (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Robert S. Bragaw ..... Name
Anchorage Alaska ..... P. O. Address

Subscribed and sworn to before me on this 16 day of Dec. 1940

(SEAL) Jas. A. Foster ..... Notary Public, residing at ..... Clerk of the District Court Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 28, 1941. E.W.

255-116-040-217 RECEIVED

JAN 18 1941

**304806**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Silver King
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: Delivery at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years 8 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Silver King
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Silver, King, Idaho

3. **RESIDENCE OF FATHER** (city, state) Castle

4. **FULL NAME OF CHILD** William Theodore Kendall

5. Date of Birth (Month, day, year) November 16, 1902

6. Sex. male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Benjamin Kendall
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Coultterville, California (City or town) (State or foreign country)
14. Exact Occupation Mine Superintendent
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel Agnes Bagley
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace San Francisco, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Kendall (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 18 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature Catherine Smith or Nurse (D.O., Midwife, etc.)
and address 714 Mortimer St. Santa Ana, Calif. Date 1-16-41

State of California } ss.
County of Orange

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mabel Kendall, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) William Theodore Kendall (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; ~~and that~~ the facts contained therein are true to the best of my knowledge. I further state that W. H. P. Matchett (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mabel Kendall Name
607 S. Parton St. Santa Ana, Calif. P. O. Address

B. U. SMITH
COUNTY CLERK

Subscribed and sworn to before me this 16 day of January, 1941

(SEAL) By J. M. Head Notary Public, residing at.....
DEPUTY

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/24/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 304809
Reg. Dist. No.

555-118001-294 JAN 18 1941

**1. PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 4th & Thatcher
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ month ____ days.

**2. USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ____ (b) County ____
(c) City ____
(d) Street Address or R.F.D. No. ____
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address ____
**3. RESIDENCE of FATHER** (city, state):

**4. FULL NAME OF CHILD** George Arthur Yenne
**5.** Date of Birth (Month, day, year) 12-18-02
**6.** Sex Male
**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd
**8.** No. months of Pregnancy
**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** George Washington Yenne
**11.** Color or Race White
**12.** Age at time of THIS birth 50 yrs.
**13.** Birthplace ____ (City or town) West Virginia (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Bruner
**17.** Color or Race White
**18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Kirksville (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum ____
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead ____ (d) Stillborn ____

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

RECEIVED

**26.** (a) JAN 13 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

**27.** Given name added on ____ by ____ (Registrar's signature)

**25.** Attendant's **OWN signature** Dr. Hailey, deceased M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Yenne, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Arthur Yenne (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hailey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ruth Yenne — Signature
Boise Idaho — P. O. Address

Subscribed and sworn to before me on this 17 day of January, 1941

(SEAL) John G. Dunham — Notary Public, residing at Boise - Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified copy issued Jan. 28, 1941 Z.J.

168-106-006-259

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

JAN 20 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. Wicks State File No. 304817

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route # 3 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Fritz Johnson

3. Sex male

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? yes

8. Date of birth April 6, 1902 (Month, Day, Year)

FATHER

9. Full name Lars Wilhelm Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Kingsburg, California

11. Color or race White 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Sodermanland Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work April, 1902

17. Total time (years) spent in this work 17

MOTHER

18. Full maiden name Hilma Bergstrom

19. Residence (usual place of abode) (If non-resident, give place and State) deceased now

20. Color or race White 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, ~~clerk, etc.~~ housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work April 1902, 19

26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn X

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) M. D.

or Lars Wilhelm Johnson father

Address Rt. 1, Kingsburg, California

Filed Jan. 20, 1941, 193 Clyde A. Bridger, Acting

Clyde A Bridger Registrar.

Certified Copy issued Jan. 28, 1941. E.W.

STATE OF CALIFORNIA,

County of Fresno } ss.

On this 10th day of January in the year one thousand nine hundred and forty-one before me, Nancy E. Olson a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Lars Wilhelm Johnson

known to me to be the person described in, whose name is subscribed to and who executed the within instrument, and acknowledged that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at my office in said County, the day and year in this Certificate first above written.

Nancy E. Olson

Notary Public in and for said County and State.

My commission expires April 8, 1944.

ACKMT. GENERAL
H. S. Crocker Co., Inc.

261-125-007-389

United States
Department of Commerce
Bureau of the Census

JAN 21 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305894
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Blaine (b) City Fairview Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 23 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Fahlen Earnest Swanson
5. Date of Birth (Month, day, year) March 25th 1902
6. Sex Boy. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas Swanson
11. Color or Race White 12. Age at time of THIS birth (don't know) yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Christine
17. Color or Race White 18. Age at time of THIS birth (don't know) yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Holland (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) JAN 21 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ____, ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Washington
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Hattie Holland, being first duly sworn, say that I am a sister of (Related to (or) acquainted with) Fahlen Earnest Swanson (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Severia (Name of attendant at birth), who attended said birth Is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hattie Holland Signature
7 E. 2nd Spokane, Wash P. O. Address

Subscribed and sworn to before me on this 20th day of January, 1941

(SEAL) G. M. Fesse Notary Public, residing at Spokane, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-106-035-766

305902

United States
Department of Commerce
Bureau of the Census

JAN 22 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 months ~~yrs.~~
(f) Mother's mailing address Asotin, Washington

3. **RESIDENCE of FATHER** (city, state). Nez Perce Co.

4. **FULL NAME OF CHILD** Vernon Chapman

5. Date of Birth (Month, day, year) November 6, 1902

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Leslie Chapman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Shellsburg, Iowa (City or town) (State or foreign country)
14. Exact Occupation Agriculturalist
15. Industry or Business "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Grace Ora Toops
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Athens, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

26. (a) ..... (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of WASHINGTON
County of ASOTIN } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Ora Chapman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernon Chapman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. C. Fulton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace Ora Chapman Signature

Asotin, Washington P. O. Address

Subscribed and sworn to before me on this 21, day of January, 19 41

(SEAL) C. A. Wommack ~~Notary Public~~, residing at Asotin, Wash.

COURT COMMISSIONER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-1081022-791

United States
Department of Commerce
Bureau of the Census

FEB 28

JAN 22 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305927

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born At our own Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 18 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Tetone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address 311 Main St Venice Calif
3. RESIDENCE of FATHER (city, state) Newdale Ida

4. FULL NAME OF CHILD Earl Schwendiman
5. Date of Birth (Month, day, year) Feb 8th 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Samuel Schwendiman
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Berne (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Frances Matilda Graham
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Mendon (City or town) Utah (State or foreign country)
20. Exact Occupation Beautician
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 22 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MRS. FRANCES MATILDA NORMAN, being first duly sworn, say that I am ~~Mother~~ (Related to (or) acquainted with) related to EARL SCHWENDIMAN (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Sonsen (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Frances Matilda Norman Signature
311 Main Street Venice Calif P. O. Address

Subscribed and sworn to before me on this 7th day of January, 1941

(SEAL) Wm. S. Hornbury Notary Public, residing at Santa Monica

My commission expires Feb. 29, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 30, 1941. E.W.

251-111-028-914

United States
Department of Commerce
Bureau of the Census

JAN 23 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305936
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur D Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D Alene
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address same
3. RESIDENCE of FATHER (city, state): deceased

4. FULL NAME OF CHILD Dallas Robert Seagraves
5. Date of Birth (Month, day, year) Nov. 11 1902
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**
10. FULL NAME Harry Edgar Seagraves
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Allentown (City or town) Penn. (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business mining & logging

**MOTHER OF CHILD**
16. FULL MAIDEN NAME Annie Ramsey
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Montreal (City or town) Canada (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JAN 23 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on ____ by Acting ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Harry Edgar Seagraves, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Elderkin (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Harry Edgar Seagraves Signature
R.F.D. # 2 Coeur d'Alene Idaho P.O. Address

Subscribed and sworn to before me on this 24th day of January 1941
(SEAL) Gilbert H. Baker Notary Public, residing at Coeur d'Alene Ida
My commission expires June 2, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/30/41 L. E.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

483-118-026-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. none
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. same
(e) How long has MOTHER lived in Idaho? ~~dead~~ yrs.
(f) Mother's mailing address deceased
3. RESIDENCE of FATHER (city, state): Rigby, Idaho

4. FULL NAME OF CHILD Clyde Erwin Myler
5. Date of Birth (Month, day, year) Sept.18,1902
6. Sex male
7. Twin or Triplet single
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME William Oscar Myler
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Clarkston, Utah (City or town) (State or foreign country)
14. Exact Occupation carpenter,plasterer
15. Industry or Business as above

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ida Marguerite Mathias
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Brigham City, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 23 1941 (Date received) (b) Acting Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Oscar Myler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clyde Erwin Myler (Name of person on certificate above) as I am his father. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X William Oscar Myler Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me on this 22 day of January, 1941

(SEAL) Isaac R. Berenell Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1967

1/30/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

056-130-041-253

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Teton (b) City Chapin
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home: Geo. A. Dewey. Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ___ days. In **THIS** county ___ years ___ month ___ days. Full time

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Victor, Chapin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address [redacted], Idaho
3. **RESIDENCE of FATHER** (city, state) Victor, Idaho, Chapin

4. **FULL NAME OF CHILD** John Wm Dewey.
5. Date of Birth (Month, day, year) Jan. 30, 1902.
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Geo. Alfred Dewey.
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bethany, Mo. (City or town) (State or foreign country)
14. Exact Occupation Rancher + Farmer.
15. Industry or Business Merchant

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie W. Paterson.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Fairview, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Chapin, Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Geo. A. Dewey (First name) (Last name), who is related to this child as Father. (Mother, etc.)

26. (a) 2/11/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's **OWN signature** Geo. A. Dewey Father Attend M.D. Father. ~~D.O. Midwife Nurse~~
and address Victor, Idaho Date Jan. 25. 1941

State of ___
County of ___ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ___, being first duly sworn, say that I am ___ (Related to (or) acquainted with) ___ (Name of person on certificate above) as ___ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ___ (Name of attendant at birth), who attended said birth ___ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

___ Signature
___ P. O. Address

Subscribed and sworn to before me on this ___ day of ___, 19___

(SEAL) ___ Notary Public, residing at ___

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/11/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-214-040-238

United States
Department of Commerce
Bureau of the Census

RFC: (Be sure the information is as of date of birth of THIS child)

JAN 22 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306038
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Wardner, Idaho

3. RESIDENCE of FATHER (city, state): Wardner, Ida.

4. FULL NAME OF CHILD Florence Lucille Bixler

5. Date of Birth (Month, day, year) May 14, 1902

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Dora Allen Bixler
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ottawa (City or town) Kansas (State or foreign country)
14. Exact Occupation Lead Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Schermann
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living [illegible]
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 22 1941 (Date received) (b) Leland A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary (Bixler) Palmer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Lucille Bixler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Bixler Palmer Signature
2923 W. Ave. 34, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 8th day of January, 19 41.

SEAL

NOTARY PUBLIC in and for Los Angeles County, State of California. Notary Public, residing at Long Beach, Calif.

My Commission Expires Sept. 20, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/7/47 Z.J.

142-122-006-319

RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 31 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306126

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. Presto Postoffice
(d) Name of Hospital or Maternity Home: Home on ranch
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years month 13 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City home on ranch
(d) Street Address or R.F.D. No. ~~Presto Postoffice~~
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address Presto Postoffice

3. RESIDENCE of FATHER (city, state) Presto, Ida.

4. FULL NAME OF CHILD George William Just

5. Date of Birth (Month, day, year) Aug 22, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Just
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and Stock raiser
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Crillia Eudora Carson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Fairfield (City or town) Utah (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none at all

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 31 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Just, being first duly sworn, say that I am related to (Related to (or) acquainted with) George William Just (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. James Sessions (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Just Signature

Fort R. 1 Bingham Co Idaho P.O. Address

Subscribed and sworn to before me on this 30th day of January 1941

(SEAL) John W. Price Notary Public, residing at Blackfoot Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/10/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

76K-123-022-249

United States
Department of Commerce
Bureau of the Census

FEB 1 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years 5 months days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1½ yrs.
(f) Mother's mailing address St. Anthony, Ida.
3. RESIDENCE of FATHER (city, state): St. Anthony

4. FULL NAME OF CHILD James Orlo Goulding
5. Date of Birth (Month, day, year) Dec. 23 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Arthur Goulding
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME DORA Burton Smith
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pahreah (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 1 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Garfield } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth J. Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Orlo Goulding (Name of person on certificate above) - Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sorensen (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth J. Smith Signature
Henrieville Utah P. O. Address

Subscribed and sworn to before me on this 29 day of January 1941
(SEAL) Wilford Clark Notary Public, residing at Cannonville Ut

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-127-030-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306164
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Lemhi (b) City: X SALMON
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 26 years 2 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Lemhi
(c) City: Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address: SALMON, IDAHO

3. **RESIDENCE OF FATHER** (city, state): SALMON, IDAHO

4. **FULL NAME OF CHILD:** ROBERT MILTON McBRIDE

5. Date of Birth (Month, day, year): July 27, 1902

6. Sex: Male

7. Twin or Triplet: neither — If so—born 1st, 2nd, 3rd: 2nd

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME:** ROBERT WILLIAM McBRIDE
11. Color or Race: WHITE
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: CLEVELAND, OHIO (City or town) (State or foreign country)
14. Exact Occupation: MINE OPERATOR & REAL ESTATE
15. Industry or Business: SALESMAN ( Owner of Businesses)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** JESSIE WENTZ
17. Color or Race: White
18. Age at time of THIS birth: 26 years
19. Birthplace: Salmon, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: not known
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living
(c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 21 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of: Idaho
County of: Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nora Y. Whitwell, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Robert Milton McBride (Name of person on certificate above) as nurse (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Whitwell (Name of attendant at birth), who attended said birth was my husband, now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nora Y. Whitwell — Name
Salmon, Idaho — P. O. Address

Subscribed and sworn to before me on this 18th day of January, 1941

(SEAL) Mary E. McBride Notary Public, residing at Salmon, Idaho.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-223.006-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 30 1941

State File No. 306181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home was born at home -
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho - (b) County Bingham
(c) City Blackfoot -
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 - yrs.
(f) Mother's mailing address Blackfoot - Ida.

3. RESIDENCE of FATHER (city, state) Blackfoot Idaho -.

4. FULL NAME OF CHILD Martha Caroline Forbes

5. Date of Birth (Month, day, year) 11-23-1902.

6. Sex girl.

7. Twin or Triplet single birth. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 -

9. Legitimate? yes -

FATHER OF CHILD

10. FULL NAME Robert James Forbes -
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Blackfoot (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer -
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Josephine La Roque.
17. Color or Race
18. Age at time of THIS birth 21 yrs.
19. Birthplace Park City (City or town) Utah. (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none -
23. Number of children of this mother: (a) At time of birth and including this child 2 - (b) Born alive and now living yes.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 30 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Forbes Wilson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Martha Caroline Forbes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Crawford (Name of attendant at birth), who attended said birth as a Regulator and that this birth has not been previously recorded.

~~Martha Caroline Forbes~~ (is now deceased (or) cannot be located) deceased

Josephine Forbes Wilson Signature

Box 312, Corona P. O. Address

Subscribed and sworn to before me on this 20th day of January 1941

(SEAL) Ruth Bethmann Notary Public, residing at Corona Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 2-13-1941. dp

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED FEB 7 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

306261

# CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Lincoln
City of in the country near Bliss Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD BERNICE ALICE DEXTER

3. Sex female
If plural births: 4. Twin, triplet, or other one; 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth February 18 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name HENRY FRANK DEXTER | 18. Full maiden name LAURA MAY TAYLOR |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Soldier, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) ..... |
| 11. Color or race white 12. Age at last birthday 42 (years) | 20. Color or race white 21. Age at last birthday 25 (years) |
| 13. Birthplace (city or place) (State or Country) Situate, Rhode Island | 22. Birthplace (city or place) (State or Country) Red Warrier, Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rancher | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife |
| 16. Date (month and year) last engaged in this work February 1902, 19 ..... | 25. Date (month and year) last engaged in this work February, 1902 |
| 17. Total time (years) spent in this work ten years | 26. Total time (years) spent in this work ~~nine~~ years |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother five (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 8.30 am. at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Laura May Dexter (mother), ~~M. D.~~

or ....., ~~Midwife~~

Address 840 Belmont Ave Berkeley Calif.

Give name added from a supplemental report 1-22-41
(Date of)

Filed Feb, 1941 Clyde A. Bridges Calif. Registrar.
Acting

Registrar.

457-218-032-318

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

LAURA MAY DEXTER being first duly sworn says that she is the mother of BERNICE ALICE DEXTER
(Relationship of child)*

born February 18, 1902 (Date of birth) at in the country near Bliss, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said BERNICE ALICE DEXTER hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MRS. ROBERTS ~~M.D.~~ Midwife was the medical attendant at the birth of said BERNICE ALICE DEXTER and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Laura May Dexter (mother)

P. O. Address 840 Belmont Avenue, Bellflower, California

Subscribed and sworn to before me this 22nd day of January, 19 41

Lily Edmondson
Notary Public.

Residing at Bellflower Calif, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires October 16, 1943.

cc 2/19/41 rmf

851-011-030-942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 8 1941

State File No. 306286
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 15 years 2 months 29 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 3 yrs.
(f) Mother's mailing address Lemhi Ida
3. **RESIDENCE OF FATHER** (city, state) Lemhi Ida

4. **FULL NAME OF CHILD** Helen Russell Yearian
5. Date of Birth (Month, day, year) 10-11-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Thos. H. Yearian
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Des Moines Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Russell
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Leavenworth Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

FEB 8 1941

26. (a) ..... (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Russell Yearian, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Helen Russell Yearian (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. C. Whitwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Russell Yearian Name
Lemhi Ida P. O. Address

Subscribed and sworn to before me on this 6th day of February, 1941

(SEAL) Frederick Hughes Shook Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1954

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 18, 1941. B.H.

243-208·006-718

United States
Department of Commerce
Bureau of the Census

FEB 10 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 306294

Local Reg. No.

Reg. Dist. No.

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County ~~Bonneville~~ Bingham (b) City Idaho Falls
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 113 5th Street.
(e) How long has MOTHER lived in Idaho? 59 yrs.
(f) Mother's mailing address 113 5th Street

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Bula Buck

5. Date of Birth (Month, day, year) 10-8-1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME George Arnold Buck
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Eleanor E. Payne
17. Color or Race white
18. Age at time of THIS birth ..... yrs.
19. Birthplace Roanake (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 10 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eleanor Buck, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bula Buck (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that T. C. Willson, M.D. (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ Eleanor Buck Signature
113 - 5th Street, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me on this 8th day of February, 19 41

(SEAL) H. L. Browning ~~Notary Public~~, residing at Idaho Falls, Idaho
CLERK OF THE DISTRICT COURT By Lulu Daley Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 18, 1941. E.K.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
SEP 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

306343

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lewis
City of Mohler
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Melvina Paerl Black

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth February 12, 1902 (Month, Day, Year)

| 9. Full name (FATHER) | 18. Full maiden name (MOTHER) |
|---|---|
| James Farnwalt Black | Lulu Pearl DePartee |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Peck, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Peck, Idaho |
| 11. Color or race white 12. Age at last birthday 27 (years) | 20. Color or race white 21. Age at last birthday 52 (years) |
| 13. Birthplace (city or place) (State or Country) Silver City Utah. | 22. Birthplace (city or place) (State or Country) Troy, Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work Sept. 30, 19[illegible] | 25. Date (month and year) last engaged in this work Sept. 30, 19[illegible] |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? F

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or J. F. Black Father, Midwife
Address Peck, Idaho
Filed Sept 10, 1940 Clyde A. Bridger Acting Registrar.

231-212-031-457

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

RECEIVED
SEP 16 1940

State of Idaho.

County of Lewis. } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. James F. Black. being first duly sworn says that she is the mother (Relationship of child)* of Melvina Pearl Black. born February, 12th 1902 (Date of birth) at near Mohler, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Melvina Pearl Black hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hall, M. D., was the Midwife medical attendant at the birth of said Melvina Pearl Black and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs. James F. Black.

P. O. Address Peck, Idaho.

Subscribed and sworn to before me this 13th day of September, 1940.

Gerald T. Maynard
Notary Public.

Residing at Peck, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

113-106.0 4X-545

306423

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ~~Adams~~ Washington

City of Near Council

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED FEB 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ellis E. Jackson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth January 6 ~~xx~~ 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name George Franklin Jackson | 18. Full maiden name Florence Adell Vreeland |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Near Council | 19. Residence (usual place of abode) (If non-resident, give place and State) Near Council |
| 11. Color or race white 12. Age at last birthday 44 (years) | 20. Color or race white 21. Age at last birthday 34 (years) |
| 13. Birthplace (city or place) (Near) Worthington, (State or Country) Greene County, Indiana | 22. Birthplace (city or place) Marquette, Wisconsin (State or Country) Green Lake County ~~---~~ |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home |
| 16. Date (month and year) last engaged in this work ....., 19.... | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work 16 | 26. Total time (years) spent in this work 14 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ------ months or weeks

30. Cause of Stillbirth ---- During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Florence Jackson, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed 2-17-41, 193- Clyde A Bridger Registrar.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Jackson being first duly sworn says that she is the Mother (Relationship of child)* of Ellis E. Jackson born January 6, 1902 (Date of birth) at On Hornet Creek near Council, Adams County, Idaho, whose certificate of birth is hereto attached, and that Ellis E. Jackson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ellis E. Jackson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Brown was M.D. & Mrs. Flora Linder ~~MXX~~ was the Midwife medical attendant at the birth of said Ellis E. Jackson and that the said medical attendant ~~X~~s are now deceased. (Now deceased (or) cannot be located)

Name of Affiant Florence Jackson

P. O. Address

Subscribed and sworn to before me this 30th day of July, 1940

W. R. Neilley
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as ~~brother~~, sister, cousin, etc.

219-221-029-356

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 14 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306436
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 1 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Near Farmington Wash
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Farmington Wash.
3. RESIDENCE of FATHER (city, state): Same.

4. FULL NAME OF CHILD Ruth Alice Sargeant.
5. Date of Birth (Month, day, year) 6-21-1902
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME George W Sargeant.
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Oak Grove (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Belle C Lewis
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hastings (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farm wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger Act'g Registrar's signature

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whatcom } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Belle C Sargeant, being first duly sworn, say that I am mother of Ruth Alice Sargeant (Name of person on certificate above) (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Belle C Sargeant Signature
2633 James St Bellingham Washington P. O. Address

Subscribed and sworn to before me on this FEB - 6 1941 day of 19

(SEAL) W D Cate Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/24/41 rmf

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-202-008-813

**307602**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED FEB 19 1941

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Goldie Marie Sult
5. Date of Birth (Month, day, year) July 2 1902
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Charles Arthur Sult
11. Color or Race American
12. Age at time of THIS birth 22 yrs.
13. Birthplace Fredonia (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Grace H. Hall
17. Color or Race American
18. Age at time of THIS birth 17 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) FEB 19 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature D. B. Tuttel M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles A. Sult, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Goldie Marie Sult (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D. B. Tuttel (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles A. Sult Signature
Box 1135, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of February, 1941.
(SEAL) Oma Post Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/25/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691 123 040 253

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307620
Local Reg. No. 3
Reg. Dist. No. 140

1. PLACE OF BIRTH: (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 20 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Wallace
3. RESIDENCE of FATHER (city, state): Idaho.

4. FULL NAME OF CHILD Robert Theodore Franz.
5. Date of Birth (Month, day, year) March 23 1902
6. Sex Male
7. Twin or Triplet Twin
If so—born 1st, 2nd, 3rd 1st.
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frank Franz.
11. Color or Race W.
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mich. (City or town) (State or foreign country)
14. Exact Occupation Millman.
15. Industry or Business Mining.

MOTHER OF CHILD
16. FULL MAIDEN NAME Ema Becker
17. Color or Race W.
18. Age at time of THIS birth 32 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above and that personal particulars were furnished by Ema Franz (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Jan 31 - 41 (Date received) (b) Ema Bower (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Dr Lehman M.D. (D.O., Midwife, etc.)
and address Wallace Idaho.

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ema Bower, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Robert Theodore Franz (Name of person on certificate above) as Godmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lehman (Name of attendant at birth), who attended said birth deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Bower Signature
Wallace Idaho. P. O. Address

Subscribed and sworn to before me on this 20 day of Jan, 1941
(SEAL) Elizabeth E Wagh Notary Public, residing at Wallace Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691123040-253

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307621
Local Reg. No. 8
Reg. Dist. No. 140

1. PLACE OF BIRTH: (a) County Shoshone (b) City Wallace.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Wallace
3. RESIDENCE of FATHER (city, state): Idaho.

4. FULL NAME OF CHILD Roscoe Roosevelt Franz.
5. Date of Birth (Month, day, year) March 23-1902
6. Sex Male
7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd.
8. No. months of Pregnancy 9
9. Legitimate? yes.

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Frank Franz. | 16. FULL MAIDEN NAME Emma Becker |
| 11. Color or Race W | 17. Color or Race W. |
| 12. Age at time of THIS birth 37 yrs. | 18. Age at time of THIS birth 32 yrs. |
| 13. Birthplace Mich. (City or town) (State or foreign country) | 19. Birthplace Iowa (City or town) (State or foreign country) |
| 14. Exact Occupation Millman | 20. Exact Occupation Housewife |
| 15. Industry or Business Mining. | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 205 A. M. on the date and at the place stated above and that personal particulars were furnished by Ema Franz (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) Jan 31-41 (Date received) (b) Emma Bever (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Dr Lehman M.D. (D.O., Midwife, etc.)
and address Wallace Idaho Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Emma Bever, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Roscoe Roosevelt Franz (Name of person on certificate above) as Godmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lehman (Name of attendant at birth), who attended said birth deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Bever Signature
Wallace Idaho. P. O. Address

Subscribed and sworn to before me on this 20 day of January, 1941

(SEAL) Elizabeth E. Ward Notary Public, residing at Wallace Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 Certified copies issued 3-5-41. E.M.

141 116-026-49

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 19 1947

# CERTIFICATE OF BIRTH

STATE OF IDAHO

307651

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Cecil Newton Adams
5. Date of Birth (Month, day, year) Nov 16 - 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Joseph Newton Adams
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Roberts (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Rosella Marshall
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 19, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Marshall Walker, being first duly sworn, say that I am Related (Related to (or) acquainted with) Cecil Newton Adams (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen Marshall Walker Signature
Lava Hot Springs Ida. P. O. Address

Subscribed and sworn to before me on this 13 day of February 1941

(SEAL) N. J. Kasiska Notary Public, residing at Lava Hot Springs Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/26/41 L. B.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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595 701 004 269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 307680

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

FEB 21 1941

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 5 years 4 month 16 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 5yr 4mos
(f) Mother's mailing address Montpelier, Idaho

3. RESIDENCE of FATHER (city, state). Montpelier, Idaho.

4. FULL NAME OF CHILD Vernold Oscar Nielsen

5. Date of Birth (Month, day, year) Oct. 1, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Jens Nielsen
11. Color or Race White
12. Age at time of THIS birth 61 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Shoemaker and cobbler
15. Industry or Business Shoe repairing

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Hannah Marie ~~Nielsen~~ Sorensen
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Westervig (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Wyoming
County of Albany } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hannah Marie Nielsen, being first duly sworn, say that I am related (Related to (or) acquainted with) Vernold Oscar Nielsen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoover (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hannah Marie Nielsen Signature

615 Cedar Street, Laramie, Wyoming P. O. Address

Subscribed and sworn to before me on this 28th day of January 19 41

(SEAL) E. K. Middleton Notary Public, residing at Laramie, Wyoming

My Commission Expires March 1, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/27/41 rmf

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

796-220-035-431

307702

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307702
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Mohler
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Mohler
(d) Street Address or R.F.D. No. Farm
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Mohler, Idaho

4. FULL NAME OF CHILD Inez Florence Gross
5. Date of Birth (Month, day, year) Oct 20, 1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME James Claud Gross
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Brownsville (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Cora Florence McAllister
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Beloit (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb 19, 1941 (Date received) (b) Patricia Burke Deputy (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Gross, being first duly sworn, say that I am related to (Related to (or) acquainted with) Inez Florence Gross (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 136, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cooper (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Gross Signature
616 - Libby St, Clarkston, Wn. P.O. Address

Subscribed and sworn to before me on this 20 day of February, 1941.

(SEAL) Ruth Weisgerber Notary Public, residing at

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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cc 2/26/41 rmf

563-113-036-152

307721

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307721
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Cederville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Cederville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address L[redacted], Utah.

3. RESIDENCE of FATHER (city, state): ~~Logan,~~ Utah.

4. FULL NAME OF CHILD Douglas Jessop Holmes

5. Date of Birth (Month, day, year) Aug. 13, 1902.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Magnus Holmes
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Saxtorp (City or town) Sweden (State or foreign country)
14. Exact Occupation Retired farmer and dairyman
15. Industry or Business none

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Martha Louise Jessop
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Millville (City or town) Utah. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living ~~8~~
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Clyde A. Bridger

26. (a) Mar. 4, 1941 (Date received) (b) Acting Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Holmes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Douglas Jessop Holmes (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jean Olson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Holmes Signature

Logan, Utah P. O. Address

Subscribed and sworn to before me on this 24 day of Feb., 1941

(SEAL) Leon Perry Notary Public, residing at Logan, Utah.

my com. exp. 4/6/43.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/4/41 L. P.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-127-028-443

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

307768

State File No. .....
Local Reg. No. 12
Reg. Dist. No. 130

1. **PLACE OF BIRTH:** (a) County Kootenai (b) City now Benewah St. Maries
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address St. Maries, Id.
3. **RESIDENCE OF FATHER** (city, state) St. Maries, Id.

4. **FULL NAME OF CHILD** Elie Daniel Jacot
5. Date of Birth (Month, day, year) July 27, 1902
6. Sex Male
7. Twin or Triplet ....
If so—born 1st, 2nd, 3rd ....
8. No. months of Pregnancy ....
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jules Alfred Jacot
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Brot (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lina Marie Ducommun
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Brot (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Jeanne Ducommun (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) 2/14/41 (Date received) (b) Walter Boberg (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** [redacted] Sister (D.O., Midwife, etc.)
and address St. Maries, Ida. Date

State of Idaho
County of Benewah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jeanne Ducommun, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elie Daniel Jacot (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

✓ Jeanne Ducommun ....Name
St. Maries, Idaho ....P. O. Address

Subscribed and sworn to before me on this 24th day of February, 1941

(SEAL) Walter Boberg ....~~Notary Public~~, residing at St. Maries
U. S. Commr.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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cc 3-1-41 ZJ

RECEIVED

FEB 27 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

307820

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Blaine
City of Gannett
No. R. #1 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Beatrice Barbara Wurst

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec. 28, 1902 (Month, Day, Year)

FATHER

9. Full name John Wurst now deceased

10. Residence (usual place of abode) (If non-resident, give place and State) Stanton Idaho

11. Color or race White 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Katstorf in Czechoslovakia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper, etc.~~ farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work October 1, 1927

17. Total time (years) spent in this work 29

MOTHER

18. Full maiden name Theresia Jandd

19. Residence (usual place of abode) (If non-resident, give place and State) Stanton Idaho

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Bukova in Czechoslovakia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Waitress

25. Date (month and year) last engaged in this work Sept. 1 1889

26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 6 AM m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Feb. 27, 1941, 193.. Clyde A. Bridges Acting Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

649-228-007-115

Chase Clark

STATE OF IDAHO

[redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Blaine } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Theresia Janda Wurst being first duly sworn says that she is the mother (Relationship of child)* of Beatrice Barbara Wurst born December 28, 1902 (Date of birth) at Stanton, Blaine County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Beatrice Barbara Wurst hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Michael Brown was the Midwife medical attendant at the birth of said Beatrice Barbara Wurst and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Theresia Janda Wurst

P. O. Address Bellevue, Idaho

Subscribed and sworn to before me this 25th day of February, 19 41

Conway Gillespie
Notary Public.

Residing at Bellevue, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 23 1942

295-107001-295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
FEB 28 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

307861

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frederick Norman Kivette

3. Sex Male

If plural births { 4. Twin, triplet, or other No
5. Number, in order of birth —

6. Premature No
Full term yes

7. Legitimate? yes

8. Date of birth July 7, 1902 (Month, Day, Year)

FATHER

9. Full name Walter Raleigh Kivette

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Randolph County North Carolina

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Lumber Dealer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Business
16. Date (month and year) last engaged in this work July, 1902
17. Total time (years) spent in this work 20 years

MOTHER

18. Full maiden name Dulcie Hester Kivette

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Granville County North Carolina

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work July, 1902
26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child)
Fourth Child
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation None { months or weeks

30. Cause of stillbirth None { Before labor No
During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ~~Dulcie Hester Kivette~~ (Mother) ~~XX~~ D.
or ....., ~~XXXX~~
Address 551 S. 35th St., San Diego, Calif.

RECEIVED
FEB 28 1941

Filed FEB 28 1941, 193.. Clyde A. Bridger
Acting Registrar.

3/4/41 L. B.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of California
County of San Diego } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dulcie Hester Kivette being first duly sworn says that she is the Mother of Frederick Norman Kivette
(Relationship of child)*
born the 7th day of July, 1902 at Boise, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Frederick Norman Kivette hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor L. P. McCalla M. D. was the ~~Midwife~~ medical attendant at the birth of said Frederick Norman Kivette and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Dulcie Hester Kivette
P. O. Address 551 S. 35th St., San Diego, Calif.

Subscribed and sworn to before me this 22nd day of February, 19 41

Edith D. Benjamin
Notary Public.

Residing at San Diego, Calif., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such affidavit is not attested by signature of attending physician or midwife.)

State of ..... }
County of ..... }

..... being first duly sworn says that

..... is the ..... (relationship) of child

born ..... (Date of birth) Idaho,

whose name is ..... desires to have the said birth

..... the facts contained in the

..... date of birth of the said .....

..... hereto attached are true and correct

as stated therein, and that this birth has not been previously recorded.

Affiant further states that ..... M. D. was the

..... Midwife

medical attendant at the birth of said ..... and that

the said medical attendant is ..... (Not dropped if not present in location)

Name of Affiant .....

P. O. Address .....

Subscribed and sworn to before me this ..... day of ..... 19..

.....

Notary Public.

Residing at .....

Idaho.

* If the informant is a mother or father, and the next nearest in age is a minor, the affidavit must be made by the guardian, indicating the relationship as the affiant, as brother, sister, uncle, etc.

692 _109-048-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 28 1941

State File No. 307867
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 9 mo days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Weiser
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Harold Jackson Wiseman
5. Date of Birth (Month, day, year) Aug 9-1902
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Acy Wiseman
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Tuscumbia Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Emaline Barton
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Tuscumbia Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ? M. on the date and at the place stated above, and that personal particulars were furnished by Joseph A. Wiseman (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 28 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Joseph R. Numbers M.D. (D.O., Midwife, etc.)
and address Weiser Date 2/27/41

State of .....
County of ..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/4/41 rmf

JAN 30 1942

MAR 5 1971

OCT 12 1976

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

149-229-040-369

United States
Department of Commerce
Bureau of the Census

RE: (Be sure the information is as of date of birth of THIS child)

MAR 3 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307910
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Burke
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At Home residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address ~~Kellogg~~ Idaho
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Elizabeth Ann Murphy
5. Date of Birth (Month, day, year) May 29, 1902
6. Sex. female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Murphy
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Carbonear (City or town) Newfoundland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Josephine Corbett
17. Color or Race white
18. Age at time of THIS birth 32 years
19. Birthplace Carbonear (City or town) Newfoundland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:00 p.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Josephine Murphy (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mary J. Murphy, being first duly sworn, say that I am related (Related to (or) acquainted with) Elizabeth Ann Murphy (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. V. Mucstell (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mary J Murphy ....Name
320 Main st. Kellogg Idaho ....P. O. Address

Subscribed and sworn to before me on this 21 day of Febr. 1941
(SEAL) Mary M. Steed ....Notary Public, residing at Kellogg Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 7 1961

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dup of 1900-391720

Certified Copy issued 3/6/41. E.W.

354-130-028-132

United States
Department of Commerce
Bureau of the Census

MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307914
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenia (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ~~days~~
In THIS county years ~~month~~ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County KOOTENIA
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho Wanted of years.
(f) Mother's mailing address years
3. RESIDENCE of FATHER (city, state): Priest River

4. FULL NAME OF CHILD Eugene William Lemley
5. Date of Birth (Month, day, year) Oct 30 - 1902
6. Sex MALE Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME William Henry Lemley
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (don't know) (City or town) Oregon (State or foreign country)
14. Exact Occupation Licensed Liquor vendor
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Emma Victoria Alberts
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace (don't know) (City or town) Sweden (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

MAR 3 1941

26. (a) (Date received) (b) Clyde K. Bridger Acting (Registrar's signature)

25. Attendant's OWN signature Not Living M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of British Columbia
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Fred Bales, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Eugene William Lemley (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Geo McCormic (Name of attendant at birth), who attended said birth has been dead many years (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Fred Bales Signature
Zeballos B C. P. O. Address

Subscribed and sworn to before me on this 25th day of February, 1941

(SEAL) J Walton Notary Public, residing at Zeballos B.C.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/7, 1941 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-121-01X-684

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 4 1941

State File No. 307972
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county 1 years 9 month 16 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Nampa
3. **RESIDENCE of FATHER** (city, state): Nampa

4. **FULL NAME OF CHILD** Gordon Vincent Hockaday
5. Date of Birth (Month, day, year) July 21, 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Carl Vincent Hockaday
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Vernon County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Edna Lindsay White
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Netewaka, Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Clyde A. Bridge (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Lindsay Hockaday being first duly sworn, say that I am mother (Related to (or) acquainted with) Gordon Vincent Hockaday (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth cannot be found (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Lindsay Hockaday Signature
Nampa Idaho Rt. 3. P.O. Address

Subscribed and sworn to before me on this 27th day of Feb., 1941

(SEAL) Maud Hess Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/6/41 rmf

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-105-040-846

307986

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 6 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: In Own Home
In Hosp. or Mat. Home ..... days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Mullan Idaho
3. RESIDENCE of FATHER (city, state): Mullan Idaho

4. FULL NAME OF CHILD Ernie Onni Sailor
5. Date of Birth (Month, day, year) July 5, 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Jack Sailor | 16. FULL MAIDEN NAME Hilma Alina Huosiamaa |
| 11. Color or Race White 12. Age at time of THIS birth 36 yrs. | 17. Color or Race W 18. Age at time of THIS birth 21 yrs. |
| 13. Birthplace Pyha Maa Turku Lani (Finland) (City or town) (State or foreign country) | 19. Birthplace Ala Jarvi Vasa Lani (Finland) (City or town) (State or foreign country) |
| 14. Exact Occupation Miner | 20. Exact Occupation Housewife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 8, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hilma A. Juuti, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Ernie Onni Sailor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D. E. Keys (Name of attendant at birth), who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hilma A. Juuti Signature
Kingston Idaho P. O. Address

Subscribed and sworn to before me on this 3 day of March, 1941
(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/13/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-109.010-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

# CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 6 1941

308033

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Iona
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Iona Ida

4. **FULL NAME OF CHILD** Melvin Plant Ward

5. Date of Birth (Month, day, year) Feb. 9. 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Plant Ward
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Walton (City or town) Northamptonshire England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Retired

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Christine Bindrup
17. Color or Race White
18. Age at time of THIS birth.....years
19. Birthplace Wharingstupe (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent **Ophthalmia Neonatorum** .....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 6 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. P. Ward, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin Plant Ward (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Beach (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

L. P. Ward .....Name

.....P. O. Address

Subscribed and sworn to before me on this 18th day of January 1941.

(SEAL) Leo E. Lifenquist Notary Public, residing at Rexburg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-219-020-253

308065

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 308065
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County ELMORE (b) City MOUNTAIN HOME
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 8 months 29 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City MOUNTAIN HOME
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 months
(f) Mother's mailing address Mtn Home Idaho
3. RESIDENCE of FATHER (city, state): Mtn Home Ida

4. FULL NAME OF CHILD MARGARET MATHER
5. Date of Birth (Month, day, year) April 19-1902
6. Sex GIRL
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME BERTHIER WHITFORD MATHER
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace GARRETSVILLE (City or town) — NEW YORK (State or foreign country)
14. Exact Occupation PHYSICIAN
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME MABEL-ROSAMOND-KELLY
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace OGDEN (City or town) — UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel R. Mather (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel R Mather, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Mather (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. P. McCalla (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel R Mather Signature
1317 Altaras St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of March 1941

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1964

3/11/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-20-035-956

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308164
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Nezperce (b) City: Melrose
(c) Street Address or R F.D No.: none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county: 2 years 2 months 26 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Nezperce
(c) City: Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address: Melrose Idaho

3. **RESIDENCE OF FATHER** (city, state): Melrose Id.

4. **FULL NAME OF CHILD:** William Ross Stamper

5. Date of Birth (Month, day, year): Feb 20 - 1902

6. Sex: Male

7. Twin or Triplet: no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME:** Elbert F. Stamper
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Kirksville (City or town) Mo. (State or foreign country)
14. Exact Occupation: Post Master and
15. Industry or Business: Mercantile Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Bertha Alice Hewett
17. Color or Race: white
18. Age at time of THIS birth: 26 years
19. Birthplace: Kirksville (City or town) Mo. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5
(c) Born alive and now dead: — (d) Stillborn: —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as Father (Mother, etc.) (First name) (Last name)

26. (a) Mar. 10, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E. F. Stamper, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Ross Stamper (Name of person on certificate above) as ~~Son~~ Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs J. M. Burton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) ~~cannot be located~~) and that this birth has not been previously recorded.

E. F. Stamper ..... Name
Lewiston Idaho ..... P. O. Address

Subscribed and sworn to before me on this 6 day of March 1941

(SEAL) Ruth Weisgerber Notary Public, residing at Lewiston, Idaho

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-110-001-294

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 12 1941

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308208
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 4th and Garden Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ months ____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 4th and Garden
(e) How long has MOTHER lived in Idaho? not known s.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Ralph Schneider

5. Date of Birth (Month, day, year) Oct. 10, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME John Schneider | 16. FULL MAIDEN NAME Freeda Simran |
| 11. Color or Race white | 17. Color or Race white |
| 12. Age at time of THIS birth 35 yrs. | 18. Age at time of THIS birth 36 yrs. |
| 13. Birthplace Fort Wayne, (City or Town) Indiana (State or foreign country) | 19. Birthplace Fort Wayne, (City or Town) Indiana (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation housewife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5a M. on the date and at the place stated above, and that personal particulars were furnished by Ralph Schneider (First name) (Last name), who is related to this child as self (Mother, etc.)

25. Attendant's OWN signature James H. Stewart M.D. (D.O., Midwife, etc.)
and address 105 Nth 8th, Boise, Idaho Date 3/11/41

26. (a) MAR 12 1941 (Date received) (b) Lyle A Bridger Actg (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

693-214-025-331

United States Department of Commerce Bureau of the Census

RECEIVED MAR 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308245

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City near Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Idaho
(c) City near Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Grangeville
3. RESIDENCE of FATHER (city, state): Grangeville Idaho

4. FULL NAME OF CHILD Ivy Lucindia Wickam
5. Date of Birth (Month, day, year) Nov 14 1902
6. Sex White
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Jonathan Halsey Wickam
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Opposse Township (City or town) Pomona Kan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Amy Blanch Clark
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Centropolis (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 13 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oregon, County of Baker } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jonathan Halsey Wickham, being first duly sworn, say that I am related (Related to (or) acquainted with) Ivy Lucindia Wickham (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Chas. Kumtz (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jonathan Halsey Wickham Signature
3129 Carter St Baker Ore. P.O. Address

Subscribed and sworn to before me on this 12 day of March, 1941

(SEAL) Lucy Noe Notary Public, residing at Baker, Oregon

MY COMMISSION EXPIRES OCT. 13, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-212-016-281

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 5 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Casia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Casia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Deceased
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Harriet Elizabeth Fairchild
5. Date of Birth (Month, day, year) April 12 1902
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? X

**FATHER OF CHILD**

10. FULL NAME Seymour Fairchild
11. Color or Race White American
12. Age at time of THIS birth 42 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer (Deceased)
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Malissa Issabel Sharp
17. Color or Race White American
18. Age at time of THIS birth 32 yrs.
19. Birthplace Clay Center (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife (~~Deceased~~)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 5 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ila Orth, being first duly sworn, say that I am Sister (Related to (or) acquainted with) Hariett Elizabeth Fairchild (Name of person on certificate above) Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Janett Dailey (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ila Orth Signature
Wendell, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of March, 1941

(SEAL) J. E. Maxwell Notary Public, residing at Wendell, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/18/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-107-006-634

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Before the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 6 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Iona, Idaho
3. RESIDENCE of FATHER (city, state): Iona, Ida.

4. FULL NAME OF CHILD Clarence Edmund Crowley Jr
5. Date of Birth (Month, day, year) July 7, 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Clarence Edmund Crowley
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation School Teacher - Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Elizabeth Olmstead
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Elgie A. Bridges (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of San Bernardino } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Crowley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Edmund Crowley Jr (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah E. Beach (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. Crowley — Signature
Box 85, Ontario, Calif. — P. O. Address

Subscribed and sworn to before me on this 15 day of March, 1941

(SEAL) G. E. Crowley — Notary Public, residing at Ontario, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 14 1967

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-117-025-331

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308291
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Riggins
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Riggins
3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Jeff Alfred Irwin
5. Date of Birth (Month, day, year) Jan. 17, 1902
6. Sex male Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Roun Irwin
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Jefferson City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lydia Abigail Clay
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fayetteville Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead X (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature X ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles M. Clay, being first duly sworn, say that I am Related (Related to (or) acquainted with) Jeff Alfred Irwin (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ina Levander (Name of attendant at birth), who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles M. Clay Signature
Riggins Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of March, 1941

(SEAL) John H. Clay Notary Public, residing at Riggins Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/21/41 L. B. 2 copies

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-120-003-491

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 308296
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

**1. PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 445 So. Arthur
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ~~[illegible]~~ days.
In **THIS** county years month days.

**2. USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 445 So Arthur
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address
**3. RESIDENCE of FATHER** (city, state): Pocatello, Ida

**4. FULL NAME OF CHILD** Ivan Lawrence Hewitt
**5.** Date of Birth (Month, day, year) Mar. 20-1902
**6.** Sex Male
**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd
**8.** No. months of Pregnancy 9
**9.** Legitimate? yes

**FATHER OF CHILD**
**10. FULL NAME** Lawrence Hewitt
**11.** Color or Race White
**12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Abingdon (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Switchman
**15.** Industry or Business Railroading

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Eliza Roxanna Drake
**17.** Color or Race White
**18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Ogden (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) MAR 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of (Idaho) California
County of (Bannock) Los Angeles.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza Hewitt, being first duly sworn, say that I am Related (Related to (or) acquainted with) Ivan Lawrence Hewitt (Name of person on certificate above) as Father Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rooker (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eliza Hewitt Lawrence Hewitt Signature
3114 Rochester San Pedro P. O. Address

Subscribed and sworn to before me on this 6th day of March 1941

(SEAL) William Van Baldwin Notary Public, residing at San Pedro, Calif.

My Commission Expires Dec. [illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/22/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, ~~Title 38, Idaho Code~~ Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-203-006-154

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308298
Local Reg. No.
Reg. Dist. No.

B 1941

1. PLACE OF BIRTH: (a) County ~~Bonneville~~ (b) City Idaho Falls
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R F D
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Idaho Falls, Ida.

3. RESIDENCE of FATHER (city, state): Idaho Falls, Idaho

4. FULL NAME OF CHILD Frances Alvera Naomi Melquist

5. Date of Birth (Month, day, year) Nov. 3, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Andrew Melquist
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Hallands Lan (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anna Caroline Anderson
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Hallands Lan (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna C. Melquist, being first duly sworn, say that I am related (Related to (or) acquainted with) Frances Melquist (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hannah Bard--mid-wife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna C Melquist Signature
129-6th Street, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of March, 1941

(SEAL) D. Mather Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-118 040-119

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 308301

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in my home X
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Weippe X
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address Weippe, Idaho

3. RESIDENCE of FATHER (city, state) Weippe, Idaho

4. FULL NAME OF CHILD Floyd Ben Marshall

5. Date of Birth (Month, day, year) 4-18-1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME Harvey Linclon Marshall
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Pendleton (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Glendora Jarnigan
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Stockton (City or town) Missouri (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business House-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde R. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Glendora Marshall Carns, being first duly sworn, say that I am related to (Related to (or) acquainted with) Floyd B. Marshall (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Carr (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Glendora Marshall Carns Signature
4823 86-66th ave Portland Ore Address

Subscribed and sworn to before me on this 8th day of March, 19 41

(SEAL) W J Podd Notary Public, residing at Portland, Oregon

My Commission Expires October 5, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/22/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-116-044-867

RECEIVED

MAR 14 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308331

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 17 years ~~month~~ ~~days.~~

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 57 yrs.
(f) Mother's mailing address Cambridge, Idaho

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Harry Grant Godlove

5. Date of Birth (Month, day, year) Jan. 16, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Usual

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Perry Grant Godlove
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Onaga (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anna Bell Hopper
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Princeton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Godlove, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Harry Grant Godlove (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. [redacted] Green (Name of attendant at birth), who attended said birth is Now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Godlove Signature

..... P. O. Address

Subscribed and sworn to before me on this 18th day of March, 1941

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1951

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-115-001-815

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308369
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 809 Eldridge
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. Residence
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State California (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1200 to 1910
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Aug 15 th

4. FULL NAME OF CHILD Austin Edward Jarvis
5. Date of Birth (Month, day, year) 1902
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Doring A. Jarvis
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Surry (City or town) Maine (State or foreign country)
14. Exact Occupation Real estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances M Hanson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Sterling (City or town) Point Wis (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 1/2 midnight A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 13, 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John Borck M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances M Jarvis, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Austin Edward Jarvis (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John Borck (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frances M Jarvis Signature
P. O. Address

Subscribed and sworn to before me on this 11th day of March 19 41

(SEAL) Elene Criswell Notary Public, residing at Long Beach Calif.

MY COMMISSION EXPIRES APRIL 22, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/26/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-124-04-796

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

309307

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Franklin Pritchard

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Apr 24, 1902 (Month, Day, Year)

**FATHER**

9. Full name: Frank Pritchard

10. Residence (usual place of abode) (If non-resident, give place and State) Star

11. Color or race .....

12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country) Star. Ada Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

**MOTHER**

18. Full maiden name: Anna V. Groesbeck

19. Residence (usual place of abode) (If non-resident, give place and State) Star

20. Color or race W.

21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country) .....

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7 P. m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

(Signed) W. H. Hall M.D., M. D.

or ....., Midwife

Address Star, Idaho

Give name added from a supplemental report 3-25-41 (Date of)

Mabel Geeper Registrar.

Filed Nov, 1939

Registrar.

8-14-41

309-218-026-25-9

Whittear

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 21 1941

State File No. 309309

Local Reg. No.

Reg. Dist. No.

# CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

1. PLACE OF BIRTH:
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 19 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Rigby, Idaho

3. RESIDENCE of FATHER (city, state): Rigby, Idaho

4. FULL NAME OF CHILD Ann Louisa Yorgenson

5. Date of Birth (Month, day, year) February, 18, 1902

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Peter Yorgenson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Whittear Sermon
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive or stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth M. Peck (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) MAR 21 1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Mrs. H. P. Kirte M.D. (D.O., Midwife, etc.)
and address Rigby Idaho Box 17 Date March 19, 1941

State of ____
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/26/41 Z.J.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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374-21-7-1-594

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309353
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1215 Jefferson
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 7 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada.
(c) City Boise
(d) Street Address or R.F.D. No. 1215 Jeff.
(e) How long has MOTHER lived in Idaho? 7½ yrs.
(f) Mother's mailing address 1215 Jeff.

3. RESIDENCE of FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Eugene Elizabeth Springer

5. Date of Birth (Month, day, year) April 17, 1902

6. Sex Female

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Warren David Springer | 16. FULL MAIDEN NAME Lulu Eymann |
| 11. Color or Race White 12. Age at time of THIS birth 38 yrs. | 17. Color or Race White 18. Age at time of THIS birth 31 yrs. |
| 13. Birthplace Ontario (City or town) Canada (State or foreign country) | 19. Birthplace Warsaw (City or town) Illinois (State or foreign country) |
| 14. Exact Occupation Physician & Surgeon | 20. Exact Occupation Housewife |
| 15. Industry or Business Medicine | 21. Industry or Business Home |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) 4/4/41 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on _____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulu Eymann Springer being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eugene Elizabeth Springer (Name of person on certificate above) as Mother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that G. H. Collister M.D. (Name of attendant at birth), who attended said birth deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lulu Eymann Springer. Signature
Box 122. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of April, 1941

(SEAL) Bertie Estes Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

68-20600-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309364
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 414 N 3rd
(d) Name of Hospital or Maternity Home: Own home 414 N 3rd
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 2 years 9 months 0 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mariam Adelia Whitaker

5. Date of Birth (Month, day, year) June 6, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Walter Whitaker

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Delaware (City or Town) (State or foreign country)

14. Exact Occupation Clerk

15. Industry or Business Dry goods

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amy Lavinia Hunt

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Brookfield Pa. (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

26. (a) April 9-1941 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....none.....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....no.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....no.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....no.....

(4) Signature of Physician:

.....

**STATE OF IDAHO**
**BARZILLA W. CLARK, GOVERNOR**

**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**
**BUREAU OF VITAL STATISTICS**

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Amy L. Whitaker being first duly sworn says that she is the mother of Marian Adelia Whitaker
(Relationship of child)*
born June 6, 1902 at Boise, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Marian Adelia Whitaker hereto attached are true and correct **as stated therein, and that this birth has not been previously recorded.**

Affiant further states that Mrs Keeta Midwife ~~M. D.~~ ~~Midwife~~ was the medical attendant at the birth of said Marian adelia Whitaker and that the said medical attendant ~~is~~ cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Amy L. Whitaker
P. O. Address 917 Pueblo Boise Ida

Subscribed and sworn to before me this 7th day of April, 1941

E. Gardner
Notary Public.
Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Ce 4/2/1
(

25-9-203-035-099

United States
Department of Commerce
Bureau of the Census

MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309379
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Southwick Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 22 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City On farm near Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Southwick, Idaho
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Ella Mabel Berreman
5. Date of Birth (Month, day, year) Oct. 3, 1902
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Watson Berreman
11. Color or Race white
12. Age at time of THIS birth 55 yrs.
13. Birthplace Cedar Co (City or town) Iowa (State or foreign country)
14. Exact Occupation Preacher
15. Industry or Business farmer

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ella Caroline Brigham
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Alameda Co. (City or town) California (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3/25/41 (Date received) (b) Mabel H Keeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ella C. Berreman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ella Mabel Berreman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Zuger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

(Mrs) Ella Caroline Berreman Signature
Mill City, Oregon P. O. Address

Subscribed and sworn to before me on this 4th day of March, 1941

(SEAL) Ellis J. Stebbins Notary Public, residing at Monmouth Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1965
DEC 10 1941

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-204 014-85

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Custer (b) ~~City~~ P.O. Darlington
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City Darlington Post Office
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Darlington, Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Emma Loella Burnett

5. Date of Birth (Month, day, year) 12-4-1902

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel McArthur Burnett
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Brooklyn, New York (City or town) (State or foreign country)
14. Exact Occupation Rancher & Stock Raiser
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Jane Heath
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Ogden Valley, Weber Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) 3/25/41 (Date received) (b) Maud F. Felker (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hannah Jane Burnett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Emma Loella Burnett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Saveria (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hannah Jane Burnett ....Name
Salmon, Idaho ....P. O. Address

Subscribed and sworn to before me on this 25th day of October 1940

(SEAL) Probate Judge ....Notary Public, residing at Salmon, Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-123-028-769

309552

United States
Department of Commerce
Bureau of the Census

MAR 2 5 1941

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County KOOTENAI (b) City Athol
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home: Born in Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 12 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. R. F. D
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Athol, Idaho

3. RESIDENCE of FATHER (city, state): Athol, Ida

4. FULL NAME OF CHILD JAMES RICHARD HADDON

5. Date of Birth (Month, day, year) May 23, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos. 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME ELMER ELSWORTH HADDON
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Carlysle (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME OZELIA G. PORTER
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sac City (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 2 5 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature No Attendant M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Skagit } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELMER E. HADDON, being first duly sworn, say that I am am related to (Related to (or) acquainted with) JAMES RICHARD HADDON (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmer E. Haddon Signature
Anacortes, Wash., Rt. #1 P. O. Address

Subscribed and sworn to before me on this 24th day of March, 19 41

(SEAL) ..... Notary Public, residing at Anacortes.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

629-107-004-294

United States
Department of Commerce
Bureau of the Census

MAR 2 5 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309573

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
In THIS county 20 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Gen Daly
(e) How long has MOTHER lived in Ida[redacted] yrs.
(f) Mother's mailing address 1414 A[redacted] Ave
3. RESIDENCE of FATHER (city, state): [redacted]ch Ca.
Same

4. FULL NAME OF CHILD William Thomas Obrey

5. Date of Birth (Month, day, year) March 7, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Obrey
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Berkenhead (City or town) England (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business Union Pacific Railroad.

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizebeth Bruce
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Centerville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Mar. 25, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannerville } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Luke Obrey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Thomas Obrey (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hiller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X George Luke Obrey Signature

Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of March

(SEAL) Notary Public, residing at Idaho Falls Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/3/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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392-145-003569

United States
Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

309597

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City McCammon
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
Home residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 14 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address McCammon, Ida.

3. **RESIDENCE OF FATHER** (city, state) McCammon, Ida.

4. **FULL NAME OF CHILD** Edwin Earl Lish

5. Date of Birth (Month, day, year) 2/15/1902

6. Sex. M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9 MOS

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Dell Ray Lish

11. Color or Race W

12. Age at time of THIS birth 24 yrs.

13. Birthplace Fuscarora (City or town) Nevada (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emmimie Velette Norton

17. Color or Race W

18. Age at time of THIS birth 23 years

19. Birthplace Brigham City (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, [illegible]) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Dell (First name) Lish (Last name), who is related to this child as Father (Mother, etc.)

MAR 31 1941

26. (a)..... (Date received) (b) Mabel F. Eder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of ~~Idaho~~ California
County of ~~Bannock~~ Los Angeles ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dell R. Lish, being first duly sworn, say that I am Related to (Related to (~~[illegible]~~ [illegible]) Edwin Earl Lish (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Goodenough (Name of attendant at birth) who attended said birth is deceased (Is now deceased (or) ~~cannot be located~~) and that this birth has not been previously recorded.

Dell R. Lish Name
6407½ Delongpre Hollywood Calif. P. O. Address

Subscribed and sworn to before me on this 7th day of January, 1941

(SEAL) Alfred S. Lindsley Notary Public, residing at Los Angeles, Calif.

My commission expires Jan. 12, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/8/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309602
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county years 4 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 mo yrs.
(f) Mother's mailing address Coeur d'Alene

**3. RESIDENCE of FATHER** (city, state) Coeur d'Alene Ida

**4. FULL NAME OF CHILD** Raymond Woodward Sowers

**5.** Date of Birth (Month, day, year) March 6-1902

**6.** Sex

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Richard Daniel Sowers
11. Color or Race White American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mt Airy (City or town) Virginia (State or foreign country)
14. Exact Occupation Lumber Worker
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Fidelia May Chapman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace White Post (City or town) Virginia (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 31 1941 (Date received) (b) Mary F. Felder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of NezPerce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fidelia May Sowers being first duly sworn, say that I am ~~the father~~ mother related to ~~Raymond Woodward Sowers~~ (Related to (or) acquainted with) (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Love (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fidelia May Sowers — Signature

29 March 41 — P. O. Address Culdesac, Ida.

Subscribed and sworn to before me on this ____ day of ____

(SEAL) H. Hopkins — Notary Public, residing at ____

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Should the boy's name be Raymond ~~Woodard~~ Sowers or Woodward? Return this note with correct spelling. #309601-309602

RECEIVED

Cert. in folder

APR 14 1941

Raymond Woodward Sowers

Bureau of Vital Statistics

FEB 7 1964

296-210-029-296 RECEIVED

309629

United States
Department of Commerce
Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: home
In Hosp. or Mat. Home ..... days.
In THIS county 14 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Troy Idaho

3. RESIDENCE of FATHER (city, state): Troy Idaho

4. FULL NAME OF CHILD Erma Olivia Trout

5. Date of Birth (Month, day, year) May 10th 1902

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ora Acy Trout.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Frankfort, Ind. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mina Ethel Brock
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Haley Oregon (City or town) (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Living (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Mary H. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho.
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ora Acy Trout, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Erma Olivia Trout, (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Douglas, (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ora Acy Trout, Signature
R.F.D. #2 Moscow, Idaho. P. O. Address

Subscribed and sworn to before me on this 17th day of March, 1941

(SEAL) W. Schroeder Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/9/1941 C. P.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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914-221-01F-249

309640

United States
Department of Commerce
Bureau of the Census

APR 1 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Custer (b) City Mackey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county years 9 month 21 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Mackey, Ida.

3. RESIDENCE of FATHER (city, state): Mackey, Ida.

4. FULL NAME OF CHILD Eva Lenore Raum

5. Date of Birth (Month, day, year) April 21, 1902

6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd, 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME William Clark Raum
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Lincoln, Nebraska (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Men's Furnishings

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Edith Burson
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Tekamah, Nebraska (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 1 1941 (Date received) (b) Mary T. Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Raum, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eva Lenore Raum (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edith Raum, Signature
Box 1238 - Spokane - Wash. P. O. Address

Subscribed and sworn to before me on this 26th day of March, 1941

(SEAL) Clarence E. Carlson Notary Public, residing at Spokane - Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-032-003-4/60

RECEIVED APR 3 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309646
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 120 W. Fremont
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 3 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 120 W. Fremont
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Poca, Ida.

4. FULL NAME OF CHILD Kathleen Louise Turner

5. Date of Birth (Month, day, year) Nov. 30, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Clarence Foster Turner | 16. FULL MAIDEN NAME Catherine Louise Moran |
| 11. Color or Race white | 17 Color or Race white |
| 12. Age at time of THIS birth 36 yrs. | 18. Age at time of THIS birth 36 yrs. |
| 13. Birthplace Champaign, Ill. (City or town) (State or foreign country) | 19. Birthplace Omaha, Nebr. (City or town) (State or foreign country) |
| 14. Exact Occupation R. R. Machinist | 20. Exact Occupation Housewife |
| 15. Industry or Business Railroad | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ A. M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Louise Turner (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Apr. 3, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. K. L. Turner, being first duly sworn, say that I am Realted to (Related to (or) acquainted with) Kathleen Louise Turner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. K. L. Turner — Signature

516 Washington, Boise, Idaho — P. O. Address

Subscribed and sworn to before me on this 3rd day of April 1941

(SEAL) Rose A. Hanworth — Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-117-229-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 2 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309657
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: born at home
In Hosp. or Mat. Home ____ days.
In THIS county years 3 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 Mos yrs.
(f) Mother's mailing address Gen Del Moscow
3. RESIDENCE of FATHER (city, state): Moscow

4. FULL NAME OF CHILD Daniel Earl Greenberg
5. Date of Birth (Month, day, year) June 17 1902
6. Sex male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME William Greenberg
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Strassburg (City or town) Germany (State or foreign country)
14. Exact Occupation Section hand (RR)
15. Industry or Business Railroad (OSL)

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lucy Anna Stover
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Johnstown (City or town) Penna (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9.00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucy A. Greenberg (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 2 1941 (Date received) (b) Mabel F Eicher (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature midwife Amellia Oppenheim deceased M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucy A. Greenberg, being first duly sworn, say that I am related to (Related to (or) acquainted with) Daniel Earl Greenberg (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amelia Oppenheim (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucy A. Greenberg Signature
607 East 27th Street
Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 25th day of March, 19 41

(SEAL) Herman R Koeste Notary Public, residing at 3312 Trinity St Los Angeles, Calif

My Commission Expires July 22, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/9/1941 C. P.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393-216 035-69b

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
APR 1 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309670
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address.
3. RESIDENCE of FATHER (city, state): Lewiston Idaho

4. FULL NAME OF CHILD Jean Fife Little
5. Date of Birth (Month, day, year) Aug. 16, 1902
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME John H. Little
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bath, Illinois (City or town) (State or foreign country)
14. Exact Occupation Dry Goods Clerk
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Edna J. Fife
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Emporia, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ✓
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 1 1941 (Date received) (b) Mabel J. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Edna J. Little, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jean Fife Little (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shaff (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Edna J. Little Signature
P.O. Box 335 Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of March, 1941

(SEAL) Philip Reinguber Notary Public residing at

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/10/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-02-02-158 RECEIVED

United States
Department of Commerce
Bureau of Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309755
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. Route 3
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Lawrence William Denning

5. Date of Birth (Month, day, year) Nov 2-1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Philip Denning

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Malad, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ann Ashdown

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Bountiful, Utah (City or town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Williams (First name) (Last name) who is related to this child as Aunt (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature Elizabeth Williams M.D. (D.O., Midwife, etc.)
and address Idaho Falls Date Idaho

State of .....
County of ..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/11/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-106-020-893

RECEIVED APR 12 1941

309778

309778

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Elmore (b) City Mountainhome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Mtnhome Idaho
3. **RESIDENCE of FATHER** (city, state) Mtnhome Ida.

4. **FULL NAME OF CHILD** Worth Elijah Fletcher
5. Date of Birth (Month, day, year) May 6, 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Elijah Benjamin Fletcher
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Managing business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ethel Hicks.
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Parker (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) April 12-1941 (Date received) (b) Maud F Eeder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Nevada
County of Elko } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Fletcher, being first duly sworn, say that I am ~~mother~~ related (Related to (or) acquainted with) Worth Elijah Fletcher (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. G. Smith (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel Fletcher, Signature
Rio Tinto Nevada P. O. Address

Subscribed and sworn to before me on this 10th day of April, 1940

(SEAL) Willard R Hamlin ~~Notary Public~~, residing at Mt. Cathy, Nevada
Justice of Peace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/24/41. wh

STATE OF NEVADA, }
COUNTY OF ELKO } ss.

I, MAE E. CAINE, County Clerk and ex-officio Clerk of the District Court of the State of Nevada, in and for the County of Elko, do hereby certify that WILLARD B. HAMLIN before whom the annexed instrument was made and executed, and who has thereunto subscribed his name, was at the time of so doing a JUSTICE OF THE PEACE in and for the said Elko County, duly qualified, sworn and acting, and that his signature thereunto is genuine.

Witness my hand and the Seal of said Court affixed, this 21st day of APRIL, 1941.

Mae E. Caine, Clerk.

_____, Deputy Clerk.

141-128-002369

309783

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 12 1941

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Delivery at Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Same

**3. RESIDENCE of FATHER** (city, state) Emmett Idaho

**4. FULL NAME OF CHILD** Omer Thomas Adams Jr.

**5.** Date of Birth (Month, day, year) 2/28/1902

**6.** Sex Male **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Omer Thomas Adams Sr.
**11.** Color or Race White **12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Shelby County Iowa U.S.A. (City or town) (State or foreign country)
**14.** Exact Occupation Carpenter Work
**15.** Industry or Business Building contractor

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Permelia Emma Corbett (Adams)
**17** Color or Race White **18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Salt Lake - Utah U.S.A. (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business ✓

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Omer T. Adams (First name) (Last name), who is related to this child as Father (Mother, etc.)

**26.** (a) April 17-1941 (Date received) (b) Mabel Feeler (Registrar's signature)
**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Mem } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Omer Thomas Adams Sr. being first duly sworn, say that I am Related to (Related to (or) acquainted with) Omer Thomas Adams Jr. (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Loader (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Omer T. Adams Signature

Frazier Park Calif. (Box 15) P. O. Address

Subscribed and sworn to before me on this 9 day of April, 1941

(SEAL) Bert Kingsbury Notary Public, residing at Lebec Calif.

My Commission Expires March 11, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

309758

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 12 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

309784

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise
City of Crawford
No. ..... St. .....
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Helen Rebekah Higgins

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Nov 8, 1902 (Month, Day, Year)

**FATHER**

9. Full name Dwight Noel Higgins
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) Orvalle (State or Country) Addison Co. Vermont

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent J. I. Case Co.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work about 10 yrs

**MOTHER**

18. Full maiden name Sarah Alice Zehner
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) Wolf Creek (State or Country) Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother Six (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report April 17-1941
(Date of)
Mary E. Eifler
Registrar.

RECEIVED

Filed APR 12 1941, 193....
Registrar.

897-208-008-958

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

SARAH ALICE HIGGINS being first duly sworn says that she is the mother (Relationship of child)* of Helen Rebekah Higgins born Nov. 8 1902 (Date of birth) at Crawford, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Helen Rebekah Higgins hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs May McCall ~~M. D.~~ Midwife was the medical attendant at the birth of said Helen Rebekah Higgins and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Sarah Alice Higgins
P. O. Address 1175 West 4th St, Pomona, Calif.

Subscribed and sworn to before me this 8th day of April, 1941.

Ethyl Baldwin
Notary Public.

Residing at Pomona, California, ~~Idaho~~
NOTARY PUBLIC
In and for the County Los Angeles
California

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 29 1949

347-105-014-34 WED

309809

United States
Department of Commerce
Bureau of the Census APR 8 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 7th & Clear
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 12 years 10 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Can
(c) City Caldwell
(d) Street Address or R.F.D. No. 7th & Clear
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address 7th & Clear
3. RESIDENCE of FATHER (city, state): Caldwell Ida

4. FULL NAME OF CHILD Cecil Clyde Cupp
5. Date of Birth (Month, day, year) Oct. 5. 1902
6. Sex Male
7. Twin or Triplet twins If so—born 1st, 2nd, 3rd 2nd.
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Charles Hamilton Cupp
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Carthage Mo. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellis Clyde Cupp
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Plenera Kans. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 8 1941 (Date received) (b) Maud F. Eefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature a mid wife M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Monroe Cupp, being first duly sworn, say that I am a Brother (Related to (or) acquainted with) of Cecil C Cupp (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Ralph Cowden (Name of attendant at birth) said birth Mrs Ralph Cowden (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cannot be located

William Monroe Cupp Signature
R2. Kuna Idaho P.O. Address

Subscribed and sworn to before me on this 7th day of April, 1941

(SEAL) R. Martin Notary Public, residing at Kuna Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/11/ 1941 C. P.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S49-125-p22-9574

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309872

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ralph Leif Erickson | | | 2. Date Of Birth (month) June (day) 25 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Dubois |
| **FATHER** | 6. Full Name of Father: Otto Erickson | | | 7. State or Country of Father's Birth: Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Rebecca Redford | | | 9. State or Country of Mother's Birth: Wellsville, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ralph Leif Erickson | | 11. Present Address of Registrant: 8335 Western Drive - Magna, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 23 1963 | 12. Signature of Notary: M. D. Randall | | 13. Notary Commission expires: Feb. 22 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photocopy of school record | | By whom issued and signed: Pocatello High School Pocatello, Idaho | Date Issued: --- | Date Orig. Entry: Entered Jan. 1918 |
| | Date of Birth: June 25, 1902 | Birth Place: Dubois, Idaho | Full Name of Mother: ------ | Name of Father: Otto Erickson | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding College Record | | By whom issued and signed: Alton B. Jones, Registrar, Idaho State College, Pocatello, Ida | Date Issued: April 1 1963 | Date Orig. Entry: Sept 27, 1923 |
| | Date of Birth: June 25, 1902 | Birth Place: Dubois, Idaho | Full Name of Mother: ----- | Name of Father: Otto Erickson | |
| **SUPPORTING RECORD 3.** | Type of Document: Photocopy of grade school Record | | By whom issued and signed: Grade 3, East School Pocatello, Idaho | Date Issued: ---- | Date Orig. Entry: March 31, 1912 |
| | Date of Birth: June 25, 1902 | Birth Place: ---- | Full Name of Mother: ----- | Name of Father: Otto Erickson | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | bf Joyce B. Foltz | May 31, 1963 |

FORM BH 56067

Correction

L. 11-1-60

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

RECEIVED
APR 4 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309872
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Dubois, Ida

4. FULL NAME OF CHILD Ralph Leif Erickson

5. Date of Birth (Month, day, year) June 25, 1904

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Otto Erickson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Rebecca Redford
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Wellsville, (State or foreign country) Utah
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Erickson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Leif Erickson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lewis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Otto Erickson — Signature
842 E. Clark, Pocatello, Idaho — P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL) Anna Reep, Notary Public, residing at POCATELLO, IDA.

CLERK OF THE DISTRICT COURT

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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339-25-025239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 7 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309877
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City STITES
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county 1 years 3 months 10 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City stites
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 39 yrs.
(f) Mother's mailing address ORofino
3. RESIDENCE OF FATHER (city, state) ORofino

4. FULL NAME OF CHILD BURR WEIL STRECKER
5. Date of Birth (Month, day, year) Nov. 25-1902
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME MILO P STRECKER
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace Arcadia (City or town) Kansas (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME AMEE M. STRECKER
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Close to Effingham (City or town) Kansas (State or foreign country)
20. Exact Occupation Clerk in Store
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Maud Reeder (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's OWN signature ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Milo P Streck, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Burr Weil Streck (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Chas Mack (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Milo P Streck ....Name
Orofino Idaho ....P. O. Address

Subscribed and sworn to before me on this 9 day of April 1941

(SEAL) Frank Hamilton ....Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/14/41. w.h.

## DELAYED REGISTRATION LAW

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219-12-8285-691

United States
Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 309900
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County (b) City Cataldo Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years 7 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 mo's yrs.
(f) Mother's mailing address Cataldo Idaho

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Frank Francis Bartell
5. Date of Birth (Month, day, year) March 22nd 1902
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME William Bartell
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Near Madison Wis (City or town) (State or foreign country)
14. Exact Occupation Railway - Sec foreman
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Laura Belle Francis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Adel, Dallas Co Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 10 1941 (Date received) (b) Mabel F Geeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura B. Bartell, being first duly sworn, say that I am Related to (or) acquainted with Frank Francis Bartell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Bailey (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Laura B. Bartell Signature
P. O. Address

Subscribed and sworn to before me on this 8th day of Apr, 19 41

(SEAL) Clifford Hughes Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1943

SEP 13 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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266-123. 028-245

309910

United States
Department of Commerce
Bureau of the Census APR 9 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No. 32
Reg. Dist. No. 130

1. **PLACE OF BIRTH:** now Benewah
(a) County Kootenai (b) City St. Maries
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years 5 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 17 mos.
(f) Mother's mailing address St. Maries

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Lionel LeRoy Swope Jr.

5. Date of Birth (Month, day, year) July 23, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Lionel LeRoy Swope
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nemaha Co., (City or town) Nebr. (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Stella Frances Sunderland
17. Color or Race
18. Age at time of THIS birth 22 years
19. Birthplace Mercer Co., (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 00 P. M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Apr. 8, 1941 (Date received) (b) Walter Roberg (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Benewah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella Frances Swope, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lionel LeRoy Swope (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Stella Frances Swope Name
2213 Idaho Ave., St. Maries, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of April 1941

(SEAL) Walter Roberg ~~Notary Public~~ U.S. Commr., residing at St. Maries, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-016036-613 RECEIVED

309915

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Rockland.
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home: Born at residence.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Theora Jensen
5. Date of Birth (Month, day, year) II- I6- I902.
6. Sex Female
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

**FATHER OF CHILD**

10. FULL NAME Henry Jensen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Springville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Halling.
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Brigham City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Henry Jensen (First name) (Last name), who is related to this child as Father. (Mother, etc.)

26. (a) MAR 25 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Sarah Brown M.D. (D.O., Midwife, etc.)
and address Rockland Ida. Date 3. 1941

State of Idaho
County of Power } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry Jensen, being first duly sworn, say that I am father (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Sarah Brown (Name of attendant at birth), who attended said birth Deceased (Is how deceased (or) cannot be located) and that this birth has not been previously recorded.

Henry Jensen Signature
Rockland Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of April 1941

(SEAL) Thos. H. Barnard Notary Public, residing at Rockland
Com. Expires Nov. 12-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-222-028-215

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 15 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 309947
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Georgia Pauline Hagman
5. Date of Birth (Month, day, year) March 22-1902
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Albert Anthony Hagman
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Marine (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Helen Sanders
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Flora (City or town) Norway (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) april 15-1941 (Date received) (b) Maud F Geeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen Hagman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Georgia Pauline Hagman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dora Charbonneau (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Helen Hagman Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of april 1941
(SEAL) Notary Public, residing at Priest River Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1948

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

797-231-001-362

309968

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 14 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County....ADA.... (b) City....MERIDIAN....
(c) Street Address or R F.D No....RURAL....
(d) Name of Hospital or Maternity Home:
....Residence....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county....No..years....2....months..10....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State....Idaho.... (b) County....ADA....
(c) City....Meridian....
(d) Street Address or R.F.D. No....Rural....
(e) How long has **MOTHER** lived in Idaho?..70..days.
(f) Mother's mailing address....Meridian, Idaho....

3. **RESIDENCE OF FATHER** (city, state)....ditto "....

4. **FULL NAME OF CHILD**....MARY JULIA PIGG....

5. Date of Birth (Month, day, year)....May 31, 1902....

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME**....JOHN WASHINGTON PIGG....
11. Color or Race....white....
12. Age at time of THIS birth....28....yrs.
13. Birthplace....Sullivan County, Missouri.... (City or town) (State or foreign country)
14. Exact Occupation....Farmer....
15. Industry or Business....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**....IRENA HELEN COKER....
17. Color or Race....white....
18. Age at time of THIS birth....36....years
19. Birthplace....Putman County, Missouri.... (City or town) (State or foreign country)
20. Exact Occupation....Housewife....
21. Industry or Business....

22. Name prophylactic used to prevent Ophthalmia Neonatorum....
23. Number of children of this mother: (a) At time of birth and including this child....2.... (b) Born alive and now living..2.... (c) Born alive and now dead..none (d) Stillborn....none

24. I HEREBY CERTIFY That I attended the birth of this child, who was....born alive.... (born alive, stillborn) at....2.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by....John Washington Pigg.... (First name) (Last name), who is related to this child as....Father.... (Mother, etc.)

26. (a) April 14 - 1941 (Date received) (b) Mabel F Keller (Registrar's signature)

27. Given name added on....by.... (Registrar's signature)

25. Attendant's **OWN signature**....M.D. or.... (D.O., Midwife, etc.)
and address Date

State of....California....
County of....Los Angeles.... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I....John Washington Pigg...., being first duly sworn, say that I am....related to.... (Related to (or) acquainted with) ....Mary Julia Pigg.... (Name of person on certificate above) as....Father.... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....Mrs. Nelson.... (Name of attendant at birth), who attended said birth....now deceased.... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Washington Pigg ....Name

4022 E. 52nd St. Maywood, Calif. ....P. O. Address

Subscribed and sworn to before me on this....7th....day of....April, 1941....

(SEAL) W. Sheets ....Notary Public, residing at....Maywood, Calif....

My Commission Expires Jan. 28, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. wh

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

992-216-535-719

United States
Department of Commerce
Bureau of Census

APR 16 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 310028
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Morrow
(c) Street Address or R.F.D. No. Traveler's Home
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No. Gen. Del
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Morrow Idaho

3. **RESIDENCE of FATHER** (city, state) Morrow Idaho

4. **FULL NAME OF CHILD** Evalyn Alice Elizabith Risdon
5. Date of Birth (Month, day, year) Sept. 16, 1902
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos.
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Orange A. Risdon
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Eugene Ore. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ada B. Parsley
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Crowford County Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ada B. Risdon (First name) (Last name), who is related to this child as ~~Ada B. Risdon~~ mother (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ada B Risdon, being first duly sworn, say that I am ~~the Mother~~ related to (Related to (or) acquainted with) Evalyn Alice Elizabith Risdon (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Vadney (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada B. Risdon Signature
1928 W Mallon, Spokane, Wn. P. O. Address

Subscribed and sworn to before me on this 15 day of April, 1941

(SEAL) Winnifred McPherson Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/23/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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225-120 025-292

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 17 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310044
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Idaho (b) City: Mt. Idaho
(c) Street Address or R F.D No.: —
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Washington (b) County: Chelan
(c) City: Leavenworth
(d) Street Address or R.F.D. No. 144 W. Benton St.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address: Same as above

3. **RESIDENCE OF FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD:** Kenneth Byron Skelton

5. Date of Birth (Month, day, year): June 20, 1902

6. Sex: Male

7. Twin or Triplet: —

If so—born 1st, 2nd, 3rd: —

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** John Logan Skelton
11. Color or Race: White
12. Age at time of THIS birth: 38 yrs.
13. Birthplace: Centralia (City or town) Ill. (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Belle May Bishop
17. Color or Race: White
18. Age at time of THIS birth: 39 years
19. Birthplace: Clarksville (City or town) Iowa (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: —

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 6 (c) Born alive and now dead: 1 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Wisdom (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) April 17-1941 (Date received) (b) Marvel T. Geller (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** — M.D. or (D.O. Midwife etc.) Has passed
and address Date

State of Oregon
County of Morrow } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie Wisdom, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Kenneth Byron Shelton (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bibby (Name of attendant at birth), who attended said birth Now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bessie Wisdom, Name
Irrigon, Oregon. P. O. Address

Subscribed and sworn to before me on this 20th. day of January 1941.

(SEAL) Norman A. Luchsinger Notary Public, residing at Umatilla, Oregon.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES DEC. 27, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/23/41. wh

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-211-028-154

RECEIVED

APR 11 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310082
Local Reg. No. 110
Reg. Dist. No. 181

1. PLACE OF BIRTH: (a) County Kootenai (b) ~~City~~ Rimrock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rimrock
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Harden Lake

3. RESIDENCE of FATHER (city, state): Rimrock, Id.

4. FULL NAME OF CHILD ELLEN SOPHIA NELSON

5. Date of Birth (Month, day, year) Jan. 11, 1902

6. Sex F.

7. Twin or Triplet Twin

If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Carl Nelson
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Christina Anderson
17. Color or Race W
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 4-2-41 (Date received) (b) A. L. Lewis M.D. (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ellen Sophia Nelson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rhodes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carl Nelson Signature

P. O. Address

Subscribed and sworn to before me on this 2 day of April 1941

(SEAL) J. A. Foster Clerk of the District Court ex-officio Auditor and Recorder, ~~Notary Public, residing at~~ By Jos. C. White Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-127-011612

RECEIVED

APR 11 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310091

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Boundary (b) City Copeland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Copeland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Copeland

3. RESIDENCE of FATHER (city, state) Copeland

4. FULL NAME OF CHILD William Robert Guthrie

5. Date of Birth (Month, day, year) Feb 27 - 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME James Henry Guthrie
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Martha Adele Washburn
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 11 - 1941 (Date received) (b) Maud F. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Guthrie, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Robert Guthrie (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), ~~who~~ attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Martha Adele Guthrie Signature

Copeland Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of March 1941

(SEAL) M. Baker Notary Public, residing at Notary Public for the State of Idaho Residing at Bonners Ferry. Commission Expires March 9, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1965

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735 701 025 485 RECEIVED

310109

United States
Department of Commerce
Bureau of Census

APR 19 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County IDAHO (b) City HARPSTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 19 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City HARPSTER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address HARPSTER, IDAHO

3. **RESIDENCE of FATHER** (city, state) HARPSTER, Idaho

4. **FULL NAME OF CHILD** OLIVER RAY PLEMON

5. Date of Birth (Month, day, year) 1-1-1907

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** LEVI OLIVER PLEMON
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace CEDAR FALLS, WISCONSIN (City or town) (State or ~~foreign country~~)
14. Exact Occupation DRIVER
15. Industry or Business STAGE COACHING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** HETTIE MAY MYERS
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace VERONA, MISSOURI (City or town) (State or ~~foreign country~~)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living FIVE (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 6:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by HETTIE MAY PLEMON (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) Apr. 19, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MRS. H. M. PLEMON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) OLIVER RAY PLEMON (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. BUSEY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. H. M. Plemon — Signature
519 Atlantic ave. Long Beach — P. O. Address

Subscribed and sworn to before me on this 17th day of April 1941

(SEAL) H. Morgan — Notary Public, residing at Long Beach Calif.

County of Los Angeles

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-130035-366 RECEIVED

310129

United States
Department of Commerce
Bureau of the Census APR 21 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 57
Reg. Dist. No. 210

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Cavendish
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cavendish
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Christina Victoria Peterson
5. Date of Birth (Month, day, year) April 30-1902
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Peterson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Katrina Lowesen
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Lewiston (City or town) (State or foreign country)
20. Exact Occupation Farmers Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 4/17/41 (Date received) (b) W. A. Shaw (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Virgil M. Peterson, being first duly sworn, say that I am Brother to (Related to (or) acquainted with) Christina Victoria Peterson (Name of person on certificate above) Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Nellie Peterson (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Virgil Peterson Signature
P. O. Address

Subscribed and sworn to before me on this 18 day of April, 1941
(SEAL) Samuel Edwards Notary Public, residing at Orofino, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/24/41. w.n.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469121 014168

311162

United States
Department of Commerce
Bureau of the Census

APR 21 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1003 2nd. Ave. N.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City Westfall
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 Months yrs.
(f) Mother's mailing address Westfall Oregon
3. RESIDENCE of FATHER (city, state) Westfall, Ore

4. FULL NAME OF CHILD Ralph Ellsworth Doree
5. Date of Birth (Month, day, year) Oct.21,1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Elmer Ellsworth Doree
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Howard county Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Maud Leroy Johnson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Marshall Missouri. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living YES
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 21-1941 (Date received) (b) Mabel I Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature J R Woodworth M.D. (D.O., Midwife, etc.)
and address Payette Idaho, Date 4/8/41

State of
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J R Woodworth M.D. Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage payment of fifty cents, money order or coin. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

c.c. 4/26/41. wh.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-123-035-51X

RECEIVED APR 22 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311169
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Lewiston Ida
3. RESIDENCE of FATHER (city, state): Lewiston Id

4. FULL NAME OF CHILD Christopher Xavier Haury
5. Date of Birth (Month, day, year) Oct 23 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Maximilian Haury
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Paso Christian Miss (City or town) (State or foreign country)
14. Exact Occupation Lumber Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Viola Nagel
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by LILLIAN VIOLA HAURY (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) April 24-1941 (Date received) (b) Mabel T. Geeder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Mary E. Steiner M.D. (D.O., Midwife, etc.)
and address 9th & Libby Clarkston Wash Date 4/14/41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this 24th day of April, 1941.

(SEAL) ____ Notary Public, residing at Clarkston, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chap[illegible]

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/28/41. w.h.

591 204044 799

United States
Department of Commerce
Bureau of Census

APR 22 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311173
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 323 E. Main St.
(d) Name of Hospital or Maternity Home: In home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 323 E. Main.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Weiser, Idaho

**3. RESIDENCE of FATHER** (city, state) Weiser, Ida.

**4. FULL NAME OF CHILD** Clara Vial ~~Birlew~~

**5.** Date of Birth (Month, day, year) Aug. 4, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? 9

**FATHER OF CHILD**

**10. FULL NAME** M. Louis Vial
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Horse Cave, Kentucky (City or town) (State or foreign country)
**14.** Exact Occupation Optometrist and Jeweler
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Clara Griffin
**17** Color or Race White **18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace Montreal, Canada (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

**26.** (a) Apr. 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
**27.** Given name added on ____ by Mabel F. Elder (Registrar's signature)

**25.** Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Edlin, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Clara Vial Virlew (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. B. Shirley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura J. Edlin — Signature
Weiser, Idaho — P. O. Address

Subscribed and sworn to before me on this 19th day of April, 1941

(SEAL) Fern Hansen — Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/28/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

APR 25 1941

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Arbon
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home:
at Home ✓
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county 4 years ✓ months ✓ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) Arbon, Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leo R Daniels (Leo B. Daniels)

5. Date of Birth (Month, day, year) September 23, 1902 (Sept. 23, 1902)

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John M Daniels
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Boxelder, Utah (City or Town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Rosetta Richa
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Malad, Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:00 A.M. on the date Sept. 23 and at the place stated above, and that personal particulars were furnished by Martha Daniels (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 25 194 4/25/41 (Date received) (b) Mabel F. Elder (Registrar's signature) Mabel F. Elder

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's **OWN signature** Elizabeth Daniels Attendant M.D. (Midwife, etc.)
and address Gem Hot Springs Date 4/23, 1941
Idaho

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

415-225-026-469

United States
Department of Commerce
Bureau of Census

APR 25 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Menan

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Viola Jane Davis

5. Date of Birth (Month, day, year) March 24, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Henry Davis
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mc Minnville Ore. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Louisa Cordelia Morris
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Near Gate City Virginia (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Louisa Cordelia Morris (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) April 25-1941 (Date received) (b) Maurel F Eldredge (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Louisa Cordelia Davis ~~M.D.~~ (D.O., Midwife, etc.)
and address Freewater, Ore Date 4/24/41

State of Oregon
County of Umatilla } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louisa Cordelia Davis, being first duly sworn, say that I am related (Related to (or) acquainted with) Viola Jane Davis (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jones, midwife (Name of attendant at birth), who attended said birth now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louisa Cordelia Davis — Signature
Freewater, Oregon — P. O. Address

Subscribed and sworn to before me on this 24 day of April, 1941

(SEAL) E. J. Davis — Notary Public, residing at Freewater Ore
10-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/1/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-113 006-388

311308

United States
Department of Commerce
Bureau of Census

APR 25 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Clinton Francis Monson
5. Date of Birth (Month, day, year) 8/13/02
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Francis Monson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hyrum, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Owner of Farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Irene Thyberg
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Smithfield, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 25-1941 (Date received) (b) Mabel F. Geeker (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irene Thyberg Monson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clinton Francis Monson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ed Jimmets (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

P. O. Address 1471 W. 186th St., Gardena, California

~~Signature~~

Mrs Irene Thyberg Monson Sig. ~~P. O. Address~~

Subscribed and sworn to before me on this 18th day of April, 1941

(SEAL) Mildred Watson Notary Public, residing at Los Angeles, Calif.

My Commission Expires August 1st, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/1/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235103-035898

United States
Department of Commerce
Bureau of the Census

APR 26 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311336
Local Reg. No. 1402
Reg. Dist. No. 201

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on farm
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 14 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Gifford, Idaho
3. RESIDENCE of FATHER (city, state): Gifford, Ida

4. FULL NAME OF CHILD Jesse Stevens
5. Date of Birth (Month, day, year) Jan. 3, 1902
6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME DeWitt Stevens
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace — (City or town) Tennessee (State or foreign country)
14. Exact Occupation Manager - Sawmill
15. Industry or Business Sawmill

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ida Elnora Fry
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn none

~~24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)~~

~~26. (a) 4-24-41 (Date received) (b) [signature] (Registrar's signature)~~

~~25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____~~

27. Given name added on ____ by ____ (Registrar's signature)

State of Oregon
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Barber, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jesse Stevens (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth Barber
Signature
Eugene - Oregon - 275½ W. 4th
Address

Subscribed and sworn to before me on this 11½ day of April, 19 40

(SEAL) Florence M. Garnett Notary Public, residing at Eugene, Oregon.

3-15-45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/2/41. w.h.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-211 005-268

RECEIVED

APR 28 1941

311348

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address St. Maries Ida.

3. **RESIDENCE of FATHER** (city, state) St Maries Ida

4. **FULL NAME OF CHILD** Lulu Bertha Peterson

5. Date of Birth (Month, day, year) Feb. 11 - 1902

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James L. Peterson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Frances Boyce
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Stockton Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr 28 - 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Washington
County of Kniff } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary F. Peterson, being first duly sworn, say that I am related (Related to (or) acquainted with) Lulu Bertha Peterson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Helga Olson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary F. Peterson (mother) Signature
Issaquah, Rt. a, Wash P. O. Address

Subscribed and sworn to before me on this 26th day of April, 1941

(SEAL) ____ Notary Public, residing at Issaquah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/5/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 108 014 845

311387

United States
Department of Commerce
Bureau of Census

APR 29 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 300 Third Ave. North
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No 300 ~~3rd Ave. No.~~
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address Above

3. **RESIDENCE of FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Maurice Wishard Brainard

5. Date of Birth (Month, day, year) July 8, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Clarence Exerie Brainard
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Real Estate Broker
15. Industry or Business " " "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Julia Dean Hunter
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Payson, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ A.M. on the date and at the place stated above, and that personal particulars were furnished by Edward L. S. Brainard (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

26. (a) Apr. 29, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature Edward L. S. Brainard (D.O., Midwife, etc.)
and address Payette Idaho Date 4/28/41

State of Idaho
County of Payette } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward L. S. Brainard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Maurice Wishard Brainard (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. H. Avey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edward L. S. Brainard Signature
Payette Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of April, 1941

(SEAL) Bernice White Notary Public, residing at Payette, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2 copies 5/6/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 112 007 492

RECEIVED

United States Department of Commerce Bureau of Census

APR 30 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311423

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BLAINE (b) City PICABO
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ___ days. IN THIS county 1 years 3 month ___ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City PICABO
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address BRYAN, TEXAS

3. RESIDENCE of FATHER (city, state) DECEASED

4. FULL NAME OF CHILD Charles CHARLES DIBRELL FATOR

5. Date of Birth (Month, day, year) 11-12-02

6. Sex MALE

7. Twin or Triplet ___ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

## FATHER OF CHILD

10. FULL NAME CHARLES HARRY FATOR
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace PICABO (City or town), IDAHO (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business LIVE STOCK

## MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA BURTON DIBRELL
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SEGUIN (City or town), TEXAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 5 (c) Born alive and now dead 6 (d) Stillborn 1

~~24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)~~

~~26. (a) Apr. 30, 1941 (Date received) (b) Mabel R. Felder (Registrar's signature)~~

~~27. Given name added on ___ by ___ (Registrar's signature)~~

~~25. Attendant's OWN signature ___ M.D. (D.O., Midwife, etc.) and address ___ Date ___~~

State of TEXAS
County of BRAZOS } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARTHA BURTON DIBRELL FATOR, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) CHARLES DIBRELL FATOR (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Starfield (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Burton Dibrell Fator X Signature

P.O. Box 564, BRYAN, TEXAS P. O. Address

Subscribed and sworn to before me on this 28 day of April 1941

(SEAL) A. J. McIlwain Notary Public, residing at Bryan Texas

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/7/41 L. B.
6/13/41 L. B.
3 cc.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 110 030 255

United States
Department of Commerce
Bureau of Census

MAY 4 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Fort Lemhi
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Merrill B. Chaffin
5. Date of Birth (Month, day, year) Feb. 10, 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Thomas Allen Chaffin
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fort Lemhi (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Agnes Josephine Kenney
17. Color or Race White
18. Age at time of THIS birth 14 yrs.
19. Birthplace Fort Lemhi (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 4, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Nevada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes Josephine Wion, formerly Agnes J. Kenney Chaffin, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Merrill B. Chaffin (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Josephine Kenney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agnes Josephine Wion Signature
512 Jordan St., Nevada City, Calif. P. O. Address

Subscribed and sworn to before me on this 2 day of May, 1941

(SEAL) John E. Nettell Notary Public, residing at County Recorder of Nevada County California By A. L. Tucker Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1971

5/8/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769 220 014 795

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 14 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311502
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Payette, Idaho

4. FULL NAME OF CHILD Lola Nell Gorton
5. Date of Birth (Month, day, year) Jan. 20, 1902
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD
10. FULL NAME John Byron Gorton
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ypsilanti Mich U.S.A. (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Addah Arner
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kleyton Penna U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ✓
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr 14 - 1941 (Date received) (b) Maud F. Felker (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Arner Gorton, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lola Nell Gorton (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Do Not Know (Name of attendant at birth), who attended said birth Was To Young To Remember (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Arner Gorton Signature
Rogue River, Oregon P. O. Address

Subscribed and sworn to before me on this Second day of May, 1941
(SEAL) Burwell O'Kelly Notary Public, residing at Rogue River, Ore.
My Commission Expires Feb. 6, 1944 For Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/9/41. w.h.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

311589

MAY 6 1941

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 78 East Alice St.
869 117 006 589
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wallace Edward York

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth Dec. 17, 1902 (Month, Day, Year)

FATHER

9. Full name Bryce E. York

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Morgantown, No. Carolina U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stock raiser

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Presently engaged

17. Total time (years) spent in this work 75 yrs.

MOTHER

18. Full maiden name Hannah Nord York

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot

20. Color or race White | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Staversvad, Kristianstad, Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Continuous 19.....

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3:30 P.M. on the date above stated.

(Signed) J. E. Lafrie, M. D.

or ....., Midwife

Address Blackfoot, Idaho

Filed May, 1941

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report May 6-1941 (Date of)

Mabel F. Leber
Registrar.

c.c. 5/22/41. w.h.

319-213-029-235

United States
Department of Commerce
Bureau of the Census

MAY 10 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 311640
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Lilly St.
(d) Name of Hospital or Maternity Home: Gritman Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 7 days.
In THIS county years 8 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Lilly St.
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address Moscow
3. RESIDENCE of FATHER (city, state): Moscow

4. FULL NAME OF CHILD Eugenia Carlisle
5. Date of Birth (Month, day, year) Oct. 13. 1902
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Charles Ellison Carlisle
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sheridan (City or town) Oregon (State or foreign country)
14. Exact Occupation Machinery Salesman
15. Industry or Business Machinery

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elma Florilla Stevens
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn yes

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 10 - 1941 (Date received) (b) Mabel T. Eaton (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elma Scott, being first duly sworn, say that I am (Related to (or) acquainted with) Eugenia Carlisle (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr C Gritman (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elma Florilla Carlisle Scott Signature
617 Hobson St Walla Walla P. O. Address

Subscribed and sworn to before me on this 8TH day of May, 1941
(SEAL) Emmaylfield Notary Public, residing at Walla Walla, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1953

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235- 123-029-168

311699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 1438
Reg. Dist. No. 200

MAY 12 1941

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month 22 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has MOTHER lived in Idaho? 22 days
(f) Mother's mailing address R.F.D. #2

3. RESIDENCE of FATHER (city, state): Moscow, Idaho.

4. FULL NAME OF CHILD Kenneth Lloyd Steffen

5. Date of Birth (Month, day, year) Oct. 23, 1902

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Charles Fremont Steffen
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Springfield, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Leona Maude Johnston
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kirksville Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

26. (a) 5-7-41 (Date received) (b) Frank Einhouse (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leona Maude Steffen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Lloyd Steffen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Adair (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leona Maude Steffen
Signature

Moscow, Idaho
P. O. Address

Subscribed and sworn to before me on this 7th day of May, 1941.

(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-113-022-632

3 11752

**311752**

United States
Department of Commerce
Bureau of Census

MAY 17 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Marysville, Idaho.

3. **RESIDENCE of FATHER** (city, state) Marysville

4. **FULL NAME OF CHILD** Robert Alvin Miller

5. Date of Birth (Month, day, year) June 13, 1902

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Soren Larsen Miller
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Tved, Randers Co. (City or town) Denmark (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Caroline Olsen
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Mantua (City or town) Box Elder Co. Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 17 1941 (Date received) (b) Mabel T. Keeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Agnesla, being first duly sworn, say that I am related to (sister) (Related to (or) acquainted with) as sister, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. H. R. Cunningham (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Lena Agnesla Signature
441 Riverside Ogden Utah P. O. Address

Subscribed and sworn to before me on this 12 day of May, 1941

(SEAL) Henry Veeger Notary Public, residing at Ogden, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/19/41 L. B. 2 copies

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-223 025 819

United States
Department of Commerce
Bureau of Census

RECEIVED
MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 311802
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Kamiah Precinct
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah Precinct
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Kamiah, Idaho

3. **RESIDENCE of FATHER** (city, state) Kamiah, Ida

4. **FULL NAME OF CHILD** Addie Marie Stuart

5. Date of Birth (Month, day, year) July 23, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Arthur Jenkins Stuart
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kokomo, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie Anna Hardenbrook
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 15-1941 (Date received) (b) Mabel T. Geeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Arthur Jenkins Stuart, being first duly sworn, say that I am Related (Related to (or) acquainted with) Addie Marie Stuart (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Hollingshead (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Arthur Jenkins Stuart Signature

Stites, Idaho P. O. Address

Subscribed and sworn to before me on this 4 day of May 1941

(SEAL) D. F. Cleveland Notary Public, residing at Kooskia Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/21/41. w.h.
c.c. 6/6/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-129-014-864

United States
Department of Commerce
Bureau of Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311805
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In our home 1½ mi. W. of Nampa
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years month 10 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Nampa

3. **RESIDENCE of FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** John Gideon Kauffman.

5. Date of Birth (Month, day, year) Jan 29, 1902

6. Sex male

7. Twin or Triplet If born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** David Ulysses Kauffman
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace West Liberty (City or town) Ohio (State or foreign country)
14. Exact Occupation Carpentering & farming.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Maria Yoder
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Middlebury (City or town) Ind. (State or foreign country)
20. Exact Occupation Homemaker.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 15-1941 (Date received) (b) Mabel J. Felder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs David U Kauffman, being first duly ~~sworn~~ affirm, say that I am mother (Related to (or) acquainted with) John Gideon Kauffman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs W. L. Schrock (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs David U. Kauffman Signature
811 16th St. No Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of May, 1941

(SEAL) M and Weny Notary Public, residing at Nampa Idaho
for Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 129 001-766

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 6 1941

State File No. 311809
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. Thatcher St.
(d) Name of Hospital or Maternity Home: At neighbors home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 1 years 5 month 28 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. Thatcher St.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Boise Idaho

3. **RESIDENCE of FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** FREDERICK GOODWIN MANEELY

5. Date of Birth (Month, day, year) Nov. 29, 1902

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** WILLIAM J. MANEELY
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hastings (City or town) ENGLAND (State or foreign country)
14. Exact Occupation Chief clerk - U.S. Land Office
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ELIZABETH SARAH GOODWIN
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace CHELMSFORD (City or town) ENGLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia~~ Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 6, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Eeelen (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of ____
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ALFRED E. MANEELY, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) FREDERICK GOODWIN MANEELY (Name of person on certificate above) as HIS BROTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. GEORGE COLLISTER (Name of attendant at birth) who attended said birth CAN NOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

A. E. Maneely Signature
604 N 31 - Corvallis, Ore. P. O. Address

Subscribed and sworn to before me on this 13th day of May 1941

(SEAL) Dora D. Ulrich Notary Public, residing at Corvallis, Ore.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES SEPT. 23, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/22/41 L. E.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-121 012 413

United States
Department of Commerce
Bureau of the Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child) —

State File No. 311818

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days. home
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Moore, Idaho
3. RESIDENCE of FATHER (city, state): Moore, Idaho

4. FULL NAME OF CHILD WILLIAM SHERMAN POWELL
5. Date of Birth (Month, day, year) June 21, 1902 ~~February, 1900~~
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James William Powell
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Caplinger Mills, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Emma Maud Mathews
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn XX

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Maud Powell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 15, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Maud Powell, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Sherman Powell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ferguson (Name of attendant at birth), who attended said birth now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Maud Powell — Signature
1528 Rose Ave. Long Beach, California — P. O. Address

Subscribed and sworn to before me on this 28 day of April 1941

(SEAL) J. A. Swift — Notary Public, residing at Long Beach, Calif.

COMMISSION EXPIRES March 29 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/23/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT OF BIRTH:

PERSONAL AND STATISTICAL PARTICULARS:

FULL NAME OF CHILD WILLIAM SHERMAN POWELL

DATE OF BIRTH June 21,1902 PLACE OF BIRTH Moore,Idaho

SEX OF CHILD male FULL NAME OF FATHER James William Powell

RESIDENCE AT CHILD'S BIRTH Moore, Idaho RACE white

AGE AT CHILD'S BIRTH 34 BIRTHPLACE Caplinger Mills,Cedar Co. Mo.

OCCUPATION AT CHILD'S BIRTH Farmer

FULL NAME OF MOTHER(Maiden Name) Emma Maud Matthews

RESIDENCE AT CHILD'S BIRTH Moore,Idaho

AGE AT CHILD'S BIRTH 24 RACE wh't BIRTHPLACE Provo,Utah

OCCUPATION AT CHILD'S BIRTH Housewife

//////////////////////////

I HEREBY CERTIFY THAT I AM THE Mother OF THIS CHILD WHO WAS BORN ON THE DATE ABOVE STATED.

(Affiant) Emma Maud Powell

(Address) 1528 Rose Ave.Long Beach',Calif.

(Affiant)

(Address)

STATE OF California
COUNTY OF Los Angeles } SS.

Emma Maud Powell personally appeared before me this 3 day of March 1941 ,Swore to,and Subscribed her name hereto.

J. A. Swift Notary Public in and for the County of Los Angeles ,State of California .

My Commission expires March 29,1944

618 711 055 789

United States
Department of Commerce
Bureau of Census

MAY 16 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311873
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county 2 years 5 month 11 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Southwick Ida.

3. **RESIDENCE of FATHER** (city, state) "

4. **FULL NAME OF CHILD** Floyd Phillips Way.

5. Date of Birth (Month, day, year) April 11, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Way
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Lansing (City or town) Mich (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Phillips
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Johnstown (City or town) Pa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 16-1941 (Date received) (b) Mabel F. Geldner (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oreg
County of Douglas } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Way, being first duly sworn, say that I am related (Related to (or) acquainted with) Floyd Phillips Way (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Way Signature
Myrtle Creek Oreg. P. O. Address

Subscribed and sworn to before me on this 4 day of May, 1941

(SEAL) [illegible] Notary Public, residing at Myrtle Creek Ore

MY COMMISSION EXPIRES JANUARY 12, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/23/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793120 014-713

United States
Department of Commerce
Bureau of Census

MAY 17 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311899
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH now Jerm
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Canyon now Jerm
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Pico Calif

3. RESIDENCE of FATHER (city, state) Pico Calif

4. FULL NAME OF CHILD Warren Wesley Gilmore
5. Date of Birth (Month, day, year) June 20 1902
6. Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mth
9. Legitimate?

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Guy William Gilmore | 16. FULL MAIDEN NAME Olive May Gatfield |
| 11. Color or Race White | 17. Color or Race white |
| 12. Age at time of THIS birth 20 yrs. | 18. Age at time of THIS birth 19 yrs. |
| 13. Birthplace Fairbury (City or town) Neb (State or foreign country) | 19. Birthplace Stockton (City or town) Kansas (State or foreign country) |
| 14. Exact Occupation Brick layer | 20. Exact Occupation house wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 17 1941 (Date received) (b) Mabel Y Geldner (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California,
County of Los Angeles, } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Guy William Gilmore & Olive May Gatfield, being first duly sworn, say that I am We are Father and Mother (Related to (or) acquainted with) of Warren Wesley Gilmore (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth Warren Wesley Gilmore (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive May Gilmore
Guy William Gilmore ____ Signature
____ P. O. Address

Subscribed and sworn to before me on this 15th day of May, 1941.

(SEAL) Victor F. Dean Notary Public, residing at Pico, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR

c.c. 5/24/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363 2D1 -001 843 RECEIVED

United States
Department of Commerce
Bureau of Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Long Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 1 years 3 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Long Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Long Valley Ore.

3. **RESIDENCE of FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Mabel Winefred Colclesser

5. Date of Birth (Month, day, year) July 1st 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Ezra Colclesser
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hunting Co. Ind. (City or town) (State or foreign country)
14. Exact Occupation Laborer and farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cora Lee Huling
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Hunting Co. Ind. Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Lee Colclesser (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 15-1941 (Date received) (b) Mabel K. Walker (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon.
County of Hood River } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Lee Colclesser, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mabel Winefred Colclesser (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Lee Colclesser Signature
Parkdale Oregon P. O. Address

Subscribed and sworn to before me on this 17th day of May 1941

(SEAL) Mabel K. Walker Notary Public, residing at Parkdale Oreg.
My Comm. expires Dec. 5, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/26/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-111-244289

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 312972
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Wash. (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Payette Ida.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Benjamin Franklin Buggard

5. Date of Birth (Month, day, year) 12-11-1902

6. Sex ..... Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Buggard
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace ..... (City or town) Ill. (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Shirts
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8 (c) Born alive and now dead 6 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Annie Buggard (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 22 1941 (Date received) (b) Mabel I Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wash. Idaho
County of Payette } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Buggard, being first duly sworn, say that I am related (Related to (or) acquainted with) Benjamin Franklin Buggard (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Baxter (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie Buggard Signature
Payette P. O. Address

Subscribed and sworn to before me on this 20 day of May, 1941

(SEAL) Bernice White Notary Public, residing at Payette

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

28/-213-228-655

312978

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 22 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenia (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. IN THIS county 12 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. — —
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Clare Marjorie Shallis
5. Date of Birth (Month, day, year) July 13 1902
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Frederick Augustus Shallis | 16. FULL MAIDEN NAME Mae Eileen Weeks |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 34 yrs. | 18. Age at time of THIS birth 29 yrs. |
| 13. Birthplace Vermont (City or town) (State or foreign country) | 19. Birthplace Minneapolis Minn (City or town) (State or foreign country) |
| 14. Exact Occupation Merchant | 20. Exact Occupation House Wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 22 1941 (Date received) (b) Mabel M. Geller (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet Ashton, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Clare Marjorie Shallis (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Ashton Signature
Spokane Washington P. O. Address

Subscribed and sworn to before me on this 22 day of May, 1941

(SEAL) [signature] Notary Public, residing at Spokane Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5/20/41 Z.J.

31X-011-007-314

312993

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 21 1941

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 55
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 13 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address (For registration notice):
Soldier, Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soldier, Ida

4. **FULL NAME OF CHILD** Marjorie Elizabeth Campbell

5. Date of Birth (Month, day, year) 10-11-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Edwin Campbell

11. Color or Race white

12. Age at time of THIS birth 48 yrs.

13. Birthplace Rising Sun (City or Town) Indiana (State or foreign country)

14. Exact Occupation Druggist

15. Industry or Business Drug Store

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Violet Jean Campbell

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Cleveland (City or Town) Ohio (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6P M. on the date and at the place stated above, and that personal particulars were furnished by Violet C. Hayman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 5-8-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature R A Wright M.D. (D.O., Midwife, etc.)
and address San Diego Calif Date May 13 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

743-127-20-493

United States
Department of Commerce
Bureau of Census

RECEIVED MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313039
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days.
IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Salmon, Idaho

3. **RESIDENCE of FATHER** (city, state) Sal. Ida.

4. **FULL NAME OF CHILD** John David Gutzman

5. Date of Birth (Month, day, year) Feb. 27, 1902

6. Sex M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Frederic Gutzman
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Kensington, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Evarina Miller
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Virginia City, Montana (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 26 1941 (Date received) (b) Mabel Y. Fisher (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest W. Gutzman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John David Gutzman (Name of person on certificate above) as Older Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. S. Wright (Name of attendant at birth), who attended said birth John David Gutzman (Is now deceased (or) [redacted]) and that this birth has not been previously recorded.

Ernest W. Gutzman Signature

Mackay, Idaho. P. O. Address

Subscribed and sworn to before me on this 3rd day of May, 1941

(SEAL) Kenneth C. McBride Notary Public, residing at Salmon, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

20-108014-755

313056

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. ..... St.
(If born in hospital or institution give name.)

REC'D MAY 22 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ✓ Fred Pence Satoris

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth ✓ Aug. 8, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name ✓ Francis Marion Satoris | 18. Full maiden name ✓ Emma Belle Pence ~~Satoris~~ |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Ida. |
| 11. Color or race White \| 12. Age at last birthday 37 (years) | 20. Color or race White \| 21. Age at last birthday 30 (years) |
| 13. Birthplace (city or place) (State or Country) Wisconsin | 22. Birthplace (city or place) (State or Country) Idaho |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ Merchant | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work ....., 19.... \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ✓ 1 (b) Born alive but now dead ✓ 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) [illegible], M. D.
or ....., Midwife
Address Payette, Idaho
Filed 5/15/41, 193.... Mabel F. Elder Registrar.

6/3/41 L. B.

MAR 29 1965

23-219-009-175

REC'D MAY 22

313061

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County LATAH (b) City CORA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City CORA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** LOIS WILDA STANFIELD
5. Date of Birth (Month, day, year) FEB-19-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? YES.

**FATHER OF CHILD**

10. **FULL NAME** ABRAHAM, L. STANFIELD
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace HILLSBORO, (City or town) OREGON (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** SYLVIA MAY (AGEE)
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace McMINVILLE (City or town) - OREGON (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 22 1941 (Date received) (b) Maud F. Geiler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Montana
County of Lewis and Clarke } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ABRAHAM, L. STANFIELD, being first duly sworn, say that I am FATHER. (Related to (or) acquainted with) LOIS ~~MAY~~ WILDA STANFIELD (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR C. LARK (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Abraham L. Stanfield Signature
1504-4th Ave So, Great Falls Mont. P. O. Address

Subscribed and sworn to before me on this 15 day of May, 1941, 19____

(SEAL) J. M. Coscaplon Notary Public, residing at Great Falls Montana
Jan 23-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Ramsey,
No. ..... St.
(If born in hospital or institution give name.)

MAY 24 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

313069

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edna May Plummer,

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Augest, 14 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Charlie A Plummer, | 18. Full maiden name Lilly Belle Mc Pherson, |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Idaho, | 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho, |
| 11. Color or race White \| 12. Age at last birthday 23 (years) | 20. Color or race White \| 21. Age at last birthday 20 (years) |
| 13. Birthplace (city or place) (State or Country) Kansas, | 22. Birthplace (city or place) (State or Country) Ill, |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timberman, | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work Sept, 1, 1907 \| 17. Total time (years) spent in this work Six | 25. Date (month and year) last engaged in this work 20. years, 19 ..... \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 1.0 m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Dr Wenz, (Deceased), M. D.
or ....., Midwife
Address Rathdrum, Idaho,
Filed May 24, 1941 Maurel T Eelfer
Registrar.

c.c. 6/3/41. w.h.

734-24-028-437

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Oklahoma,
County of Delaware } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charlie A. Plummer, being first duly sworn says that He is the Father, (Relationship of child)* of Edna May Plummer, born August, 14. 1902 (Date of birth) at Ramsey, Idaho., Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edna May Plummer, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Wenz, M. D., was the Midwife medical attendant at the birth of said Edna May Plummer, and that the said medical attendant is Deceased, (Now deceased (or) cannot be located)

Name of Affiant Charlie A. Plummer
P. O. Address Kansas, Okla.

Subscribed and sworn to before me this 14 day of April, 1941

My Commission Expires, Jan, 9. 1944 Mrs J. W. Prowell Notary Public.

Residing at ....., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819.215.00d-154

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 2 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313108
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) ~~City~~ Boise
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, town) Boise, Idaho

4. FULL NAME OF CHILD Roseltha Margaret Harris

5. Date of Birth (Month, day, year) Dec 15, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Harlow Harris
11. Color or Race white
12. Age at time of THIS birth 56 yrs.
13. Birthplace South Bend, Indiana (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME (Always called "Bessie") Elizabeth Andrew
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Eagletown, Hamilton Co. Ind. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Ethel House (First name) (Last name), who is related to this child as cousin (Mother, etc.)

26. (a) JUN 2 1941 (Date received) (b) Mabel Y Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Otha Beck M.D. (D.O., Midwife, etc.)
and address Boise, Idaho Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

6/2/41 L. E.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

638-201-028-359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 31 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

313120

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Ida.
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Coeur d'Alene.

3. **RESIDENCE OF FATHER** (city Coeur d'Alene

4. **FULL NAME OF CHILD** Geneva Elizabeth Flynn

5. Date of Birth (Month, day, year) October 1, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Peter Flynn
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Rose Hill, Missouri (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Addie Melissa Cecil
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Warrensburgh, Missouri (City or town) (State or foreign country)
20. Exact Occupation Seamstress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Addie M. Flynn (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 31-1941 (Date received) (b) Mabel K. Eckelber (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Addie Melissa Flynn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Geneva Elizabeth Flynn (Name of person on certificate above), mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elster (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Addie Melissa Flynn — Name
Coeur d'Alene, Idaho Star Route — P. O. Address

Subscribed and sworn to before me on this 28th day of May 1941

(SEAL) Eugene Bell — Notary Public, residing at Coeur d'Alene, Idaho

Notary Public for the State of Idaho
Residing at Coeur d'Alene, Idaho
My Commission Expires August 2, 1943

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-114-009-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bonner (b) City Clark Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clark Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state). Both deceased

4. FULL NAME OF CHILD Marion Lloyd Stoddard
5. Date of Birth (Month, day, year) Apr-14-1902
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles Oscar Stoddard
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace St Croix Co Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Maud Estella Seaman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Spring Field South Dakota (City or town) (State or foreign country)
20. Exact Occupation House wife + Dress maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living four
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 7, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California,
County of Los Angeles, } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JENNIE M. RICE, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) MARION LLOYD STODDARD (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. J. HUMPHRY (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jennie M. Rice Signature
715 E. 7th Street, Long Beach, California. P. O. Address

Subscribed and sworn to before me on this 13th day of May, 1941.
(SEAL) P. L. MAYHEW Notary Public, residing at Long Beach, Los Angeles County, California.
My Commission Expires September 15, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/7/41 L. B.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-104-020-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313162
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Glenns Ferry Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Glenns Ferry, Idaho

3. RESIDENCE of FATHER (city, state) —

4. FULL NAME OF CHILD Frank Joseph Laible

5. Date of Birth (Month, day, year) Dec 2, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME John Laible | 16. FULL MAIDEN NAME Louise Wuthrich |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 36 yrs. | 18. Age at time of THIS birth 25 yrs. |
| 13. Birthplace Baden (City or town) Germany (State or foreign country) | 19. Birthplace Berne (City or town) Switzerland (State or foreign country) |
| 14. Exact Occupation Engineer | 20. Exact Occupation Housewife |
| 15. Industry or Business O.S.L. R.R. Co | 21. Industry or Business at home |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother 3 (a) At time of birth and including this child 3 (b) Born alive and now living —
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 15 A M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 28 1941 (Date received) (b) Mabel V. Eeefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Elmore } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Laible, being first duly sworn, say that I am related (Related to (or) acquainted with) Frank Joseph Laible (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mather (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Louise Laible Signature
P. O. Address

Subscribed and sworn to before me on this 28 day of May 1941

(SEAL) Geo. F. Fabrison Notary Public, residing at Glenns Ferry, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/9/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

49

RECEIVED

JUN 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

313221

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edward Camile Dissault

3. Sex M

If plural births { 4. Twin, triplet, or other No
5. Number, in order of birth .....

6. Premature No
Full term .....

7. Legitimate? Yes

8. Date of birth July 31, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name George Dissault | 18. Full maiden name Alice Gregoire |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Ida. |
| 11. Color or race White 12. Age at last birthday 39 (years) | 20. Color or race White 21. Age at last birthday 23 (years) |
| 13. Birthplace (city or place) (State or Country) ..... | 22. Birthplace (city or place) (State or Country) Canada |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own business. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... |
| 16. Date (month and year) last engaged in this work July 15, 19 15 | 25. Date (month and year) last engaged in this work ....., 19 |
| 17. Total time (years) spent in this work 20 | 26. Total time (years) spent in this work ..... |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation -- { months or weeks

30. Cause of Stillbirth -- { Before labor -- During labor --

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10:30 AM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alice B. Dissault M.D.

or ..... Mother

Address 337 W. Young Pocatello Ida

Give name added from a supplemental report .....

(Date of) .....

Filed June 2, 1941 Marvel H. Fisher
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

492-131-003-795

RECEIVED

JUN 2 1941

STATE OF IDAHO

C.A. Bottolfsen [redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alice B. Dissault.. being first duly sworn says that she is the mother of Edward Camile Dissault
(Relationship of child)*

born July 31, 1902 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edward Camile Dissault hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary E. Turner XXXXX was the Midwife medical attendant at the birth of said Edward Camile Dissault and that the said medical attendant is Dr. O. B. Steely
(Now deceased (or XXXXXXXXXXXXXX))

Name of Affiant Alice B. Dissault
P. O. Address 337 W. Young - Pocatello, Ida.

Subscribed and sworn to before me this 31st day of May, 1941

L. L. Tillman
Notary Public.
Residing at Pocatello, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

168-128-208-275

RECEIVED

JUN 2 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313233
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years 8 month 24 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Placerville Idaho

3. **RESIDENCE of FATHER** (city, state) Placerville Idaho

4. **FULL NAME OF CHILD** Charles Spencer Johnston

5. Date of Birth (Month, day, year) June 28th 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Franklin Johnston
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace New Sheffield (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Margaret Spencer
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dunmanway (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 2-1941 (Date received) (b) Mabel T. Eeles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Margaret Johnston, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Spencer Johnston (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D. Boone (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Margaret Johnston Signature
5357 S.E. 89th Ave, Portland Oregon P. O. Address

Subscribed and sworn to before me on this 31st day of May 1941

(SEAL) E. E. Parsons Notary Public, residing at Portland, Or.
My com. expires May 2-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/12/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-108-001-714

313249

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313249
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City BOISE ADA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Charley Frank Heffner
5. Date of Birth (Month, day, year) June 8 1902
6. Sex Male
7. Twin or Triplet If so—born 1st, ~~2nd, 3rd~~
8. No. months of Pregnancy
9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Frank C Heffner
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Wichita (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nancy J Paddock
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kirbyville (City or town) Mosouri (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Hazel Brown (First name) (Last name), who is related to this child as ~~Mother~~ Sister (~~Mother~~, etc.)

25. Attendant's **OWN signature** Mrs. E. J. Scheuse ~~M.D.~~ (~~M.D.~~, Midwife, ~~etc.~~)
and address Boise Date

26. (a) June 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

State of ..... } ss.
County of .....

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is. now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/9/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154125 006-535

United States
Department of Commerce
Bureau of Census

RECEIVED
JUN 4 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313305
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at the farm home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. same
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Firth
3. **RESIDENCE of FATHER** (city, state) Firth Idaho

4. **FULL NAME OF CHILD** Herbert Ray Anderson
5. Date of Birth (Month, day, year) Aug 25-1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

**FATHER OF CHILD**
10. **FULL NAME** Ole Anderson
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bonas Mora Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna Edvin
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Kittam Sweden (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 4-1941 (Date received) (b) Maurel F. Eddy (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of ____
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Arthur E. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Herbert Ray Anderson (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Inglestrom (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Arthur E. Anderson Signature
Firth Idaho R 1 P. O. Address

Subscribed and sworn to before me on this 3rd day of June, 1941
(SEAL) Leola Jackson Notary Public, residing at Firth Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/13/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-226-028-294

313382

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 4 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 3 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Coeur D' Alene " Idaho

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Minnie Charilla Best

**5.** Date of Birth (Month, day, year) June 26th 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Francis Marion Best
**11.** Color or Race White **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Connorsville Wis. (City or town) (State or foreign country)
**14.** Exact Occupation Woodsman
**15.** Industry or Business for lumber Company

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bertha Belle Simpson
**17** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Beldingville, Wis. (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business in the home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 A M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as mother (Mother, etc.)

**26.** (a) June 4-1941 (Date received) (b) Marvel H Keeler (Registrar's signature)
**27.** Given name added on ____ by ____ (Registrar's signature)

**25.** Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Belle (Simpson) Best being first duly sworn, say that I am the mother (Related to (or) acquainted with) Minnie Charilla Best (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Charilla Best (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha Belle Simpson Best Signature
Coeur D'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of May 1941

(SEAL) Eugene Best Notary Public, residing at Coeur d'Alene, Idaho

Notary Public for the State of Idaho
My Commission Expires August 2, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/16/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993 118-033 199

United States
Department of Commerce
Bureau of Census

JUN 9 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313396
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clarence A. Ricks

5. Date of Birth (Month, day, year) May 18, 1902

6. Sex male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Ricks
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucretia Hanna Arrowsmith
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Randolph, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 9 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Ricks, being first duly sworn, say that I am related (Related to (or) acquainted with) Calrence A. Ricks (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandma Waltz (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Ricks
Signature

939 Ohio Ave. Long Beach, California
P. O. Address

Subscribed and sworn to before me on this 6th day of June, 1941

(SEAL) Verne Criswell
Notary Public, residing at Long Beach, Calif.

Com exp Apr 22 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/17/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-119-035 665

United States
Department of Commerce
Bureau of Census

JUN 9 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313403
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Allan Bradford Lloyd

5. Date of Birth (Month, day, year) Sept 19 - 1902

6. Sex male

7. Twin or Triplet no If so-born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Emery Lloyd
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fairbury (City or town) Nebraska (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business Furniture Undertaking

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lenora Ellen Owens
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pendleton (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nitrate of silver solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 3 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 o'clock M. on the date and at the place stated above, and that personal particulars were furnished by Lenora (First name) Lloyd (Last name), who is related to this child as Lenora Ellen Lloyd (mother) (Mother, etc.)

26. (a) JUN 9 1941 (Date received) (b) Maud I Geiler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Klamath } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lenora Ellen Lloyd, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Allan Bradford Lloyd (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Morris (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lenora Ellen Lloyd Signature
Algoma, Oregon P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1941

(SEAL) N. E. Kenny Notary Public, residing at Algoma, Oregon

MY COMMISSION EXPIRES SEPT. 21, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/17/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-112-022-239

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 9 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Driggs, Idaho

3. RESIDENCE of FATHER (city, state) Driggs

4. FULL NAME OF CHILD Rulon Francis Molen
5. Date of Birth (Month, day, year) March 12 1902
6. Sex Male
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy 9
9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Francis Marion Molen | 16. FULL MAIDEN NAME Ora Lucretia Stidham |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 41 yrs. | 18. Age at time of THIS birth 27 yrs. |
| 13. Birthplace Lehi (City or town) Utah (State or foreign country) | 19. Birthplace Green County Texas (City or town) (State or foreign country) |
| 14. Exact Occupation Farming | 20. Exact Occupation Housewife |
| 15. Industry or Business Industry | 21. Industry or Business Farming |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 9 1941 (Date received) (b) Mabel F. Geeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Riverside } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ora Molen Naef, being first duly sworn, say that I am related to Rulon Francis Molen (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rebecca Jane Daniels (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that the birth has not been previously recorded.

Ora Molen Naef
Signature

3952 Third Street
P. O. Address

Subscribed and sworn to before me on this 6th day of June 19 41

(SEAL) L. J. McGuire Jr. Notary Public, residing at Riverside, Calif.

My Commission Expires Feb. 4, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/17/41. w.h.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553128 036-691

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 11 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313438
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 18 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Chester Leroy Nelson
5. Date of Birth (Month, day, year) July 28, 1902
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jens P. Nelson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Noretvede (City or town) Denmark (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Carrie M. Frandsen
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Tyelse, (City or town) Denmark (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 11 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jens P. Nelson, being first duly sworn, say that I am related (Related to (or) acquainted with) Chester Leroy Nelson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Marie Petersen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jens P. Nelson Signature
Brigham City, Utah P. O. Address

Subscribed and sworn to before me on this 20th day of June, 1941

(SEAL) J. Norman Lee Notary Public, residing at Brigham City, Ut.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1966

6/17/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-128 014-318

313449

United States
Department of Commerce
Bureau of the Census

JUN 12 1941

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
Box 13 (Street or R. F. D.) Potlatch Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Not Known

4. **FULL NAME OF CHILD** Cecil Hugh Brown

5. Date of Birth (Month, day, year) Dec. 28, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Nevin Arthur Brown
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Clay Center (City or Town) Kansas (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie M. Taylor
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Montfort (City or Town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 12 1941 (Date received) (b) Mabel H. Gilchen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** F R Woodworth M.D. (D.O., Midwife, etc.)
and address Payette Idaho Date 6/11/41

c.c. 6/18/41. w.h.

# REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

695 227 029 666 RECEIVED

United States
Department of Commerce
Bureau of Census

JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313504
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Freeze
(c) Street Address or R.F.D. No. RFD unknown
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days.
IN **THIS** county 21 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Freeze
(d) Street Address or R.F.D. No. RFD Unknown
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address RFD Freeze, Idaho

3. **RESIDENCE of FATHER** (city, state) Freeze, Ida

4. **FULL NAME OF CHILD** ALBERT WILFRED FIELDS

5. Date of Birth (Month, day, year) Aug 22, 1902

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** FRED WILFRED FIELDS
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace unknown (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY WOODFIN
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Freeze, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) June 13, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

State of WASHINGTON
County of KITSAP } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Roxie Bell Bunch, being first duly sworn, say that I am related to (Related to (or) acquainted with) Albert Wilfred Fields (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dix (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Roxie Bell Bunch Signature
632 - A Hill St. Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of June, 1941

(SEAL) _____ Notary Public, residing at Pt. Orchard, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/19/41 L. B.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 701 028 893

United States
Department of Commerce
Bureau of the Census

JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313538
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Roy Eugene Shay
5. Date of Birth (Month, day, year) Jan. 1, 1902
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Adelbert Shay
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Montrose-REDroPenn (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ellen Wilcher
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace VanCouver (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living none
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

JUN 13 1941

26. (a) ..... (Date received) (b) Maurel H. Eckler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Adelbert Shay, being first duly sworn, say that I am father (Related to (or) acquainted with) Roy Eugene Shay (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busbey (Name of attendant at birth), who attended said birth now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Adelbert Shay Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of June, 19 41

(SEAL) Mrs. H. J. Thompson Notary Public, residing at Caldwell, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-125-003-313

United States
Department of Commerce
Bureau of the Census JUN 5 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313580
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county all years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address as above
3. RESIDENCE of FATHER (city, state): as above

4. FULL NAME OF CHILD Ransom Hatch
5. Date of Birth (Month, day, year) Oct 25th, 1902
6. Sex Male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME William Ansel Hatch
11. Color or Race white, American
12. Age at time of THIS birth 34 yrs.
13. Birthplace Woods Cross, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Hannah Charlotte Call
17. Color or Race white, American
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bountiful, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Charloote Call (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 5 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature X Calvin Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date 6-11-41

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Electa F. Thatcher, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ransom Hatch (Name of person on certificate above) as his sister and 18 years older than he (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ka ckley [redacted] (Name of attendant at birth), who attended said birth [redacted] (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Electa F. Thatcher Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me on this 4th day of June, 19 41
(SEAL) Leah R. Bennett Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P.C. 6-20-41

SEP 17 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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125123-022-449

United States
Department of Commerce
Bureau of Census

JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313597
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. one
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. one
(e) How long has MOTHER lived in Idaho? Seven yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Conrad Joseph Abegglen
5. Date of Birth (Month, day, year) 9/23/1902
6. Sex Male
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy 9
9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Conrad Abegglen | 16. FULL MAIDEN NAME Magdalena Murri |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 46 yrs. | 18. Age at time of THIS birth 37 yrs. |
| 13. Birthplace Guendischwand (City or town) Switzerland (State or foreign country) | 19. Birthplace Scherli (City or town) Canton Bern Switzerland (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation House Wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 13 1941 (Date received) (b) Mark T. Feeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Magdalena Abegglen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Conrad Joseph Abegglen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Bell Riggs (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Magdalena Abegglen Signature
St Anthony, Idaho, R.F.D. 1 P. O. Address

Subscribed and sworn to before me on this 11 day of June, 1941

(SEAL) O. Emerson Notary Public, residing at Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P.C. 4/20/41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 219 035-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 23 1941

State File No. 314784
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Westlake
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county ....years 9 months 19 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Washington (b) County Whitman
(c) City Farmington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Farmington, Wash.

3. RESIDENCE OF FATHER (city, state) Farmington, Wash.

4. FULL NAME OF CHILD Ida Irene Belknap

5. Date of Birth (Month, day, year) Oct. 19, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Chester Clifford Belknap
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Monroe (City or town), Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Nancy Leona Kittrell
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Colfax (City or town), Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

JUN 23 1941

26. (a) ....(Date received) (b) Mabel Y. Geldner (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's OWN signature ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chester Clifford Belknap, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ida Irene Belknap (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cradwy (Name of attendant at birth), who attended said birth ~~is now deceased (or) cannot be located~~ (Is now deceased (or) cannot be located) that this birth has not been previously recorded.

Chester Clifford Belknap ....Name
....P. O. Address

Subscribed and sworn to before me on this 20 day of June 1941

(SEAL) Elmer O'Hayward ....Notary Public, residing at Farmington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents; money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-121-078-295

314811

United States
Department of Commerce
Bureau of Census

JUN 21 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) CDA. Ida

4. FULL NAME OF CHILD James Gordon Stowe
5. Date of Birth (Month, day, year) Sept 21 1900
6. Sex Male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Marshall Stowe
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mapleton (City or town) Minn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Kinney
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Pembina (City or town) N. Dak (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 21 1941 (Date received) (b) Manuel H. Geeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I George Marshall Stowe, being first duly sworn, say that I am the Father (Related to (or) acquainted with) of James Gordon Stowe (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mis Elder (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Marshall Stowe Signature
Flora Stowe P. O. Address

Subscribed and sworn to before me on this 18 day of June 1941

(SEAL) John M. Booth Notary Public, residing at Coeur d'Alene Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1971

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613 124 035433

314990

United States
Department of Commerce
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home months days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Albert Clair Wallace
5. Date of Birth (Month, day, year) June 24 1902
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Chauncey Wallace | 16. FULL MAIDEN NAME Christina McCarty |
| 11. Color or Race white | 17. Color or Race white |
| 12. Age at time of THIS birth 27 yrs. | 18. Age at time of THIS birth 24 yrs. |
| 13. Birthplace Ogden Iowa (City or town) (State or foreign country) | 19. Birthplace Amity Oregon (City or town) (State or foreign country) |
| 14. Exact Occupation Printer | 20. Exact Occupation House wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel F Edefer (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christina Wallace, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Albert Clair Wallace (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Taylor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Christina Wallace Signature
5173 1 Chestnut St, Spokane Wn P. O. Address

Subscribed and sworn to before me on this 27th day of June, 1941

(SEAL) L L Barbieri Notary Public, residing at Spokane Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-203037696

United States
Department of Commerce
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314997
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D.No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: own home.
In Hosp. or Mat. Home ..... days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City.
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Silver City
3. RESIDENCE of FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Helen May.
5. Date of Birth (Month, day year) Dec 3rd 1902.
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9.
9. Legitimate? yes.

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Richard May. | 16. FULL MAIDEN NAME Effie Irwin. |
| 11. Color or Race white 12. Age at time of THIS birth 42 yrs. | 17. Color or Race white. 18. Age at time of THIS birth 34 yrs |
| 13. Birthplace St. Blazey England. (City or town) (State or foreign country) | 19. Birthplace Chesterfield England. (City or town) (State or foreign country) |
| 14. Exact Occupation Miner! | 20. Exact Occupation Housewife. |
| 15 Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mark T. Geelen (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles. } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie May Helen May (Name of person on certificate above), being first duly sworn, say that I am Mother. (Related to (or) acquainted with) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton. (Name of attendant at birth), who attended said birth Cannot be located. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Effie May. Signature
1001. N. Muriel Ave Compton Cal. P.O. Address

Subscribed and sworn to before me on this 25 day of June 1941.
(SEAL) Ernest Spomlace Notary Public, residing at Compton Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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368-206-016-349

United States
Department of Commerce
Bureau of the Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

315012

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: xx
(e) Mother's stay BEFORE delivery: at home.
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? mother life 63 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Albion, Idaho.

4. FULL NAME OF CHILD Mildred Toyer.
5. Date of Birth (Month, day, year) Oct. 6 - 1902.
6. Sex Female 7. Twin or Triplet One. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. FULL NAME Carris LeRoy Toyer.
11. Color or Race White. 12. Age at time of THIS birth 24 yrs.
13. Birthplace Ogden (City or town) Utah. (State or foreign country)
14. Exact Occupation
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Louise Helen Turner.
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel Y. Keller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Julia Comeford M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Helen Toyer, being first duly sworn, say that I am related (Related to (or) acquainted with) xxxxxxxxxxxxxxxx Mildred Toyer as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Julia Comeford, who attended said birth (Name of attendant at birth) signed above (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise Helen Toyer, Signature
P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1941
(SEAL) A. R. Friesen Notary Public, residing at Rupert Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

JAN 24 1955

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793.126 003491

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315042
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatelle
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Pocatelle

3. RESIDENCE of FATHER (city, state) Pocatello

4. FULL NAME OF CHILD Clarence Gillen

5. Date of Birth (Month, day year) Sept 26.1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Francis Gillen
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Brooklyn, New York. (City or town) (State or foreign country)
14. Exact Occupation Stonecutter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Harriet Draper
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Richmond, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 3-1941 (Date received) (b) Mabel F. Elefson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Draper Giles, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clarence Gillen (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that The Attendant (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Draper Giles Signature

3140 park Street Salt Lake City P. O. Address

Subscribed and sworn to before me on this 30 day of June, 1941

(SEAL) Anna L. Johanson Notary Public, residing at 3212 So. State Street Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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336-118 035-815

RECEIVED JUN 30 1941

315085

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Nez Perce (b) City AHSAHKA
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County Nez Perce
(c) City AHSAHKA
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** CECIL ANTHONY CLOUD

5. Date of Birth (Month, day year) AUG-18-1902

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy FULL TIME

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** DANIEL EDWARD CLOUD
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace PEREM (City or town) MINESOTTA (State or foreign country)
14. Exact Occupation SECTION.
15. Industry or Business RAILROAD

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** HELGA ALVITA HANSON
17. Color or Race White
18. Age at time of THIS birth 17 yrs
19. Birthplace NOTKNOWN (City or town) MINNASOTA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by DANIEL CLOUD (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Marvel M. Geeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** NOTKNOWN M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daniel E. Cloud - - - , being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil Anthony Cloud - - - (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daniel E Cloud Signature
5107 S.E. 62nd Portland Ore. P. O. Address

Subscribed and sworn to before me on this 26th day of June - - - - - , 1941

(SEAL) A J Demorest Notary Public, residing at Portland, Ore.
My Commission expires Apr 24-1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

863114 028168

315097

United States
Department of Commerce
Bureau of Census

JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. RFD #2
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Coeur d'Alene, Ida
3. RESIDENCE of FATHER (city, state) C'D'Alene, Ida

4. FULL NAME OF CHILD Knute Thomas Holm
5. Date of Birth (Month, day, year) Aug-14-1902
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Thomas Holm | 16. FULL MAIDEN NAME Caroline Johnson |
| 11. Color or Race White | 17 Color or Race White |
| 12. Age at time of THIS birth 43 yrs. | 18. Age at time of THIS birth 40 yrs. |
| 13. Birthplace Norway (City or town) (State or foreign country) | 19. Birthplace Norway (City or town) (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housewife |
| 15. Industry or Business Farming | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date JUN 30 1941 and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Marvel H. Geeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward N. Holm, being first duly sworn, say that I am related to (Related to (or) acquainted with) Knute Thomas Holm (Name of person on certificate above) as brother (older) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Weng (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edward N. Holm, Signature
Seattle Wash, P. O. Address

Subscribed and sworn to before me on this 27th day of June, 1941

(SEAL) E. A. Swift Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED JUL 1 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

315102

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bigham
City of Idaho Falls
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Norvell Robert Snyder

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth August 7, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Robert Charles Snyder | 18. Full maiden name Fannie Eva Griffeth |
| 10. Residence (usual place of abode) (If non-resident, give place and State) | 19. Residence (usual place of abode) (If non-resident, give place and State) |
| 11. Color or race White \| 12. Age at last birthday 33 (years) | 20. Color or race White \| 21. Age at last birthday 21 (years) |
| 13. Birthplace (city or place) Fairmount (State or Country) Illinois | 22. Birthplace (city or place) Ouray, Ouray Co. (State or Country) Colorado |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Plumbing Shop. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home |
| 16. Date (month and year) last engaged in this work Aug 7th, 1902 | 25. Date (month and year) last engaged in this work Aug 7th, 1902 |
| 17. Total time (years) spent in this work 14 yrs. | 26. Total time (years) spent in this work 1 yr. |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2:40 P.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Fannie Eva Griffeth Snyder M.D.~~ or Mother, ~~Midwife~~

Address 2401 Langdale Ave, Los Angeles Calif

Give name added from a supplemental report Dr Wilson

(Date of) Deceased

Filed July 1, 1941 Marvel M Keeler Registrar.

Registrar.

258-107-006-799

**STATE OF IDAHO**
**BARZILLA W. CLARK, GOVERNOR**

**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**
**BUREAU OF VITAL STATISTICS**

State of California
County of Los Angeles } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fannie Eva Griffeth Snyder being first duly sworn says that She, is the Mother (Relationship of child)* of Norvell Robert Snyder, born August 7-1902 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Norvell Robert Snyder Now hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Wilson M. D. was the Midwife medical attendant at the birth of said Norvell Robert Snyder and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Fannie Eva Griffeth Snyder
P. O. Address 2401 Langdale Ave, Los Angeles Calif.

Subscribed and sworn to before me this 30th day of June, 1941

John O Adamson
Notary Public.

Residing at 1997 Eagle Rk Blvd, ~~Idaho.~~ Los Angeles California

Commission Expires May 29 - 1944

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4-3-41

165-106-001-842

315134

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 370
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. South Boise
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county Ada years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. South Boise
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Iven Oliver Montgomery

5. Date of Birth (Month, day, year) 2/6/1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME George Washington Montgomery
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Painter - Contractor
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Catherine Hubbard
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kansas City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at morning exact time no known M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle B. Jedlick (First name) (Last name), who is related to this child as Cousin (Mother, etc.)

26. (a) 7-3-41 (Date received) (b) R. Sharp (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Myrtle B. Jedlick M.D. (D.O., Midwife, etc.)
and address 1416 E. State Boise, Idaho Date 7/3/41

State of ____ } ss.
County of ____

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41
APR 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-209-036-386

315179

United States Department of Commerce Bureau of Census

JUL 2 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Franklin, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Bertha LaRue Monson

5. Date of Birth (Month, day, year) March 9, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|---|
| 10. **FULL NAME** | Charles Andrew Monson | 16. **FULL MAIDEN NAME** | Eliza Emma Thomas |
| 11. Color or Race | White | 17 Color or Race | White |
| 12. Age at time of THIS birth | 32 yrs. | 18. Age at time of THIS birth | 28 yrs. |
| 13. Birthplace (City or town) (State or foreign country) | Richmond, Utah | 19. Birthplace (City or town) (State or foreign country) | Richmond, Utah |
| 14. Exact Occupation | Carpenter | 20. Exact Occupation | Housewife |
| 15. Industry or Business | Lumber business | 21. Industry or Business | None |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 2 1941 (Date received) (b) Mabel T. Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza T. Monson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bertha LaRue Monson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Morgan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eliza T. Monson — Signature
1133 Gardenia Ave.
Long Beach, California. — P. O. Address

Subscribed and sworn to before me on this 30th day of June, 1941

(SEAL) Vern B. Lee — Notary Public, residing at Brigham, Utah

My Com. Expires: Nov. 11, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-01-L

613-115-014297

RECEIVED JUL 2 1941

315182

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D.No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. **RESIDENCE of FATHER** (city, state) "

4. **FULL NAME OF CHILD** James Arthur Watkins.

5. Date of Birth (Month, day year) July 15, 1902

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Wesley Watkins
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cleora Ludy Bigelow
17. Color or Race white
18. Age at time of THIS birth 20 yrs
19. Birthplace Nevada (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 7 - 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cleora Ludy Bigelow (Name of person on certificate above), being first duly sworn, say that I am related to (Related to (or) acquainted with) (John Wesley Watkins) James A. Watkins - as - Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williamson (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cleora L. Watkins, Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of June, 19 41

(SEAL) [illegible] Notary Public, residing at Caldwell, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

315183

United States
Department of Commerce
Bureau of the Census

JUL 2 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County BANNOCK (b) City POCATELLA
(c) Street Address or R.F.D. No. IDAho
(d) Name of Hospital or Maternity Home: AT HOME - IN-TENT
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home No days. In THIS county years month days.

2. USUAL RESI[redacted]E of MOTHER: (At tim[redacted] birth) (a) State [redacted] IDAHO (b) County [redacted]CK Bannack
(c) City POCA[redacted]ELL[redacted] -
(d) Street Address or R.F.D. No. CAMP YARD
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state). Pocatello, Idaho

4. FULL NAME OF CHILD ROYAL JACK DALTON JR.
5. Date of Birth (Month, day, year) FEB-24-1902
6. Sex MALE
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES -

**FATHER OF CHILD**

10. FULL NAME R. JOHN. DALTON.
11. Color or Race WHITE
12. Age at time of THIS birth 27 - yrs.
13. Birthplace INDIAN TERRITORY - OKLA - (City or town) (State or foreign country)
14. Exact Occupation RANCHER -
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME ESTHER BROWN
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace GOOSE C[redacted] - IDAHO - CACHE COUNTY (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE -
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DONT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 4:00 - A. M. on the date and at the place stated above, and that personal particulars were furnished by R. JOHN DALTON (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) July 7-1941 (Date received) (b) Mabel [illegible] (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature [illegible] (Dr., Midwife, etc.) and address CODY WYO - Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, R. John Dalton, being first duly sworn, say that I am R John Dalton (Related to (or) acquainted with) Father of Royal Jack DALTON JR (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x R John Dalton Signature
Cody Wyoming P. O. Address

Subscribed and sworn to before me on this 30th day of June, 1941

(SEAL) Bene D Graves Notary Public, residing at 909 So. Atlantic Blvd. Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-21-4

V33-110-014-365

315193

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 30 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 1 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Caldwell Ida

4. FULL NAME OF CHILD Charles Orlando McCullough
5. Date of Birth (Month, day, year) Oct 10. 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Charles Henery McCullough
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Chochinton (City or town) Ohio (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anna Conley
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Grantspass (City or town) Ore. (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Flathead } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chas H. McCullough, being first duly sworn, say that I am Father (Related to (or) acquainted with) Charles Orlando McCullough (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nellie Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles H McCullough (Signature)
Kalispell Mont (P. O. Address)

Subscribed and sworn to before me on this 10th day of May, 1941

Notary Public, for the State of Montana, Residing at Kalispell, Montana (SEAL)

H. Rohnsgard Notary Public, residing at Kalispell Mont

Commission Expires June 1, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-109-ulb-352

RECEIVED JUL 8 1947

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315223
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D.No. as above
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Elba, Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD John Rulon Livingston

5. Date of Birth (Month, day year) Nov. 9th, 1902

6. Sex male

7. Twin or Trip'et single If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John D. Livingston
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Ann Lessey
17. Color or Race white
18. Age at time of THIS birth 23 yrs
19. Birthplace Elba, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to the child as ..... (Mother, etc.)

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) Maud M. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella Ann Livingston, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Rulon Livingston (Name of person on certificate above) as I am his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Parrish (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella Ann Livingston Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me on this 2 day of July, 19..

(SEAL) Rash R. Bennett Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian or some person having direct knowledge in the premises.

316-121-040-653 ED

United States
Department of Commerce
Bureau of the Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1941

State File No. 315263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, town, or township) Mullan, Idaho

4. FULL NAME OF CHILD Herbert Fred Taft
5. Date of Birth (Month, day, year) Sept 21st 1902
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Louis Taft
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Eastmanville, Ottawa Co Mich (City or town) (State or foreign country)
14. Exact Occupation Public Accountant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Floy Esmond Welch
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace PORTER Co. INDIANA (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) JUL 10 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Louis Taft, being first duly sworn, say that I am related to (Related to (or) acquainted with) Herbert Fred Taft (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D. E. Keys, M D (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred Louis Taft Signature
404 Pacific Ave Bremerton Wash P. O. Address

Subscribed and sworn to before me on this 27 day of March 1941
(SEAL) Lorraine A. Fuller Notary Public, residing at Port Blakely Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-109-044-212

315281

United States
Department of Commerce
Bureau of Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County WASHINGTON (b) City CAMBRIDGE
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 19 years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City CAMBRIDGE
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address CAMBRIDGE, IDAHO

3. RESIDENCE of FATHER (city, state) CAMBRIDGE, IDAHO

4. FULL NAME OF CHILD MURALD ELDEN FARMER

5. Date of Birth (Month, day year) 2-9-1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME JOHN WILLIAM FARMER | 16. FULL MAIDEN NAME ALICE REBECCA BABB |
| 11. Color or Race AMERICAN WHITE 12. Age at time of THIS birth 35 yrs. | 17. Color or Race AMERICAN WHITE 18. Age at time of THIS birth 24 yrs |
| 13. Birthplace ARKANSAS (City or town) (State or foreign country) | 19. Birthplace META (City or town) MISOURRI (State or foreign country) |
| 14. Exact Occupation SHEEP SHEARER | 20. Exact Occupation HOUSEWIFE |
| 15 Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ALICE FARMER BURROW, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) MURALD ELDEN FARMER (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. GREEN (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Farmer Burrow Signature
5926 Echo Street, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 8th day of July, 1941

(SEAL) Dorothy R. Sullivan Notary Public, residing at Los Angeles

My commission expires September 14, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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318-210-020-582

United States
Department of Commerce
Bureau of Census

RECEIVED
JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315337
Local Reg. No. 77
Reg. Dist. No. 380

1. **PLACE OF BIRTH**
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Ailie Kathryn Lahtinen
5. Date of Birth (Month, day, year) Nov. 10, 1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Adolf Lahtinen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Owner

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Nybundas
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A.M. M. on the date and at the place stated above and that personal particulars were furnished by Lauri Lahtinen (First name) (Last name), who is related to this child as Brother (Mother, etc.)

26. (a) July 2, 1941 (Date received) (b) A. Anderson (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Elmore } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lauri Lahtinen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Alie Kathryn Lahtinen (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attended (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lauri Lahtinen Signature
Bruneau, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of July, 1941

(SEAL) A. Anderson ~~Notary Public~~ Probate Judge, residing at Mountain Home Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(BOTH DELAYED)

dwP 1902-392902

863-109-035-719

JUL 11 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

Delayed

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Kiphew
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: —
In Hosp. or Mat. Home — days.
In THIS county — years — months — days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston Idaho
(d) Street Address or R.F.D. No. 2 206 Bryden
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice): Lewiston, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Bud Parkins Holliday

5. Date of Birth (Month, day, year) June 9-1902

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Wellington Rechord Holliday

11. Color or Race W

12. Age at time of THIS birth 23 yrs.

13. Birthplace Robinson Ill. (City or Town) (State or foreign country)

14. Exact Occupation Liveryman

15. Industry or Business Liveryman

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mabel Parkins

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Leroy Iowa (City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Parkins Mabel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 3 1941 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature John K Alley M.D. (D.O., Midwife, etc.)
and address Lewiston Idaho Date 6-3-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

7-17-41

# REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

466-128-040-764

United States
Department of Commerce
Bureau of Census

JUL 11 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315353
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 41 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Wilfred Clyde Woodward
5. Date of Birth (Month, day, year) Jan. 28, 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mo.
9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Fredrick Elsmere Woodward | 16. FULL MAIDEN NAME Martha Ann Pemeroy |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 42 yrs. | 18. Age at time of THIS birth 38 yrs. |
| 13. Birthplace Bennington, (City or town) Vermont. (State or foreign country) | 19. Birthplace Liscard (City or town) England. (State or foreign country) |
| 14. Exact Occupation Carpenter | 20. Exact Occupation Nurse |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Daisy Virginia Robertson (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) JUL 11 1941 (Date received) (b) Mary M. Elsey (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy Virginia Robertson, being first duly sworn, say that I am related (Related to (or) acquainted with) Wilfred Clyde Woodward (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lund (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy Virginia Robertson Signature
613 S. Div. Kellogg Idaho. P. O. Address

Subscribed and sworn to before me on this 10 day of July, 1941

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-22-7035-791

315367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 1

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nezperce (b) City Agatha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County NES PERCE
(c) City AGATHA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address WAPATO, WASH.

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Mabel Bessie Ferguson

5. Date of Birth (Month, day, year) Mar. 27, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Tolifer Dock Ferguson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Virginia Lee Grasty
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Pilot Rock Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 11-1944 (Date received) (b) Mabel F Eicher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of WASH.
County of YAKIMA } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, VIRGINIA LEE FERGUSON, being first duly sworn, say that I am mother (Related to (or) acquainted with) MABEL BESSIE FERGUSON (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that SARAH REAPS (Name of attendant at birth), who attended said birth IS NOW deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Virginia Lee Ferguson Signature

..... P. O. Address

Subscribed and sworn to before me on this 5 day of July, 1941

(SEAL) E. J. Smith Notary Public, residing at Wapato

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6 89-101-001-132

315376

United States
Department of Commerce
Bureau of Census

JUL 14 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Arthur Gerald Whittier

5. Date of Birth (Month, day, year) July 1st, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ~~Second~~

8. No. months of Pregnancy

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Burton William Whittier | 16. FULL MAIDEN NAME Winifred May Atkinson |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 23 yrs. | 18. Age at time of THIS birth 24 yrs. |
| 13. Birthplace Kearney, Nebraska (City or town) (State or foreign country) | 19. Birthplace Rantoul, Illinois (City or town) (State or foreign country) |
| 14. Exact Occupation Newspaper Man | 20. Exact Occupation Housewife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mabel H. Kelly (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Allen
County of Indiana } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bernard B. Whittier, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Gerald Whittier (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that – (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

(The birth is recorded in the Whittier genealogy as July 1, 1902.)

Bernard B. Whittier Signature

Weather Bureau Office, Fort Wayne, Ind. P. O. Address

Subscribed and sworn to before me on this 9th day of July, 1941

(SEAL) Edward F. Wuhle Notary Public, residing at Fort Wayne, Ind

My Commission Expires January 31, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

JAN 22 1969

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-216-029-553

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315384
Local Reg. No.
Reg. Dist. No.

JUL 14 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home: mother stayed at farm home before and after delivery
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Genesee, Idaho Rt. 1

3. RESIDENCE of FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Edna Josephine Bowman

5. Date of Birth (Month, day year) Jan. 16. 1902

6. Sex Female 7. Twin or Trip'let If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Peter Bowman | 16. FULL MAIDEN NAME Anna Sara Nelson |
| 11. Color or Race White 12. Age at time of THIS birth 55 yrs. | 17. Color or Race White 18. Age at time of THIS birth 41 yrs |
| 13. Birthplace Sweden (City or town) (State or foreign country) | 19. Birthplace Sweden (City or town) (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Farmer's wife |
| 15 Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date Rec'd) (b) Mabel F. Geiser (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... County of ..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia S. Knudson, being first duly sworn, say that I am related (Related to (or) acquainted with) Edna Bowman (Name of person on certificate above) as her Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Mid wife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia S. Knudson Signature
5535 N. Boston Ave. Portland Address

Subscribed and sworn to before me on this 1 day of July 1941

(SEAL) Alvin Donald Stanley Notary Public, residing at Portland Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES AUG 4 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

669-224-022261

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 14 1941

State File No. 315388
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No. 215 E. 2nd
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. 215 E. 2nd
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Moscow, Idaho

**3. RESIDENCE of FATHER** (city, state) Moscow, Ida.

**4. FULL NAME OF CHILD** Mary Ellen Owings

5. Date of Birth (Month, day year) March 24, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Thomas Owings
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Anna Arundel Co (City or town) Maryland (State or foreign country)
14. Exact Occupation Grocery man
15. Industry or Business Grocery

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Katherine Swann
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Calvert Co. (City or town) Maryland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Swann Owings (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July 14-1941 (Date received) (b) Mark F. Felker (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Swann Owings, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Ellen Owings (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. Adair (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Swann Owings — Signature

215 E. 2nd, Moscow, Idaho — P. O. Address

Subscribed and sworn to before me on this 10 day of July, 1941

(SEAL) J. F. Hayden Notary Public residing at Moscow, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

699-203-044-299

315642

United States
Department of Commerce
Bureau of Census

JUL 22 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho ..... yrs.
(f) Mother's mailing address Midvale Idaho

**3. RESIDENCE of FATHER** (city, state) Midvale Idaho

**4. FULL NAME OF CHILD** Bertha Olive Wiggins

**5.** Date of Birth (Month, day year) 4-3-1902

**6.** Sex

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Edward N Wiggins
**11.** Color or Race White
**12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Holt Co (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Farmer
**15** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Clara A Buttain
**17.** Color or Race White
**18.** Age at time of THIS birth 21 yrs
**19.** Birthplace Kansas (City or town) (State or foreign country)
**20.** Exact Occupation Farmers Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at Midvale M, on the date and at the place stated above, and that personal particulars were furnished by Clara A Wiggins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

JUL 22 1941

**26.** (a) ..... (Date received) (b) Marvel H Keefer (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN signature** Geo. M.D. (D.O., Midwife, etc.)
and address Date

State of **Idaho**
County of **Washington** } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Edward N. Wiggins**, being first duly sworn, say that I am **related** (Related to (or) acquainted with) **Bertha Olive Wiggins** (Name of person on certificate above) as **Father** (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Grif. Keithly** (Name of attendant at birth), who attended said birth **is now deceased** (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Edward N Wiggins Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of July 1941

(SEAL) J H Goodnight Notary Public, residing at **Midvale Idaho**

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

253-116-017-863

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 25 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clark (b) City Lewiston
(c) Street Address or R.F.D. No. G street
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Lewiston
(d) Street Address or R.F.D. No. G st
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Lewiston Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Everett Beckner

5. Date of Birth (Month, day, year) Nov. 16, 1902

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME PERRY EVERETT BECKNER | 16. FULL MAIDEN NAME Laura Louise Holm |
| 11. Color or Race white | 17 Color or Race white |
| 12. Age at time of THIS birth 33 yrs. | 18. Age at time of THIS birth 22 yrs. |
| 13. Birthplace state of (City or town) Michigan (State or foreign country) | 19. Birthplace Moscow, (City or town) Idaho (State or foreign country) |
| 14. Exact Occupation mill wright | 20. Exact Occupation house-wife |
| 15. Industry or Business Lumber Industry | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 p.m. M. on the date and at the place stated above, and that personal particulars were furnished by Laura Louise Benge (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 25 1941 (Date received) (b) Mabel H Eller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of King } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Louise Benge, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Frank Everett Beckner (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that don't remember (Name of attendant at birth), who attended said birth don't know (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura Louise Benge Signature
4437 46th. ave SW, Seattle, Wash P. O. Address

Subscribed and sworn to before me on this 24th day of July, 1941, 19____

(SEAL) Norman F. Edwards Notary Public, residing at Seattle, wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 4 1941

STATE OF WASHINGTON )
) ss
COUNTY OF KING )

Frank Everett Beckner, being first duly sworn, upon oath says:

That through error, the date of his birth as written upon the information supplied to the Bureau of Vital Statistics of Idaho , from which to make registry of delayed certificate of birth, affiant's age was incorrectly stated. Affiant's birth-date is Nov. 16, 1902; the date appearing upon the photostatic copy sent affiant, as being the date of affiant's birth, is in fact the date of the father's birth, Oct 9, 1869.

This affidavit is made to enable the State of Idaho Bureau of Vital Statistics to make correction of the birth date of affiant.

Dated this the 2nd. day of August, 1941

Frank Everett Beckner

Subscribed and sworn to before me this August 2nd, 1941

Thomas S. Swarz

Notary Public in and for the state of Washington, residing at Seattle

Tab 41

145-106-033-685

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316913
Local Reg. No.
Reg. Dist. No.

JUL 25 1941

1. PLACE OF BIRTH
(a) County MADISON (b) City REXBURG
(c) Street Address or R.F.D.No. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County MADISON
(c) City REXBURG
(d) Street Address or R.F.D.No. #1
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD HUGH JOSEPH ARNOLD

5. Date of Birth (Month, day year) Dec. 6, 1902

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME JOSEPH ARNOLD
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake, Utah, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer & Sheep Raiser
15. Industry or Business Farm

## MOTHER OF CHILD

16. FULL MAIDEN NAME INA MAUDE WINTERS
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs
19. Birthplace Grass Valley, Utah, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 25 1941 (Date received) (b) Marvel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ina Maude Arnold Gibson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hugh Joseph Arnold (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hyde (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ina Maude Arnold Gibson Signature
12121 Foothill Blvd., San Fernando, Calif. P. O. Address

Subscribed and sworn to before me on this 23rd day of July, 1941

(SEAL) Grace Higgins Notary Public, residing at Van Nuys, Calif.
My Commission Expires Dec. 2, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

967-201-006-154

316992

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 28 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Corner Pacific & Broadway
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ~~[illegible]~~ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Pacific & Broadway
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Bertha Winifred Rogers
5. Date of Birth (Month, day, year) Nov. 1, 1902
6. Sex Fe
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wilfred Stevens Rogers
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace Boskobel Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Beatrice Anderson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace New York City (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) Maud Feller (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Orange } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary B. Tisdale, being first duly sworn, say that I am Related (Related to (or) acquainted with) Bertha Winifred Rogers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Snooks (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary B. Tisdale Signature
1003 Riverine, Santa Ana, Calif. P. O. Address

Subscribed and sworn to before me on this 23rd day of July, 1941

(SEAL) Mildred L. Lukens Notary Public, residing at Santa Ana, Calif.

My Commission expires May 29, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 30 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-204-022769

RECEIVED

United States
Department of Commerce
Bureau of Census

JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317012
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Freemont (b) City Vernon
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Fern Martha Cutler
5. Date of Birth (Month, day, year) 1-4-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Parley LeRoy Cutler | 16. FULL MAIDEN NAME Martha Porritt |
| 11. Color or Race Whie | 17 Color or Race White |
| 12. Age at time of THIS birth 26 yrs. | 18. Age at time of THIS birth 26 yrs. |
| 13. Birthplace Brigham (City or town) Utah (State or foreign country) | 19. Birthplace Clifton (City or town) Idaho (State or foreign country) |
| 14. Exact Occupation Timber Man | 20. Exact Occupation House wife |
| 15. Industry or Business Timber Man | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3d, (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JUL 29 1941

26. (a) ..... (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Cutler Nelson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Fern Martha Cutler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lambern (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Nelson Signature
2nd, S. 4th West Street, Brigham Utah P. O. Address

Subscribed and sworn to before me on this 23, day of July, 1941

(SEAL) Margerou Notary Public, residing at Brigham Utah
My Com. Ex. Oct. 30-1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-129-035-665

United States
Department of Commerce
Bureau of Census

JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317022
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D.No. ----
(d) Name of Hospital or Maternity Home: Catholic Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 3 days. IN THIS county 7 years - month - days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cul De Sac
(d) Street Address or R.F.D.No. ------
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Cul De Sac

**3. RESIDENCE of FATHER** (city, state) " " "

**4. FULL NAME OF CHILD** Owen Conway

**5.** Date of Birth (Month, day year) Oct 29 1902

**6.** Sex Male

**7.** Twin or Triplet ---- If so—born 1st, 2nd, 3rd ----

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Andrew William Conway
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Rochester, New York (City or town) (State or foreign country)
14. Exact Occupation Grain Dealer
15. Industry or Business " "

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mattie Estella Owen
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Onarga, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Conway Penhall (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Mabel [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of California
County of Kern } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Conway Penhall, being first duly sworn, say that I am related to (Related to (or) acquainted with) OWEN CONWAY (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mother Orelie (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie E. Conway Penhall — Signature
112 McCord St. Bakersfield, Calif. — P. O. Address

Subscribed and sworn to before me on this 28th day of July, 1941

(SEAL) Harry E. Lane — Notary Public, residing at Bakersfield

NOTARY PUBLIC
In and for the County of Kern, State of California

My Commission Expires January 24th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

213-112-004-944

317072

United States
Department of Commerce
Bureau of Census

JUL 31 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BEAR LAKE (b) City MONTPLIER
(c) Street Address or R.F.D.No. COUNTRY GEN'L DEL.
(d) Name of Hospital or Maternity Home: (NONE) AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days
IN THIS county 25 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City MONTPLIER
(d) Street Address or R.F.D.No. COUNTRY GEN'L DEL.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address 3609 E 6th. L.A. CAL

3. RESIDENCE of FATHER (city, state) LOS ANGELES CAL

4. FULL NAME OF CHILD FRANK HENRY SALISBURY

5. Date of Birth (Month, day year) OCT. 12, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME FRANK ELMER SALISBURY
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace EAGLE WAUKESHA CO WISCONSIN (City or town) (State or foreign country)
14. Exact Occupation RAILROAD BRAKEMAN
15. Industry or Business U.P. RAILROAD

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA. ZUMBRENNEN
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs
19. Birthplace MONTPLIER IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum DONT. REMEMBER
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9
(c) Born alive and now dead one (d) Stillborn ~~two~~ none

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (born alive, stillborn) at 6 a M. on the date and at the place stated above and that personal particulars were furnished by Frank E. Salisbury (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Los Angeles
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank E. Salisbury (Name of person on certificate above), being first duly sworn, say that I am Father of Frank Henry Salisbury (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Guiford (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank E. Salisbury Signature
3609 E 6th St L.A. Cal P. O. Address

Subscribed and sworn to before me on this 30 day of July 1941

(SEAL) Salvatore Freda Notary Public, residing at 3619 W Sixth Blvd, Los Angeles, Calif

My Commission Expires July 5, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

719-126-003 RECEIVED

United States Department of Commerce Bureau of Census 154 AUG 4 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317113
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Raymond Louis Gardner

5. Date of Birth (Month, day, year) February 26 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Alvin Gardner
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Rock Mason
15. Industry or Business Oregon Short Line R.R.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nora Anderson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. C. A. Gilson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 4-1941 (Date received) (b) Maurel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Flora Gilson M.D. (D.O., Midwife, etc.) and address 8658 Lehigh St Roseville Calif Date July 31-1941

State of Calif
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Castle (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 31st day of July 1941

(SEAL) Rose Ratner Notary Public, residing at Roseville Calif

My Commission Expires June 3, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-128-140-714

AUG 2 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **317116**
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 4 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Wardner

**3. RESIDENCE of FATHER** (city, state) Wardner

**4. FULL NAME OF CHILD** Stanley Edward DeLane

5. Date of Birth (Month, day year) Dec. 28, 1902

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Edward DeLane
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Johnstown, Penn. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Helena Jacobine Pauls
17. Color or Race White 18. Age at time of THIS birth 23 yrs
19. Birthplace Okemos, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 2 1941 (Date received) (b) Marvel H. Geeder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helena J. DeLane, being first duly sworn, say that I am related to (Related to (or) acquainted with) Stanley Edward DeLane (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dietrich (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Helena J. DeLane Signature
Wardner, Idaho. P. O. Address

Subscribed and sworn to before me on this 30th day of July, 19 41.

(SEAL) Thomas R. Jones Notary Public, residing at Wardner, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

653-126-009-741

317179

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 4 1941

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 1 mo. years 1 mo. month 30 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. x
(e) How long has MOTHER lived in Idaho? 1 mo. yrs.
(f) Mother's mailing address Sandpoint

3. RESIDENCE of FATHER (city, state) Sandpoint Ida.

4. FULL NAME OF CHILD Charles Albert Weller

5. Date of Birth (Month, day, year) Nov. 26, 1902

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Charles Franklin Weller
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Maitland (City or town) Missouri (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Guay
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Chippewa Falls, Wisc. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead x (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Montana
County of Flathead } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Rose Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Albert Weller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Moody (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Rose Miller Signature
Whitefish Mont. P. O. Address

Subscribed and sworn to before me on this 29 day of July, 1941

(SEAL) A. J. Shaw, County Clerk Notary Public residing at Flathead Co. Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-104-001-962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. Fourth St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 4/9/46

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 317284

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard (Raymond Leslie)

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth 11 - 9, 1902 (Month, Day, Year)

FATHER

9. Full name Howard (Warren DeCalb)

10. Residence (usual place of abode) 4th St. (If non-resident, give place and State) Boise, Idaho

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Howardville, Tenn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public Schools

16. Date (month and year) last engaged in this work White Cross, Idaho May, 19 02

17. Total time (years) spent in this work 8 Yrs.

MOTHER

18. Full maiden name Roberts, (Ethel Una)

19. Residence (usual place of abode) 4th St. (If non-resident, give place and State) ~~Boise, Idaho~~

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Soddy, Tenn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Still Engaged 11/8/02, 19

26. Total time (years) spent in this work 6 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate - Solution

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ------ months or weeks ---

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6:20 Am. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) John Boeck, M. D.

or ....., Midwife

Address 133 W. S. Ave., Boise, Idaho

Filed Aug. 13, 1941 Mabel F. Elder

Registrar.

AP2 8 1948

317284

317284

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. Fourth St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Howard (Raymond Leslie)

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth 11-2-1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Howard (Warren DeCalb) | 18. Full maiden name Roberts, (Ethel Una) |
| 10. Residence (usual place of abode) (If non-resident, give place and State) 4th St. Boise, Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State) 4th St. Boise, Idaho |
| 11. Color or race White \| 12. Age at last birthday 29 (years) | 20. Color or race White \| 21. Age at last birthday 23 (years) |
| 13. Birthplace (city or place) (State or Country) Howardville, Tenn | 22. Birthplace (city or place) (State or Country) Soddy, Tenn |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public Schools | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home |
| 16. Date (month and year) last engaged in this work White Cross, Idaho May, 1902 | 25. Date (month and year) last engaged in this work Still Engaged 11-2, 1902 |
| 17. Total time (years) spent in this work 8 Yrs | 26. Total time (years) spent in this work 6 Yrs. |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate - Solution

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ---- months or weeks | 30. Cause of stillbirth ---- Before labor --- During labor ---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6:20 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Brock, M. D.

or ....., Midwife X

Address 1300 W. Bannock St., Boise, Idaho

Filed Aug 13, 1941 Mabel H. Edelen

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas
County of Hutchinson } ss.

Certificate No. 317284
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Raymond Leslie Howard (Name on Original Certificate) who was Born (Was Born or Died) on November 9th 1902 (Date of Event)
in Boise (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible & Mother's Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on November 9, 1902 (Give Date), are:

| FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.) | FROM (As on Original) | TO (The Correct Facts) |
|---|---|---|
| Birth Date | November 2, 1902 | November 9, 1902 |

Subscribed and sworn to before me this 29th
day of March 1946
Raymond Cash
Notary Public, residing at Phillips Texas
My commission expires MY COMMISSION EXPIRES JUNE 1, 1947
(Seal)

Signed Mrs. Ethel V. Howard (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Old Prairie Camp, Box 375, Borger, Texas
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas
County of Hutchinson } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of March 1946
Raymond Cash
Notary Public, residing at Phillips Texas
My commission expires MY COMMISSION EXPIRES JUNE 1, 1947
(Seal)

Signed J. M. Bird
(Signature of Any Credible Person)
5th & Weatherly St., Borger, Texas
(Street Address, City, State)

556-123-P28-367

317326

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No. 305
Reg. Dist. No. 121

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 11 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Harrison, Idaho

**3. RESIDENCE of FATHER** (city, state) Same

**4. FULL NAME OF CHILD** ELDON FLOYD NEWTON

5. Date of Birth (Month, day year) Oct. 23, 1902

6. Sex M

7. Twin or Triplet — If so—born — 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Silas Wesley Newton
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Timberman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Pearl Copsey
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Beaver City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) August 13, 1941 (Date received) (b) Jean M. Wells Deputy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Silas W. Newton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eldon Floyd Newton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Silas Wesley Newton Signature
P. O. Address

Subscribed and sworn to before me on this 13th day of August, 1941
(SEAL)
Jack Foster
Clerk of the District Court
Notary Public, residing at
By Elsa M. Feil, Deputy

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-123-035-243

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 14 1941

State File No. 317336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 5 Miles E. of Lewiston
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Lewiston

3. RESIDENCE of FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Vernon Orville Phillips

5. Date of Birth (Month, day year) August 23, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Mark Thomas Phillips | 16. FULL MAIDEN NAME Olive May Butts |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 40 yrs. | 18. Age at time of THIS birth 27 yrs |
| 13. Birthplace Menominee (City or town) Dunn Co. Wisconsin (State or foreign country) | 19. Birthplace Lake City (City or town) California (State or foreign country) |
| 14. Exact Occupation Grammer School Teacher | 20. Exact Occupation House Wife |
| 15. Industry or Business School Teacher | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4:00 A.M. on the date and at the place stated above and that personal particulars were furnished by Olive May Phillips (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Marvel Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Arizona
County of Maricopa } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive May Phillips, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernon Orville Phillips (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Ens (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive May Phillips Signature
1514 N. Madison St. Phx. Ariz. P. O. Address

Subscribed and sworn to before me on this 14th day of August 1941.

(SEAL) Marvel Keefer Notary Public residing at Phoenix, Arizona

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

845-203-006-168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 9 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BINGHAM (b) City BLACKFOOT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Grandmother's home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Blackfoot, Ida.

3. RESIDENCE of FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Mary Margaret Hunter

5. Date of Birth (Month, day year) June 3, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Pope Hunter
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Colorado (City or town) (State or foreign country)
14. Exact Occupation Minning engineer
15. Industry or Business Engineering

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Edwin Johnson
17. Color or Race White 18. Age at time of THIS birth 20 yrs
19. Birthplace Greenville, Miss. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 9 1941 (Date received) (b) Mark Y. Geiger (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of XXXXX Idaho
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Johnson George, being first duly sworn, say that I am related (Related to (or) acquainted with) Mary Margaret Hunter (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Johnson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine Johnson George Signature
Arco, Butte Co., Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of August, 19 41

(SEAL) I. W. BOYER CLERK OF THE DISTRICT COURT BY Helen Barnes DEPUTY

Notary Public, residing at Arco, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

296-130-075-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 317442
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
STATE OF IDAHO

AUG 8 1941

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Culdisack
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Born At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdisack
(d) Street Address or R.F.D. No. Gen Del
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Gen Del

3. RESIDENCE of FATHER (city, state): culdisack Idaho

4. FULL NAME OF CHILD George W. Kidwell

5. Date of Birth (Month, day, year) 5-30. 1902

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Henry. Kidwell
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Greenfield Mo (City or town) (State or foreign country)
14. Exact Occupation Bldgn Contractor
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Flora Metsker
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Marys vill. Mo (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Flora. Kidwell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) Marvel H. Eldefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington.
County of Yakima. } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora.Kidwell, being first duly sworn, say that I am Mother (Related to (or) acquainted with) George.W. Kidwell (Name of person on certificate above) as My Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Strogens. Mid Wife (Name of attendant at birth) who attended said birth decesed (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Flora a Kidwell Signature

Wapato. Washington P. O. Address

Subscribed and sworn to before me on this 6 day of August, 19 41

(SEAL) E B Hodgson Notary Public, residing at Wapato.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-28-1084434

317466

United States
Department of Commerce
Bureau of Census

AUG 9 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Mothers Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years 1 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Washington (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D.No
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Spokane Wash

4. **FULL NAME OF CHILD** Ada Alice Foster

5. Date of Birth (Month, day year) Aug. 28, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Samuel John Foster | 16. FULL MAIDEN NAME Bertha Olivia McMullen |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 24 yrs. | 18. Age at time of THIS birth 19 yrs |
| 13. Birthplace Tennessee (City or town) (State or foreign country) | 19. Birthplace Staunton Ill. (City or town) (State or foreign country) |
| 14. Exact Occupation Common Laborer. | 20. Exact Occupation House wife |
| 15 Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 9 1941 (Date received) (b) Mabel H. Eifler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Olivia Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ada Alice Foster (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John D Wyer (Name of attendant at birth), who attended said birth Can not locate (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs Bertha Olivia Davis Signature

P. O. Address

Subscribed and sworn to before me on this 6 day of August, 19 41

(SEAL) Edith J. Kinzer Notary Public, residing at Portland Ore

My Commission Expires May 1, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1965

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

843-130-028-963

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317478
Local Reg. No.
Reg. Dist. No.

AUG 13 1941

1. PLACE OF BIRTH
(a) County Kortenai (b) City Harrison Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kortenai
(c) City Harrison
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Harrison Idaho

4. FULL NAME OF CHILD John Alvin Hutchins

5. Date of Birth (Month, day year) Oct. 30, 1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Allan Hutchins
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Macon (City or town) Missouri (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Mail & Railway

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna G. Roche
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Waukon (City or town) Iowa (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lucille Jameson (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucille Jameson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Alvin Hutchins (Name of person on certificate above) as an Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucille Jameson Signature
2008 F St., Bakersfield, Calif. P. O. Address

Subscribed and sworn to before me on this 11th day of August, 1941

(SEAL) [signature] Notary Public, residing at Bakersfield, Calif

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

455 204 070-455

317491

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 11 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County: Lemhi (b) City: Lemhi Agency
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Lemhi
(c) City: Lemhi Agency
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address: Lemhi Agency

**3. RESIDENCE of FATHER** (city, state): Same

**4. FULL NAME OF CHILD:** Evelyn Denny

**5.** Date of Birth (Month, day year): Apr. 4, 1902

**6.** Sex: Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy: 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10.** FULL NAME: Thomas Rolly Denny
**11.** Color or Race: White
**12.** Age at time of THIS birth: 25 yrs.
**13.** Birthplace: DuQuoin, Illinois (City or town) (State or foreign country)
**14.** Exact Occupation: Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16.** FULL MAIDEN NAME: Elizabeth Elvira Rees
**17.** Color or Race: White
**18.** Age at time of THIS birth: 19 yrs
**19.** Birthplace: Lemhi Agency, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: None
**23.** Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: Yes
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

**26.** (a) AUG 11 1941 (Date received) (b) Mabel F. Geder (Registrar's signature)
**27.** Given name added on ____ by ____ (Registrar's signature)

**25.** Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of: Idaho
County of: Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Denny Vreeland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Evelyn Denny (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Murphey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie Denny Vreeland Signature

Leadore, Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of August 1941

(SEAL) Mary V. Shoe Notary Public, residing at Leadore, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

719-127028-814

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

AUG 13 1941

317570

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 4 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address deceased

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Ralph Robert Gailey

5. Date of Birth (Month, day year) Dec. 27-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy usual

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Ralph Alexander Gailey
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Garnett (City or town) Kansas (State or foreign country)
14. Exact Occupation Ministry
15. Industry or Business Ministry

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Iona Gertrude Hadley
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Oregon City (City or town) Ore. (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

26. (a) AUG 13 1941 (Date received) (b) Mabel F. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ralph Alexander Gailey, being first duly sworn, say that I am the father (Related to (or) acquainted with) Ralph Robert Gailey (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyre (Name of attendant at birth), who attended said birth is nowhere that I know (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ralph A. Gailey Signature

Rt 2. Monroe Wash P. O. Address

Subscribed and sworn to before me on this 14th day of August 1941

(SEAL) Atsey Leavell Notary Public, residing at Sultan

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693 119 003 385

318751

United States
Department of Commerce
Bureau of Census AUG 18 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County (b) City nr Soda Springs
(c) Street Address or R.F.D.No. Eight Mile
(d) Name of Hospital or Maternity Home: none; born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 6 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City nr Soda Springs
(d) Street Address or R.F.D.No. Eight Mile
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address nr Soda Springs, Idaho

**3. RESIDENCE of FATHER** (city, state) Idaho,

**4. FULL NAME OF CHILD** William Franklin Wilson

5. Date of Birth (Month, day year) Dec.19,1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mos. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Noel Daniel Wilson
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Lumber business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Cheney
17. Color or Race White 18. Age at time of THIS birth 26 yrs
19. Birthplace Hooper, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 18-1941 (Date received) (b) Mabel M. Eldfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Humboldt } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucy Cheney Wilson, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Franklin Wilson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my mother (Name of attendant at birth), who attended said birth as midwife is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucy Cheney Wilson Signature

1418 S St., Eureka, Calif. P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) Ann A. Carlino Notary Public, residing at Eureka, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1955

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

769 114 035-666 RECEIVED

United States
Department of Commerce
Bureau of Census

AUG 18 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318762
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perces (b) City near Dublin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perces
(c) City Dublin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Dublin Idaho

3. **RESIDENCE of FATHER** (city, state) Dublin Ida

4. **FULL NAME OF CHILD** Joseph Woodson Gorrell

5. Date of Birth (Month, day, year) Oct. 14 - 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Van Gorrell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace near Longwood (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Woodson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace near Marshall (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Dublin Idaho on the date and at the place stated above, and that personal particulars were furnished by Mary H. Gorrell (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Aug 18-1941 (Date received) (b) Mabel H. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs. J. T. Williams nurse (D.O., Midwife, etc.)
and address 508 Spring St. Big Spring Texas Date June 30 1941

State of ..... } ss.
County of .....

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K-22-41

AUG 2 1967

SEP 13 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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119 717-006863

318800

United States
Department of Commerce
Bureau of Census

AUG 18 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot (ranch near Blackfoot)
(d) Street Address or R.F.D. No. Over
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Blackfoot

3. RESIDENCE of FATHER (city, state) Blackfoot

4. FULL NAME OF CHILD JAMES TYRA JARVIS

5. Date of Birth (Month, day, year) June 17, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME JAMES OLIVER JARVIS
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Roaring River, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

## MOTHER OF CHILD

16. FULL MAIDEN NAME MATTIE HOLBROOK
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Traphill, North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead —— (d) Stillborn ——

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 18-1941 (Date received) (b) Mabel H Euler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Stanislaus } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Jarvis, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) JAMES TYRA JARVIS (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Thomas Snook (Name of attendant at birth), who attended said birth who cannot be located, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Mattie Jarvis Signature

701 West Main St., Turlock, California P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) Dan E. Kilroy Notary Public, residing at
Justice of the Peace, Turlock Township, Stanislaus County, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

317 110 022.515

United States
Department of Commerce
Bureau of Census

AUG 20 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

318821

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Plano
(c) Street Address or R.F.D.No. R.F.D. # 3
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Plano
(d) Street Address or R.F.D.No. R.F.D. # 3
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address R.F.D. # 3

3. RESIDENCE of FATHER (city, state) Plano, Idaho

4. FULL NAME OF CHILD Clifford Lavoy Lapham

5. Date of Birth (Month, day year) Oct. 10, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Frank Varnum Lapham Sr.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Vinland (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Henrietta Van Orden
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 20 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of Orange } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Varnum Lapham Sr., being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clifford Lavoy Lapham (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Middleton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank V. Lapham Sr. Signature

1067 W. 3rd, Santa Ana, Calif P. O. Address

Subscribed and sworn to before me on this 18 day of Aug 19 41

(SEAL) G. E. Bradley Notary Public, residing at Santa Ana, Calif

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

366 123 001 482

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318841
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. Boise, Idaho.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Boise, Idaho

**3. RESIDENCE of FATHER** (city, state) Boise, Ida

**4. FULL NAME OF CHILD** Clifton David Cofield

5. Date of Birth (Month, day year) June 23, 1902

6. Sex male 7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles William Cofield
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Hutchison, Minnesota (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Elizabeth Dykeman
17. Color or Race white 18. Age at time of THIS birth 23 yrs
19. Birthplace Crow River, Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 19-1941 (Date received) (b) Mabel H. Eldfer (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho, County of Payette. } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Elizabeth Cofield, being first duly sworn, say that I am related (Related to (or) acquainted with) to Clifton David Cofield (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Tom Frazier (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and no doctor attended and that this birth **has not been previously recorded.**

Alice Elizabeth Cofield Signature
Payette, Idaho, RFD2 P. O. Address

Subscribed and sworn to before me on this 18th day of August, 1941.

(SEAL) W. R. McCune, Notary Public, residing at Payette, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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465 119 014 469 #318861 **318861**

United States Department of Commerce Bureau of Census — AUG 27 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

**1. PLACE OF BIRTH**
(a) County: Canyon (b) City: Nampa
(c) Street Address or R.F.D. No. ____
(d) Name of Hospital or Maternity Home: ____
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Nampa
(d) Street Address or R.F.D. No. ____
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address: Nampa Ida.

**3. RESIDENCE of FATHER** (city, state) Nampa Ida

**4. FULL NAME OF CHILD** Melvin Paul Monce.

**5.** Date of Birth (Month, day year) Aug. 19, 1902.

**6.** Sex: Male **7.** Twin or Triplet: ____ If so—born 1st, 2nd, 3rd: 4th **8.** No. months of Pregnancy: ____ **9.** Legitimate? ____

**FATHER OF CHILD**

**10. FULL NAME** Harry G. Monce.
**11.** Color or Race: White **12.** Age at time of THIS birth: 32+ yrs.
**13.** Birthplace: Beatrice (City or town) Nebraska (State or foreign country)
**14.** Exact Occupation: Farm owner
**15.** Industry or Business: Nurseryman

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Martha Lucretia Morden.
**17.** Color or Race: White **18.** Age at time of THIS birth: 23+ yrs.
**19.** Birthplace: Gore Bay (City or town) Canada. (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business: ____

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: Sol Ag Nit
**23.** Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4 (c) Born alive and now dead: 0 (d) Stillborn: 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive or stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Martha L Monce (First name) (Last name), who is related to this child as Mother (Mother, etc.)

AUG 27 1941

**26.** (a) ____ (Date received) (b) Mabel Echelberger (Registrar's signature)
**27.** Given name added on ____ by ____ (Registrar's signature)

**25.** Attendant's **OWN** signature: G. H. Murray M.D. (D.O., Midwife, etc.) and address: Nampa Ida Date: Aug 27, 1941

State of ____ } ss.
County of ____ }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____
(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

## DELAYED REGISTRATION LAW

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 14 1941

#318888

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

318888

1. PLACE OF BIRTH
County of Shoshone
City of Gem,
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Roy Conn.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 20, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Charles Ellsworth Conn | 18. Full maiden name Dora May Ross |
| 10. Residence (usual place of abode) (If non-resident, give place and State) ..... | 19. Residence (usual place of abode) (If non-resident, give place and State) ..... |
| 11. Color or race White \| 12. Age at last birthday 32 (years) | 20. Color or race White \| 21. Age at last birthday 26 (years) |
| 13. Birthplace (city or place) Sandusky (State or Country) Ohio | 22. Birthplace (city or place) Joplin (State or Country) Mo |
| OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner | OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mine | 24. Industry or business in which work was done, ~~as own home~~, lawyer's office, silk mill, etc. home |
| 16. Date (month and year) last engaged in this work ....., 1926 | 25. Date (month and year) last engaged in this work ....., 19.... |
| 17. Total time (years) spent in this work 30 years | 26. Total time (years) spent in this work still working |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Borac acid

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead [redacted] (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Sept 4, 1941 Mabel H Geiler Registrar.

365 720 040-962

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonner ~~Shoshone~~ } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dora May Conn being first duly sworn says that she is the Mother of John Roy Conn
(Relationship of child)*

born at Gem Idaho May 20-1902 at ....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said John Roy Conn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that R. E. Brown M. D. was the ~~Midwife~~ medical attendant at the birth of said John Roy Conn and that the said medical attendant is .....
(~~Now deceased~~ (or) cannot be located)

Name of Affiant Dora May Conn
P. O. Address J Hope. Ida

Subscribed and sworn to before me this 18 day of Sept, 1940

Glenna Bowden
Notary Public.
Residing at Sandpoint, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

9-4-41

154 121 029 658

United States
Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 318940
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 842 East 7TH ST.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years 3 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 842 East 7TH
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address as above

**3. RESIDENCE of FATHER** (city, state) Moscow, Idaho

**4. FULL NAME OF CHILD** Everett Sylvester Anderson

**5.** Date of Birth (Month, day year) Feb. 21, 1902

**6.** Sex Male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Carl Fritjof Anderson
**11.** Color or Race White
**12.** Age at time of THIS birth 26½ yrs.
**13.** Birthplace Tjelmo (City or town) Sweden (State or foreign country)
**14.** Exact Occupation Clerk
**15.** Industry or Business Grocery business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Ellering Weholt
**17.** Color or Race White
**18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Faith (City or town) Minnesota (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum No Knowledge
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) AUG 25 1941 (Date received) (b) [illegible] (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna E. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Everett Sylvester Anderson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Gritman (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna E. Anderson ..... Signature
Moscow Idaho ..... P. O. Address

Subscribed and sworn to before me on this 27 day of August 1941
(SEAL) Robert W. Larson Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1970

JUL 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 210 044866

United States Department of Commerce
Bureau of Census

AUG 21 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318970
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Washington, (b) City Cambridge
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 24 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho, (b) County Washington
(c) City Cambridge,
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Cambridge, Ida.

**3. RESIDENCE of FATHER** (city, state) Cambridge, Ida.

**4. FULL NAME OF CHILD** MILDRED PEARL SUTTON

5. Date of Birth (Month, day year) Sept. 10, 1902

6. Sex F.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** OLIVER ELMER SUTTON
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Baldwin, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ROSA ELLEN HOFFSTATTER
17. Color or Race W
18. Age at time of THIS birth 24 yrs
19. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date AUG 21 1941 and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child (Mother, etc.)

26. (a) (Date received) (b) Maud H. Geiser (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa E. Sutton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Pearl Sutton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Robert Green (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rosa E. Sutton Signature
Cambridge, Idaho, P. O. Address

Subscribed and sworn to before me on this 18th day of August, 19 41
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

962-109 006-243

319024

United States
Department of Commerce
Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 20 years 11 month 22 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.
(f) Mother's mailing address Firth Idaho

**3. RESIDENCE of FATHER** (city, state) Same

**4. FULL NAME OF CHILD** John Rolland Robertson

**5.** Date of Birth (Month, day year) July 9 - 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Alexander Robertson
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Edinburgh (City or town) Scotland (State or foreign country)
**14.** Exact Occupation Retired Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lillian Butson
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Johnsville (City or town) Calif. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

**26.** (a) AUG 26 1941 (Date received) (b) Maud Fuller (Registrar's signature) (Mother, etc.)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alexander Robertson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John R. Robertson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Drew (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alexander Robertson Signature
Firth Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of August 1941
(SEAL) Geo. W. Cushwa Notary Public, residing at Firth Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/30/41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666 221014 493

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 6 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319032
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Canyon (b) City Falk
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years 6 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Falk
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Falk

**3. RESIDENCE of FATHER** (city, state) same

**4. FULL NAME OF CHILD** Ada Wood

5. Date of Birth (Month, day year) Oct, 21, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Joseph C. Wood
11. Color or Race White 12. Age at time of THIS birth 51 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Elizabeth Dille
17. Color or Race white 18. Age at time of THIS birth 36 yrs
19. Birthplace Malad Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 a M. on the date and at the place stated above, and that personal particulars were furnished by Pete Wood (First name) (Last name), who is related to this child as Brother (Mother, etc.)

AUG 6 1941

26. (a) ____ (Date received) (b) Mary E Keefer (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Pete Wood M.D. (D.O. Midwife etc.)
and address Melba Idaho Date Aug 2, 1941

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pete Wood, being first duly sworn, say that I am Related (Related to (or) acquainted with) ____ (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pete Wood Signature
Melba, Idaho RFD 1 P. O. Address

Subscribed and sworn to before me on this 12th day of August, 1941
(SEAL) ____ Notary Public, residing at Nampa, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

796-106-030-492

319084

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Junction

**3. RESIDENCE of FATHER** (city, state) Junction, Idaho

**4. FULL NAME OF CHILD** Leo Ralph Proulx

**5.** Date of Birth (Month, day year) July 6, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Michael Proulx
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace St. Anne (City or town) Quebec Canada (State or foreign country)
**14.** Exact Occupation Rancher
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Minnie Dickens
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Michagomie (City or town) Mich. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead / (d) Stillborn /

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) Aug 26-1941 (Date received) (b) Mary H Geiger (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie Proulx, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Leo Ralph Proulx (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. [redacted] (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Proulx Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of August 1941
(SEAL) May L. Stone Notary Public, residing at Leadore Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-214-006-355

319150

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 18 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Ida
(d) Name ~~of Hospital or Maternity~~ Home: home
(e) Mother's stay ~~BEFORE~~ delivery: hance
~~In Hosp.~~ or Mat. Home 10 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls Ida
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Ada Lydia Eastman

5. Date of Birth (Month, day, year) Dec 14 1902

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME George Francis Eastman | 16. FULL MAIDEN NAME Lydia Jane Staples |
| 11. Color or Race white | 17. Color or Race white |
| 12. Age at time of THIS birth 35 yrs. | 18. Age at time of THIS birth 19 yrs. |
| 13. Birthplace Salt Lake City Utah (City or town) (State or foreign country) | 19. Birthplace Holden Utah (City or town) (State or foreign country) |
| 14. Exact Occupation truck gardner | 20. Exact Occupation house wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Eastman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 14th 41 (Date received) (b) Maud H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Riverside } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Eastman, being first duly sworn, say that I am related (Related to (or) acquainted with) Ada Lydia Eastman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia Eastman Signature

Hemet, Calif P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) George Forbes ~~Notary Public, residing at~~
Justice of the Peace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 22 1975

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847/21 004546

319159

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 16 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Owen Price Hughes

5. Date of Birth (Month, day year) March 21 1902

6. Sex Male

7. Twin or Trip'et

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME David Lloyd Hughes
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ottumwa, (City or town) Iowa (State or foreign country)
14. Exact Occupation Station Agent
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Edwards Hughes
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Russell (City or town) Gulch, Colo. (State of foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child ..... (Mother, etc.)

26. (a) AUG 16 1941 (Date received) (b) Mabel H. Edefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [illegible] M.D. (D.O., Midwife, etc.)
and address 2242 Hale St. Berkeley Calif

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet Richardson, being first duly sworn, say that I am Older Sister (Related to (or) acquainted with) Owen Price Hughes (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowuber (Name of attendant at birth), who attended said birth Can not be located (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Richardson Signature
Big Harbor, Wash. P. O. Address

Subscribed and sworn to before me on this 13 day of Aug. 1941

(SEAL) Chris Thompson Notary Public, residing at Big Harbor

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

682-124029-769

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 319206
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. DO NOT REMEMBER
(d) Name of Hospital or Maternity Home:
BIRTH TOOK PLACE AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 3 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. DONT REMEMBER
(e) How long has **MOTHER** lived in Idaho? 3 yr.
(f) Mother's mailing address MOSCOW IDAHO

**3. RESIDENCE of FATHER** (city, state) MOSCOW IDAHO

**4. FULL NAME OF CHILD** HAROLD GORHAM WYSONG

5. Date of Birth (Month, day year) JUNE 24 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** AMOS BABCOCK WYSONG
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace CANTON (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** FANNIE GORHAM
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace CANTON (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by FANNIE (First name) WYSONG (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) SEP 2 1941 (Date received) (b) Mabel Helfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, FANNIE WYSONG, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HAROLD GORHAM WYSONG (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. DEPARDY (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fannie Wysong Signature
1609 S 2nd St Alhambra Cal. P. O. Address

Subscribed and sworn to before me on this 27th day of August 1941.
(SEAL) Isabella T. McQueen Notary Public, residing at Alhambra Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 227-022-699

United States
Department of Commerce
Bureau of Census Fremont

(Be sure the information is as of date of birth of THIS child)

SEP 3 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Madison~~ (b) City Thornton
(c) Street Address or R.F.D.No. Thornton
(d) Name of Hospital or Maternity Home:
None (born on farm)
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Madison~~ Fremont
(c) City Thornton
(d) Street Address or R.F.D.No. None
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address Thornton

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Maud Emma Williams

5. Date of Birth (Month, day year) 2/27/1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Martin Williams
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Murry, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elnora Firth
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace ~~South~~ Weber, Utah (~~South~~ town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... A.M. on the date and at the place stated above, and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) SEP 3 1941 (Date received) (b) Mabel H. Geiler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mary M. Corey M.D. (D.O., Midwife, etc.)
and address Idaho Falls, Idaho. Aug., '41

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARY M. COREY, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) MAUD EMMA WILLIAMS (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mary M. Corey Signature
Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of August 1941
(SEAL) Lin Corey Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

815-231044-212

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 319255
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Washington (b) City Salubria, Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 20 years 9 month 15 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Salubria, Ida.

**3. RESIDENCE of FATHER** (city, state) Salubria, Ida

**4. FULL NAME OF CHILD** Vivian Babb Hannan

5. Date of Birth (Month, day year) Jan. 31, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Martin Vanburen Hannan
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Stockton, California (City or town) (State or foreign country)
14. Exact Occupation Run a Pool Hall
15. Industry or Business Pool Hall

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nancy Catherine Babb
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Osage County Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10 (c) Born alive and now dead One (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc)

26. (a) SEP 3 1941 (Date received) (b) Maurel E. Keeler (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nancy C. Hannan, being first duly sworn, say that I am related (Related to (or) acquainted with) Vivian Babb Hannan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Cole (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nancy C. Hannan Signature
Silverton Oregon P. O. Address

Subscribed and sworn to before me on this 30 day of Aug 1941
(SEAL) Maurel E. Keeler Notary Public, residing at Silverton

NOTARY PUBLIC FOR OREGON
My Commission expires Jan. 15, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-123003 7/26/6

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 4 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 319272
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state) Oxford, Idaho

**4. FULL NAME OF CHILD** Leland Ray Baker

5. Date of Birth (Month, day year) March 23-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John Willard Baker
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Cotmary (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ann Elizabeth Gooch Baker
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Yeachro (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 4 1941 (Date received) (b) Mabel Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John William Baker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leland Ray Baker (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L. Barger (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Baker — Signature
Oxford, Idaho — P. O. Address

Subscribed and sworn to before me on this 2 day of September, 1941.
(SEAL) Alma Koford Notary Public, residing at Clifton Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316 176 008 893

# 319305

319305

United States Department of Commerce Bureau of Census

SEP 11 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Boise (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state) Ola, Idaho

**4. FULL NAME OF CHILD** Edgar Clyde Lawrence

5. Date of Birth (Month, day year) Oct. 26, 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** J. A. Lawrence
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business retired

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maud Hill
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Metropolis, (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 3:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O. Midwife etc.) and address Boise, Idaho Date 9/12/41

State of Idaho, County of Ada, } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud Lawrence, being first duly sworn, say that I am related (Related to (or) acquainted with) Edgar Clyde Lawrence (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pinegar (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud Lawrence Signature

Route 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of September, 19 41

(SEAL) Edna L. Casey Notary Public, residing at Mountain Home, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-19-41

JUN 8 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-113-022-893

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 319394
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At her own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address Lewisville Ida

**3. RESIDENCE of FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Clarence Raymond Williams

**5.** Date of Birth (Month, day year) Mar. 13, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Williams
**11.** Color or Race White **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Blue Earth Co. Minnesota (City or town) (State or foreign country)
**14.** Exact Occupation Stockman
**15.** Industry or Business Raising Livestock

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hulda Elizabeth Hill
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Cache Co. Millville, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 1

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Birdie W. Taylor (First name) (Last name), who is related to this child as Sister (Mother, etc.)

**26.** (a) Sept 17-1941 (Date received) (b) Marvel H. Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, BIRDIE W. TAYLOR, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clarence Raymond Williams (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ruth Williams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Birdie W. Taylor Signature
Lewisville Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of Sept. 1941

(SEAL) Oscar Barnes Justice of Peace Notary Public, residing at Lewisville Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-12-11

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259 227 025-331

United States Department of Commerce Bureau of Census

SEP 11 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319494
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D.No. R.F.D. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home --days. IN **THIS** county 18 years 1 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D.No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Grangeville, Idaho

**3. RESIDENCE of FATHER** (city, state) Grangeville, Idaho

**4. FULL NAME OF CHILD** Gladys Evelina Kerlee

5. Date of Birth (Month, day year) Aug. 27, 1902

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Larkin Howard Kerlee
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Near Taylorsville, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farming and Stock raising
15. Industry or Business Wheat and stock farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Addie Clarke
17. Color or Race White 18. Age at time of THIS birth 26 yrs
19. Birthplace Garnett Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mabel F. Geiger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Lane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. H. Kerlee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gladys Evelina Kerlee (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. F. Stockton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Larkin Howard Kerlee Signature
R.F.D. 1, Springfield, Oregon P. O. Address

Subscribed and sworn to before me on this 16th day of July 1941

(SEAL) Lucile Connett Notary Public, residing at Eugene, Oregon

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

319-108 025-315

319527

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 13 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address White Bird

3. RESIDENCE of FATHER (city, state) White Bird

4. FULL NAME OF CHILD Chester Austin Taylor
5. Date of Birth (Month, day year) April 5. 1902
6. Sex Male
7. Twin or Triplet If 2—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Thompson Taylor
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Earnestine Canaan
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Arapoh (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lillie E Taylor (First name) (Last name), who is related to this child as Mother (Mother, etc.).

SEP 13 1941

26. (a) ..... (Date received) (b) Mabel Fielder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillie E Taylor, being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr W A Foskett (Name of attendant at birth) who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lillie E Taylor Signature
White Bird Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of September, 1941

(SEAL) Monte C. Shane Notary Public, residing at White Bird, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

446-119-035-666

United States
Department of Commerce SEP 12 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 319542
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County NezPerce (b) City Culdesac
(c) Street Address or R.F.D. No. R.F.D. # 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 4 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Culdesac
(d) Street Address or R.F.D. No. R.F.D. No.3
(e) How long has **MOTHER** lived in Idaho? 4 Mo. yrs.
(f) Mother's mailing address Culdesac, Idaho.

**3. RESIDENCE of FATHER** (city, state) Culdesac, Ida

**4. FULL NAME OF CHILD** John Dufour

**5.** Date of Birth (Month, day year) 6-19-1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Theodore Dufour
**11.** Color or Race White
**12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Madawaska, Main (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Maud Wood
**17.** Color or Race white
**18.** Age at time of THIS birth 18 yrs.
**19.** Birthplace Stevensville, Montana (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

SEP 12 1941

**26.** (a) ..... (Date received) (b) Maud Feeler (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of NezPerce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud Wood, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) of John Dufour (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Burke (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud Dufour Signature
Culdesac, Idaho, P. O. Address

Subscribed and sworn to before me on this 9 day of Sept., 1941
(SEAL) ..... Notary Public, residing at Culdesac, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-215 040355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

319583

State File No.....
Local Reg. No. 191
Reg. Dist. No. 210

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City Rural Wallace
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Rural Wallace
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 11 mo. ~~yrs.~~
(f) Mother's mailing address Wallace Idaho

3. **RESIDENCE OF FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** Lilly Ruth Simmons

5. Date of Birth (Month, day, year) 11-15-1902

6. Sex FEMALE

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William H. Simmons
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Appanoose Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** VIOLA CENTERS
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Putnam Co. Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by....., (First name) (Last name) who is related to this child as..... (Mother, etc.)

26. (a) 8/7 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. H. Lemmings, being first duly sworn, say that I am related (Related to (or) acquainted with) Lilly Ruth Simmons (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Spurgeon (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

W. H. Simmons Name

Orofino Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of August, 19 41

(SEAL) [illegible] Notary Public, residing at Orofino Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

AUG 5 1958

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 6)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364101-001-369

319609

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 26 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 319609
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Jefferson St.
(d) Name of Hospital or Maternity Home: Between 13th and 14th streets.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Jefferson St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Boise, Idaho

**3. RESIDENCE of FATHER** (city, state) Boise, Ida.

**4. FULL NAME OF CHILD** Elmer Kenneth Compton

5. Date of Birth (Month, day year) May 1, 1902

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy .....

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Kenneth Compton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Petroleum (City or town), West Virginia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Lena Corder
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Mayfield (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 26 1941 (Date received) (b) Mary H. Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida L. Compton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer Kenneth Compton (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida L. Compton, Signature
Mayfield, Idaho, P. O. Address

Subscribed and sworn to before me on this 26th day of September 1941
(SEAL) Wm. E. Dunbar Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 127016-418

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319659
Local Reg. No.
Reg. Dist. No.

SEP 15 1941

1. PLACE OF BIRTH
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 61 yrs.
(f) Mother's mailing address Burley, Idaho

3. RESIDENCE of FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD David D ayley Dayley Parker

5. Date of Birth (Month, day, year) July 27, 1902

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME David Grover Parker | 16. FULL MAIDEN NAME Gennetta Isabelle Dayley |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 26 yrs. | 18. Age at time of THIS birth 31 yrs. |
| 13. Birthplace Morgan (City or town) Utah (State or foreign country) | 19. Birthplace Grantsville, (City or town) Utah (State or foreign country) |
| 14. Exact Occupation School Teacher | 20. Exact Occupation housewife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) SEP 15 1941 (Date received) (b) Mabel T Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David Grover Parker, being first duly sworn, say that I am related to (Related to (or) acquainted with) David Dayley Parker (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hanberg (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David Grover Parker Signature
Burley, Idaho Box 175 P. O. Address

Subscribed and sworn to before me on this 12 day of September 1941

(SEAL) Henry H Parker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-120-022-755

319712

United States Department of Commerce
Bureau of Census

SEP 17 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Fremont

**1. PLACE OF BIRTH**
(a) County ~~Jefferson~~ (b) City Rigby
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 4 years 0 month 0 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rigby, Idaho

**3. RESIDENCE of FATHER** (city, state) same

**4. FULL NAME OF CHILD** James Walter Dunn

**5.** Date of Birth (Month, day, year) 11/20/02

**6.** Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Brigham Dunn
**11.** Color or Race white **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Brigham (City or town) Utah (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Sophia Perry
**17** Color or Race white **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Grace, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housekeeping

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:4 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**26.** (a) SEP 17 1941 (Date received) (b) Naomi T. Eccles (Registrar's signature)
**27.** Given name added on by (Registrar's signature)

**25.** Attendant's **OWN** signature Mary E. Edwards M.D. (D.O., Midwife, etc.)
and address Rigby, Idaho Date Sept 16-41

State of
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-127-025-298

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 18 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319724
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (None)
(e) Mother's stay BEFORE delivery: own Home
In Hosp. or Mat. Home days.
IN THIS county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 months ~~yrs.~~
(f) Mother's mailing address Clearwater
3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD PERCY EDWARD TURNER
5. Date of Birth (Month, day, year) August 27th, 1902.
6. Sex Male
7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME John James Turner | 16. FULL MAIDEN NAME Susan Wenar Bryant |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 40 yrs. | 18. Age at time of THIS birth 26 yrs. |
| 13. Birthplace Huron C.O. Prov. of Ontario (City or town) Stanley township (State or foreign country) Canada | 19. Birthplace Los Angeles (City or town) Calif (State or foreign country) |
| 14. Exact Occupation Teamster | 20. Exact Occupation House Wife |
| 15. Industry or Business Freighting | 21. Industry or Business Own home |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3 (c) Born alive and now dead 4 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel E. Lyons (Registrar's signature)
27. Given name added on by (Registrar's signature)

Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida M. Fleming, being first duly sworn, say that I am related to (Related to (or) acquainted with) Percy Edward Turner (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busey (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida M. Fleming Signature
1264 S. Hicks Ave., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 20th day of August, 1941

(SEAL) Paul L. Dubin Notary Public, residing at 2619 Montezuma Ave. Alhambra, Calif.

My Commission Expires Aug. 1st, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-114-036-859

319756

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

Onaida
SEP 19 1941

State File No.
Local Reg. No. 74
Reg. Dist. No. 541

**1. PLACE OF BIRTH**
(a) County ~~Franklin~~ (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ~~days~~.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address Rural

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Farald Knowles Robinson

**5.** Date of Birth (Month, day year) June 14, 1902

**6.** Sex Male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** George Robinson
**11.** Color or Race White
**12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace American Fork Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nellie Herd
**17.** Color or Race White
**18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Franklin Idaho (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Robinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**26.** (a) Sept 17 1941 (Date received) (b) G. W. Stales (Registrar's signature)

**27.** Given name added on by (Registrar's signature)

**25.** Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie Herd Robinson, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Farald Knowles Robinson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Peck (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Herd Robinson Signature
P. O. Address

Subscribed and sworn to before me on this 16 day of Sept 1941
(SEAL) Arthur M. Gay Notary Public, residing at Preston Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-102-044-213

United States
Department of Commerce
Bureau of Census

SEP 19 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319772
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 23 (23) yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD William Piercy Gilderoy

5. Date of Birth (Month, day year) 8-2-1902

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Ellis Gilderoy
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mt Vernon (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Frances Sallee
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Lawrence (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Mary H Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Ellis Gilderoy, being first duly sworn, say that I am William Piercy Gilderoy (Related to (or) acquainted with) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Melinda Bradshaw (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George E. Gilderoy Signature

P. O. Address

Subscribed and sworn to before me on this 15 day of September, 1941

(SEAL) Jas T Gallagher Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

145-724-044-795

United States
Department of Commerce
Bureau of Census

SEP 22 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319777
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Midvale Idaho

**3. RESIDENCE of FATHER** (city, state) Midvale Ida.

**4. FULL NAME OF CHILD** William Simeon Ader

5. Date of Birth (Month, day year) April 24, 1902

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnancy 9 Mo 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Wesley Ader
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Princeton (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bertha Pickett
17. Color or Race White 18. Age at time of THIS birth 24 yrs
19. Birthplace Savanna (City or town) Missouri (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mary E Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Ader, being first duly sworn, say that I am related (Related to (or) acquainted with) William Simeon Ader (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Reavis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Ader Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 5 day of September, 1941.

(SEAL) J. H. Goodnight Notary Public, residing at Midvale Idaho

FEB 23 1967

OCT 1 8 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

346-208-008-968

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 320929
Local Reg. No.
Reg. Dist. No.

SEP 22 1941

**1. PLACE OF BIRTH**
(a) County Boise (b) City Ola
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
IN **THIS** county 2 years 2 month 8 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Ola Idaho

**3. RESIDENCE of FATHER** (city, state) Ola Idaho

**4. FULL NAME OF CHILD** Lorraine Tufford

5. Date of Birth (Month, day year) Dec 8 1962

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Bartlett F Tufford
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Niagara Co New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lydia Ann Royston
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Madison Co. Arkansaw (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

SEP 22 1941

26. (a) ..... (Date received) (b) Mabel H Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oklahoma
County of Ottawa } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bartlett F Tufford, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lorraine Tufford (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harriet Griffith (Name of attendant at birth), who attended said birth is cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Bartlett F Tufford
Signature
Rt 3 Hobart Okla
P. O. Address

Subscribed and sworn to before me on this 22 day of September 1941

(SEAL) Helen Patchin Notary Public, residing at Hobart, Oklahoma

My Commission Expires May 5, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-28/1004-243

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 4 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 320935
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN **THIS** county 1 years 6 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Montpelier

**3. RESIDENCE of FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Helen Tilva Glenn

**5.** Date of Birth (Month, day year) Mar. 1st 1902

**6.** Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Francis Jewel Glenn
**11.** Color or Race white **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Milburn (City or town) Kentucky (State or foreign country)
**14.** Exact Occupation R.R. Fireman
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lucretia Buchman
**17.** Color or Race white **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Nemaha (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business None

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

**26.** (a) SEP 4 1941 (Date received) (b) Mabel H. Geeler (Registrar's signature)

**27.** Given name added on by (Registrar's signature)

**25.** Attendant's **OWN** signature Don Poynter M.D. (D.O., Midwife, etc.)
and address 2242 Vale St. Pasadena Calif. Date 9-17-41

State of California
County of San Bernardino } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lucretia B. Glenn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Tilva Glenn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Poynter (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucretia B. Glenn Signature
1253 Central San Bernardino Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of September 1941

(SEAL) J. H. Buchman Notary Public, residing at San Bernardino Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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152-128-044-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321083
Local Reg. No.
Reg. Dist. No.

SEP 22 1941

RECEIVED

1. PLACE OF BIRTH:
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Indian Valley Ida.

3. RESIDENCE of FATHER (city, state): - -

4. FULL NAME OF CHILD Joseph Roscius Emery

5. Date of Birth (Month, day, year) Nov. 28th, 1902

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME Harmon Stetson Emery
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hardman (City or town), Ore (State or foreign country)
14. Exact Occupation
15. Industry or Business Wool grower

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Rosa Shirts
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Polk City (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel I Feller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Alsterberg, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Foster (Name of attendant at birth), who attended said birth ..... (~~is now deceased (or)~~ cannot be located) and that this birth has not been previously recorded.

Rosa Alsterberg ..... Signature
Maplewood Rd ..... P. O. Address

Subscribed and sworn to before me on this 13th day of September 1941

(SEAL) M. C. Hunt. Notary Public, residing at Multnomah Oregon
My Commission expires 3/18/44.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1941

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-227 025755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321202
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Idaho (b) City: Cottonwood
(c) Street Address or R F D No.: R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county: 7 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD:** Clara Alice Kalin

5. Date of Birth (Month, day, year): March 27, 1902

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Frank Meinrad Kalin
11. Color or Race: White
12. Age at time of THIS birth: 42 yrs.
13. Birthplace: Einsidelin, Switzerland (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Anna Rosalie Jenni
17. Color or Race: White
18. Age at time of THIS birth: 43 years
19. Birthplace: Berne, Switzerland (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child: 11 (b) Born alive and now living: 10
(c) Born alive and now dead: 1 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sept 29-194 (Date received) (b) Marvel M. Eeder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Santa Barbara } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, M. F. Kalin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clara Alice Kalin (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Father Frank Kalin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

M. F. Kalin .....Name
Lompoc Calif .....P. O. Address

Subscribed and sworn to before me on this 26th day of May 1942

(SEAL) M. Lamoo .....Notary Public, residing at Lompoc, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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#321223

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 321223
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. S/10TH ST.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county — years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City Boise South
(d) Street Address or R.F.D. No. 10TH ST
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address S/10TH ST.

**3. RESIDENCE of FATHER** (city, state) BOISE IDAHO

**4. FULL NAME OF CHILD** FRANK ROSS WILLIAMS

5. Date of Birth (Month, day year) JUNE-8-1902

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** FRANK LINCOLN BAKER WILLIAMS
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace HARRIS (City or town) OHIO (State or foreign country)
14. Exact Occupation OWNER
15. Industry or Business GENERAL MERCANTILE STORE

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY E. ~~WILLIAMS~~ GRAY
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace STAR (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead NONE (d) Stillborn NONE
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date
26. (a) OCT 2 1941 (Date received) (b) Mary E. Eder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho, County of Ada. } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Amanda E. Wakeman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Ross Williams (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Haley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Amanda E. Wakeman Signature
1417 E. 5th Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 2d day of October 1941.
(SEAL) Fern B. Jones Notary Public, residing at Boise, Idaho.
My commission expires Jan. 20, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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# 321227

**321227**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bannock (b) City Turner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Turner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Grace, Idaho

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Weldon A. Medford

**5.** Date of Birth (Month, day year) Sept. 25, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Albert Medford

**11.** Color or Race white

**12.** Age at time of THIS birth 31 yrs.

**13.** Birthplace Turner (City or town) Idaho (State or foreign country)

**14.** Exact Occupation Farmer

**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Gertrude Harris

**17.** Color or Race white

**18.** Age at time of THIS birth 30 yrs.

**19.** Birthplace Richmond, (City or town) Utah (State or foreign country)

**20.** Exact Occupation Housewife

**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Medford (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**26.** (a) Sept. 19, 1941 (Date received) (b) Marcel G. Eccles (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bannock }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Gerturde Medford, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Weldon A. Medford (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that all deceased (Name of attendant at birth), who attended said birth all d sceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gertrude Medford — Signature
Grace Idaho. — P. O. Address

Subscribed and sworn to before me on this 17 day of Sept, 1941
(SEAL) Notary Public, residing at Grace Idaho.

Use only BLACK Ink or BLACK Ribbon typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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# 321246

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United States
Department of Commerce
Bureau of the Census

OCT 6 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

## CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. Athol
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 15 years 8 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Athol

3. RESIDENCE of FATHER (city, state): Athol Idaho

4. FULL NAME OF CHILD Annabelle Ford

5. Date of Birth (Month, day, year) 11-7-1902

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John D Ford
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Vandalia (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Grace Lewellyn
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Dallas (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Malvel H Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Fleming, being first duly sworn, say that I am related to (Related to (or) acquainted with) Annabelle Ford (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Wenz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Grace Fleming Signature
Belmont Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of July, 1941

(SEAL) Justice of the Peace ~~Notary Public~~ residing at Coeur d Alene, Idaho

W B Hawkins

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

SEP 11 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321288
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Moreland
(c) Street Address or R F D No. #4 Blackfoot
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City More Land
(d) Street Address or R.F.D. No. #4
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Deseased
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Merlin Samuel Waring
5. Date of Birth (Month, day, year) 4-16-1902
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Robert W. Waring
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Green County Berdan Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emmie Knight ~~Waring~~
17. Color or Race white
18. Age at time of THIS birth 31 ~~years~~
19. Birthplace Plain City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes (c) Born alive and now dead alive (d) Stillborn Idead

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Maurel H. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert W. Waring, being first duly sworn, say that I am ~~Husband~~ Father (Relative (or) acquainted with) (Name of person on certificate above) as His son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary E. Hatch (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Robert W. Waring ..... Name
Pocatello, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 21st day of October

(SEAL) R. H. Lyon ..... Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

SEP 30 1941 STATE OF IDAHO

State File No. 321343
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County BANNOCK (b) City DEMPSEY
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 3 years — month — days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City DEMPSEY
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address DEMPSEY, IDAHO

**3. RESIDENCE of FATHER** (city, state) DEMPSEY, IDAHO

**4. FULL NAME OF CHILD** SADIE MINERVA JOHN

5. Date of Birth (Month, day year) JAN. 17th 1902

6. Sex FEMALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** CHARLES JOHN
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace WEST PORTAGE, UTAH. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** SADIE CORDELIA OLSEN
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace MANTUA, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) Mary Y. Geder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of BANNOCK } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, SADIE C. JOHN, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) SADIE MINERVA JOHN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ELLA IVIE (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sadie Cordelia John Signature
LAVA HOT SPRINGS, IDAHO P. O. Address

Subscribed and sworn to before me on this 26 day of September 1941
(SEAL) M. Karnes Notary Public, residing at Notary Public

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1960

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712223 022-759

321392

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** OCT 6 1941
(a) County Fremont (b) City Darby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Darby.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Driggs Ida.

**3. RESIDENCE of FATHER** (city, state) Darby, Ida

**4. FULL NAME OF CHILD** Frances Elizabeth Pascoe

5. Date of Birth (Month, day year) 9/23/1941

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Richard Pascoe
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Christine Gisselet.
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Geneva, Switzerland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 6 1941 (Date received) (b) Mabel H Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Christine G Pascoe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Elizabeth Pascoe (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Larson (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christine G Pascoe ..... Signature
R.F.D. #4 Pocatello Idaho ..... P. O. Address

Subscribed and sworn to before me on this 16 day of October, 1941.
(SEAL) H. W. Hagelberg ..... Notary Public, residing at Pocatello Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

513-128 028 212

United States Department of Commerce Bureau of Census

OCT 9 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 321487

Local Reg. No.

Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Priest River
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Priest River, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Priest River, Ida

**3. RESIDENCE of FATHER** (city, state) Priest River

**4. FULL NAME OF CHILD** Charles F Naccarato

**5.** Date of Birth (Month, day year) Nov 28, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Frank Naccarato

**11.** Color or Race White

**12.** Age at time of THIS birth 37 yrs.

**13.** Birthplace Grimaldi (City or town) Italy (State or foreign country)

**14.** Exact Occupation Farmer & Logger

**15.** Industry or Business Farming & Logging

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Teresa Bassio

**17.** Color or Race White

**18.** Age at time of THIS birth 37 yrs.

**19.** Birthplace Grimaldi (City or town) Italy (State or foreign country)

**20.** Exact Occupation Housewife

**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) OCT 9 1941 (Date received) (b) Maud H Eeder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

RECEIVED

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Frank Naccarato, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles F Naccarato (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frank Naccarato ..... Signature
Priest River, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 7th day of Sept 1941.

(SEAL) Rieka McLean Notary Public, residing at Priest River, Ida

OCT 10 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

OCT

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Shoshone (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 17 years 2 month 5 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Orofino, Ida.

**3. RESIDENCE of FATHER** (city, state) Orofino, Ida

**4. FULL NAME OF CHILD** Ruth Patricia Blake

**5.** Date of Birth (Month, day year) June 4, 1902.

**6.** Sex female

**7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9 Mo

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Patrick Henry Blake
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Blue Mounds (City or town) Wisconsin (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Grace Anderson
**17.** Color or Race White **18.** Age at time of THIS birth 17 yrs.
**19.** Birthplace Orofino (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn 1

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

**26.** (a) OCT 7 1941 (Date received) (b) Mabel H. Eeder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jessie Blake, being first duly sworn, say that I am Aunt by marriage (Related to (or) acquainted with) of Ruth Patricia Blake (Name of person on certificate above) as aunt by marriage (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie Blake ..... Signature

Orofino, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 22nd day of September, 1941

(SEAL)

Samuel T. Swayne ..... Notary Public, residing at Orofino, Ida.

My Comm. Expires, Nov. 17, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

OCT 10 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321533
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county only ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Silver City, Ida.

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD CLARK SAMUEL WILLIAMSON

5. Date of Birth (Month, day, year) AUG 11 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME SAMUEL MACK WILLIAMSON | 16. FULL MAIDEN NAME Maria Margaret Ritchie |
| 11. Color or Race WHITE | 17. Color or Race White |
| 12. Age at time of THIS birth 28 yrs. | 18. Age at time of THIS birth 28 yrs. |
| 13. Birthplace Miami Co. Kansas (City or town) (State or foreign country) | 19. Birthplace Ottawa Canada (City or town) (State or foreign country) |
| 14. Exact Occupation Laborer - | 20. Exact Occupation House wife. |
| 15. Industry or Business Mining | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Dr Hamilton (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) OCT 10 1941 (Date received) (b) Maria T. Leeper (Registrar's signature)

27. Given name added on ..... (Date received) by ..... (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maria Margaret Ritchie Williamson (Mrs Early Lee), being first duly sworn, say that I am Mother (Related to (or) acquainted with) Clark Samuel Williamson - - - - (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maria Williamson Lee (Mrs Early) Signature

..... P. O. Address

Subscribed and sworn to before me on this 29th day of September - - - - - - , 1941

(SEAL) ..... Notary Public, residing at Caldwell, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

OCT 18 1941

State File No. 321590
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 2 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Ida (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. yrs.
(f) Mother's mailing address 26th St.

**3. RESIDENCE of FATHER** (city, state) Lewiston Ida

**4. FULL NAME OF CHILD** Norby Mathias Busick

**5.** Date of Birth (Month, day year) Feb 16 - 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Mathias Busick
**11.** Color or Race white **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Twandy (City or town) U.S. (State or foreign country)
**14.** Exact Occupation Water Superintendant
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Carter
**17.** Color or Race white **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace New York (City or town) New York (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above and that personal particulars were furnished by Nellie May Savage (First name) (Last name) who is related to this child as Sister (Mother, etc.)

**26.** (a) OCT 13 1941 (Date received) (b) Mary E. Eddy (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature Nellie May Savage Sister M.D. (D.O. ~~Mid-wife~~)
and address Date

State of Wash
County of Whitman } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie May Savage, being first duly sworn, say that I am Sister (Related to (or) acquainted with) of Norby Mathias Busick (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Morris (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie May Savage Signature
P. O. Address

Subscribed and sworn to before me on this 10th day of Oct 1941
(SEAL) L. Gilbert Notary Public, residing at Tekoa Wash.

FEB 24 1959

SEP 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 321604
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 16th St.
(d) Name of Hospital or Maternity Home:
Mrs Tom Wordens Private home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 7 days.
IN **THIS** county 7 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Lapwai

**3. RESIDENCE of FATHER** (city, state) Lapwai

**4. FULL NAME OF CHILD** Frank Lewis Yager

5. Date of Birth (Month, day year) Oct 19. 1902

6. Sex boy

7. Twin or Triplet If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Walter Edward Yager
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Scotia (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillian Goble
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 13-1941 (Date received) (b) Paul H. Geyer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Walla Walla } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lillian Yager, being first duly sworn, say that I am Related (Related to (or) acquainted with) Frank Lewis Yager (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J B Morris (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillian Yager Signature
Box 317 R.F.D. Borden City Heights O. Address

Subscribed and sworn to before me on this 11th day of October 1941
(SEAL) A A Sundstrand Notary Public, residing at Walla Walla

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743 202 001 · 759

# 321612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

OCT 15 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321612
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1415 Bannock
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county years months days.

RECEIVED

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1415 Bannock
(e) How long has **MOTHER** lived in Idaho? — yrs.
(f) Mother's mailing address (For registration notice): —
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Hazel May Pulford
5. Date of Birth (Month, day, year) Sept 2. 1902
6. Sex F.
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy full term
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Pulford
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Montana (City or Town) (State or foreign country)
14. Exact Occupation owner of bicycle
15. Industry or Business Shop —

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice May Percy
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Kansas (City or Town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 7. m. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Hastings (Last name), who is related to this child as Aunt (Mother, etc.)

OCT 15 1941

26. (a) (Date received) (b) Marvel H Eeler (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** John Beck M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 10-15-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

OCT 15 1941

# REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

212-127-001 717

# 321632

United States
Department of Commerce
Bureau of Census

OCT 20 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 321632
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D.No. 529 S. 16th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 529 S 16
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Boise Ada

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Walter Erwin Baker

5. Date of Birth (Month, day year) 9-27-1902

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry William Baker
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Mt Pulaski (City or town) Illinois (State or foreign country)
14. Exact Occupation Owner Grocery Store
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Olivia Page
17. Color or Race white 18. Age at time of THIS birth 30 yrs
19. Birthplace Clyde (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Marvel T. Eld (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary O. Baker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Erwin Baker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. D. Springer-MD (Name of attendant at birth) who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mary O Baker. Signature
807 N. 21 Boise Ida P. O. Address

Subscribed and sworn to before me on this 17 day of October 1941
(SEAL) Clerk Ernie Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 103 035-364

321669

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Nez Perce OCT 13 1941

**1. PLACE OF BIRTH**
(a) County ~~Clearwater~~ (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ~~1~~ years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Clearwater~~ Nez Perce
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Orofino

**3. RESIDENCE of FATHER** (city, state) Orofino, Idaho

**4. FULL NAME OF CHILD** Maurice William Kelley

**5.** Date of Birth (Month, day year) Feb. 3 1902

**6.** Sex male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Seth Maurice Kelley
**11.** Color or Race white
**12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Prairie Duchien (City or town) Wis (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Edith Jane Comley
**17.** Color or Race white
**18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Ramsgate (City or town) England (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) OCT 13 1941 (Date received) (b) Mary H. Eifler (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edith Jane Kelley, being first duly sworn, say that I am Related (Related to (or) acquainted with) Maurice William Kelley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fry (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Edith Jane Kelley Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 8th day of Oct. 1941
(SEAL) A. N. Roynstad Notary Public, residing at Clarkston, Wash.

OCT 15 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-123040-356

United States
Department of Commerce
Bureau of Census

OCT 13 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 321675
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address Enaville Ida.

**3. RESIDENCE of FATHER** (city, state) deceased

**4. FULL NAME OF CHILD** Duellen M. Lightner
**5.** Date of Birth (Month, day year) Oct. 23, 1902
**6.** Sex male
**7.** Twin or Triplet If so—born 1st, 2nd, 3rd
**8.** No. months of Pregnancy 9
**9.** Legitimate? yes

**FATHER OF CHILD**
**10. FULL NAME** Bert O. Lightner
**11.** Color or Race white
**12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Argos Ind. (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Sarrah Leffert
**17.** Color or Race white
**18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Plymouth Ind. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Bert O Lightner (First name) (Last name), who is related to this child as Mother

**26.** (a) OCT 13 1941 (Date received) (b) Mary M Eifler (Registrar's signature)

**27.** Given name added RECEIVED on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Bert O. Lightner, being first duly sworn, say that I am related (Related to (or) acquainted with) Duellen M. Lightner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Carlson (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Bert O Lightner
Signature
Enaville Idaho
P. O. Address

Subscribed and sworn to before me on this 4th day of Oct. 1941.
(SEAL) Mary M Stout Notary Public, residing at Wallace Idaho
Commission expires July 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 102-025 245

321677

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

RECEIVED

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county / years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Cottonwood

**3. RESIDENCE of FATHER** (city, state) Cottonwood, Ida

**4. FULL NAME OF CHILD** Arthur Davidson

5. Date of Birth (Month, day year) July 2, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Franklin Davidson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie Bundle
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wallowa Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:30 AM. on the date and at the place stated above, and that personal particulars were furnished by Hattie (First name) Davidson (Last name) who is related to this child as mother (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Klamath } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, W. H. Davidson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Arthur Davidson (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William H. Davidson Signature
Modoc Point Oregon P. O. Address

Subscribed and sworn to before me on this 7th day of October 1941
(SEAL) E. P. Putnam Notary Public, residing at Modoc Point, Ore
My commission expires 9/22/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-204-035-312

321707

United States
Department of Commerce
Bureau of the Census

OCT 13 1941 RECEIVED

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name ~~of Hospital~~ or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Peck Ida

4. **FULL NAME OF CHILD** Muriel Pearl Shelburne

5. Date of Birth (Month, day, year) Feb-4-1902

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Hardy W. Shelburne

11. Color or Race W

12. Age at time of THIS birth 27 yrs.

13. Birthplace Minn
(City or Town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business General Merchandise

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hester Castel

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace Nebr
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nit

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Dewey Farmer (First name) (Last name), who is related to this child as Sister (Mother, etc.)

OCT 13 1941

26. (a) RECEIVED (Date received) (b) Mark H Reeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** J. M. Lyle M.D. (D.O., Midwife, etc.)
and address Lewiston Ida Date 10-2-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

OCT 15 1941

# REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

731 117-06-551

**321729**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Cassia (b) City Almo Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county yes years 1904 month Oct days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Standrod Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Standrod Idaho

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** William Travis Platto

5. Date of Birth (Month, day year) 17 Oct 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Travice Platto
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Hester Neal
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Rattlesnake Valley Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) OCT 14 1941 (Date received) (b) (Mother, etc) Ida H Hester (Registrar's signature)

27. Given name added on (RECEIVED) by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Hester Angel, being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mary Lawrence (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Hester Angel Signature
Fairfield Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of October 1941.
(SEAL) John J. Edmunds Notary Public, residing at Fairfield, Ida.

CLERK OF DISTRICT COURT

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941.

FEB 3 1964

OCT 30 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

681-221-020-381

321738

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. 1020 Young Ave.
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 1020 Young Av
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Grandview Wash

**3. RESIDENCE of FATHER** (city, state) Coeur d' Alene

**4. FULL NAME OF CHILD** Marie Anna O'Hara

5. Date of Birth (Month, day year) Dec. 21 1902

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Theodore O'Hara
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ft. Laramie, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Railroad brakeman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catherine Wilhemina Thamke
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Golden Lake, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mary H. Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. J. A. Brickel, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marie Anna O'Hara (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Elderkin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Catherine Thamke Brickel Signature
R. 2, Grandview, Wash P. O. Address

Subscribed and sworn to before me on this 27 day of Sept, 194[illegible]
(SEAL) Louis Hoaas Notary Public, residing at Grandview Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 111 003 663

**321830**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 140 No. 12th Ave
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 140 No. 12th Ave
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE of FATHER** (city, state) Pocatello Ida.

4. **FULL NAME OF CHILD** Howard Henry Sell

5. Date of Birth (Month, day, year) Sept 11 - 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Henry Sell
11. Color or Race White-Gentile
12. Age at time of THIS birth 27 yrs.
13. Birthplace Paris (City or town) Ohio (State or ~~foreign~~ country)
14. Exact Occupation Building Contractor
15. Industry or Business Construction

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clara Fochtman
17. Color or Race White-Gentile
18. Age at time of THIS birth 24 yrs.
19. Birthplace Stop Table (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Sell, being first duly sworn, say that I am Related. (Related to (or) acquainted with) Howard Henry Sell (Name of person on certificate above) as Grand Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Stelley (Name of attendant at birth), who attended said birth Now Deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Sell Signature
1203 - 3rd Avenue P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL) Ernest J Funk Notary Public, residing at Los Angeles, Calif

My Commission Expires February 29, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 217 003-753

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 321852
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. So. Arthur
(d) Name of Hospital or Maternity Home: Had child at home
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years ..... month ..... days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. So. Arthur
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Pocatello, Ida.

**3. RESIDENCE of FATHER** (city, state) Pocatello,

**4. FULL NAME OF CHILD** OLIVEA PATRICIA HARTVIGSEN

**5.** Date of Birth (Month, day year) Mar. 17, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** JOHN EMIL HARTVIGSEN
**11.** Color or Race DANISH **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace SALT LAKE CITY, UTAH (City or town) (State or foreign country)
**14.** Exact Occupation PRINTER
**15.** Industry or Business NEWSPAPER (WALLEN & IFT)

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** OLIVEA ELEANORA ANGELINE PETERSEN
**17.** Color or Race DANISH **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace AARHUS (City or town) DENMARK (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum .....
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) OCT 20 1941 (Date received) (b) Maurice E. Keller (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Marcus Paulos, being first duly sworn, say that I am related to (Related to (or) acquainted with) Olivea Patricia Hartvigsen (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Castle (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marcus A. Paulos Signature
617 N. Pass Ave., Burbank, Calif. P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1941.
(SEAL) Frank O. Hanna Notary Public, residing at Burbank Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-226 025-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #321875

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Ernestine Huffman | | | 2. Date Of Birth (month) August (day) 26, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Stites |
| **FATHER** | 6. Full Name of Father: Fred Huffman | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Constance Brown | | | 9. State or Country of Mother's Birth: Minnesota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys E. Henderson | | 11. Present Address of Registrant: 309 W 1st Ron Dy Union Gap Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 8 1961 | 12. Signature of Notary: Ord E. Young | | 13. Notary Commission expires: Sept 13 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Records | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: Apr. 22,1940 |
| | Date of Birth: Aug.26,1902 / Birth Place: Idaho County Stites, Idaho | Full Name of Mother: Constance Brown | Name of Father: Fred Huffman | |
| **SUPPORTING RECORD 2.** | Type of Document: Family Record | By whom issued and signed: ---- | Date Issued: ---- | Date Orig. Entry: obviously old |
| | Date of Birth: Aug.26,1902 / Birth Place: Stites, Idaho | Full Name of Mother: Constance Huffman | Name of Father: Fred Huffman | |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage Register | By whom issued and signed: Nez Perce County Clerk, A.L. Lyons | Date Issued: Apr.4,1961 | Date Orig. Entry: Aug.31,1920 |
| | Date of Birth: age 18 / Birth Place: Stites, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Penny L. Wing | Date Filed: April 13, 1961 |

FORM BH 56067

Correction

L. 3-15-61

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 321875
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 4 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 4 mos.
(f) Mother's mailing address Stites, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Gladys Ernestine Huffman

5. Date of Birth (Month, day year) Sept. 26, 1902.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Fred Huffman
11. Color or Race White American
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ava, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer & School Teacher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Constance Brown
17. Color or Race White American
18. Age at time of THIS birth 23 yrs
19. Birthplace Blooming Prairie, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 17-1941 (Date received) (b) Marvel L. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Fred Huffman, being first duly sworn, say that I am ~~the~~ related to (Related to (or) acquainted with) Gladys Ernestine Huffman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. V. F. Wyrisk (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred Huffman Signature
Stites, Idaho. P. O. Address

Subscribed and sworn to before me on this 5 day of Aug. 1941
(SEAL) V. B. Anderson Notary Public, residing at Stites, Idaho

APR 13 19

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

363 216 029 296

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 321896
Local Reg. No.
Reg. Dist. No.

OCT 9 1941

**1. PLACE OF BIRTH**
(a) County LATAH (b) City AVON
(c) Street Address or R.F.D. No. General Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City AVON
(d) Street Address or R.F.D. No. General Del
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state) AVON IDAHO

**4. FULL NAME OF CHILD** Irene Norma Collins

5. Date of Birth (Month, day year) Aug. 16, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Anton Collins
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Pittsburg Pa. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Statia Brozek
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 9 1941 (Date received) (b) Mary H. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. O. M. Crane, being first duly sworn, say that I am related to (Related to (or) acquainted with) Irene Norma Collins (Name of person on certificate above) as half sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Elliott (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. O. M. Crane Signature
Mullan, Ida P. O. Address

Subscribed and sworn to before me on this 7th day of October, 1941
(SEAL) Notary Public, residing at Mullan, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-727-029819

321944

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

OCT 20 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days
IN **THIS** county 8 years 4 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Kendrick, Ida.

3. **RESIDENCE of FATHER** (city, state) Kendrick, Ida.

4. **FULL NAME OF CHILD** Charles William Bye

5. Date of Birth (Month, day, year) April 27, 1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Charles Bye
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Harriet Lucetta Harris
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ottawa (City or town), Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Merriam Cassidy (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Marie F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Merriam Cassidy, being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles William Bye (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Merriam D. Cassidy Signature

P. O. Address

Subscribed and sworn to before me on this 4th day of October, 1941

(SEAL) [illegible] Notary Public, residing at Pullman Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-105-222-236

322950

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Fremont (b) City La Belle
(c) Street Address or R.F.D. No. Lorenzo R.F.D. #1
(d) Name of Hospital or Maternity Home: at Home of mother & father.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 37 years 6 month 29 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City La Belle
(d) Street Address or R.F.D. No. Lorenzo R#1
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address Lorenzo R#1

**3. RESIDENCE of FATHER** (city, state) Lorenzo R#1

**4. FULL NAME OF CHILD** Leo Milton Morgan

**5.** Date of Birth (Month, day year) March 5, 1902.

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Gillet Morgan
**11.** Color or Race White
**12.** Age at time of THIS birth 45 yrs.
**13.** Birthplace Milcrek (City or town) Salt Lake County Utah USA (State or foreign country)
**14.** Exact Occupation Farmer and Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hannah Maria Scott
**17.** Color or Race White
**18.** Age at time of THIS birth 43 yrs.
**19.** Birthplace Milcrek (City or town) Salt Lake County Utah USA (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn None

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 M. on the date and at the place stated above, and that personal particulars were furnished by Grace Morgan Pearson (First name) (Last name), who is related to this child as Sister (Mother, etc.)

**26.** (a) OCT 22 1941 (Date received) (b) Maud Fuller (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ora F. (Morgan) Squires, being first duly sworn, say that I am related (Related to (or) acquainted with) Leo Milton Morgan (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nailson, Midwife (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ora F. (Morgan) Squires Signature
2501 So. Walnut Grove Ave. San Gabriel Cal. P. O. Address

Subscribed and sworn to before me on this ..... day of October, 19..

(SEAL) G. M. Powell Notary Public, residing at 343 Hill Avenue El Monte Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1965

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-116-028-514

322953

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 22 1941

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Sandpoint
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Sandpoint

**3. RESIDENCE of FATHER** (city, state) Sandpoint

**4. FULL NAME OF CHILD** Harry Lorenzo Courser

**5.** Date of Birth (Month, day year) July 18 1902

**6.** Sex Boy **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Byron Courser
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace [redacted] (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Lumberman
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Edna Vaught
**17.** Color or Race White **18.** Age at time of THIS birth 2 yrs.
**19.** Birthplace Spencer (City or town) Wash. (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 1

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) OCT 22 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

**27.** Given ~~Received~~ on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Bonner } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edna Blanche Courser, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harry Lorenzo Courser (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O.F. Page (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Blanche Courser Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of October 1941
(SEAL) Edna Bandelow Notary Public, residing at Sandpoint, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497-407-083-769

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 322961
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county years 6 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Pocatello Rt 2

**3. RESIDENCE of FATHER** (city, state) Pocatello Ida.

**4. FULL NAME OF CHILD** William Leon Dixon

**5.** Date of Birth (Month, day year) Apr. 27-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Leon Thomas Dixon
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Whitinsville (City or town) Mass. (State or foreign country)
**14.** Exact Occupation Engineer Locomotive
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Carrie Cornelia Gordon
**17.** Color or Race White **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Kirkwood (City or town) Illinois (State or foreign country)
**20.** Exact Occupation Teacher + Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....

**26.** (a) OCT 21 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

**27.** Given name added on ....by ....(Registrar's signature)

**25.** Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Elmore } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leon Thomas Dixon, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Leon Dixon (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. B. Steely (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leon Thomas Dixon Signature
Glenns Ferry Ida P. O. Address

Subscribed and sworn to before me on this 10 day of Oct 1941
(SEAL) Leo Fabrison Notary Public, residing at Glenns Ferry Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-104-035-893

322966

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Nezperce (b) City Lenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years 3 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Lenore, Idaho

**3. RESIDENCE of FATHER** (city, state) Lenore, Idaho.

**4. FULL NAME OF CHILD** Ernest Carman Green

5. Date of Birth (Month, day year) March 4, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** William Jasper Green
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Eureka (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Florance Hill
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Scio (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) Oct 21-1941 (Date received) (b) Mabel H. Elfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nezperce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Florance Green, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Carman Green (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Virginia Green (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Florence Green-wash Signature
928 First Clarkston P. O. Address

Subscribed and sworn to before me on this 12 day of October, 1941
(SEAL) C. A. Hindle Notary Public, residing at Lewiston Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-207-021-815

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 23 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322994
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address
**3. RESIDENCE of FATHER** (city, state) Weston Idaho

**4. FULL NAME OF CHILD** MARR CAMPBELL
**5.** Date of Birth (Month, day year) Oct. 7 1902
**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**
**10. FULL NAME** Fredrick R. Campbell
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Ogden (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Idoshia Hauskins
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Lovelock (City or town) Nevada (State or foreign country)
**20.** Exact Occupation House-wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) OCT 23 1941 (Date received) (b) Maurel H. Keller (Registrar's signature)
**27.** Given name added on ..... by ..... (Registrar's signature)

~~25.~~ Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dewey Campbell, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marr Campbell (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Clark (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dewey Campbell Signature
Weston Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of October 1941
(SEAL) Thomas Preston Notary Public, residing at Weston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-119-029-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

323060

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Princeton
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? eleven yrs.
(f) Mother's mailing address Princeton
3. **RESIDENCE OF FATHER** (city, state) Sa e

4. **FULL NAME OF CHILD** Edwin Kneeland Parker, 11
5. Date of Birth (Month, day, year) Maym 19, 1902
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edwin Kneeland Parker, 1
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Minneapolis, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Gene ral Merchandise

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Jane Krier
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Lexington, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Maud E Eder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** not living M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Jane Parker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edwin Kneeland Parker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. Whittaker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs E K Parker .....Name

Bovill Idaho .....P. O. Address

Subscribed and sworn to before me on this 20th day of October 1941

(SEAL) J J Holland .....Notary Public, residing at Bovill Idaho

my commission expires 7-1-42.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

JUN 4 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-170-024-291

323129

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 27 1941

**1. PLACE OF BIRTH**
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Hagerman Ida.

**3. RESIDENCE of FATHER** (city, state) Hagerman Idaho

**4. FULL NAME OF CHILD** Orin John Durfee

5. ~~Date of Birth~~ (Month, day year) May 10-1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Tiffany Durfee
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillah Brackenburg
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 27 1941 (Date received) (b) Marie H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kathern Durfee, being first duly sworn, say that I am related (Related to (or) acquainted with) Orin John Durfee (Name of person on certificate above) as maternal aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Greene (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kathern Durfee — Signature
2205 Dell Ave., Venice, Calif. — P. O. Address

Subscribed and sworn to before me on this 23rd day of October 1941
(SEAL) M. B. Kemp — Notary Public, residing at 1329 Pacific St., Santa Monica, Calif.
My Commission Expires Dec. 8, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-116-C14-643 OCT 29 1941 #323186 **323186**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Canyon (b) City Caldwell
(c) Street Address of R.F.D. No. RFD #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address 1605 Boise St.

**3. RESIDENCE of FATHER** (city, state) Boise Ida

**4. FULL NAME OF CHILD** Jesse Walling Madden

5. Date of Birth (Month, day year) June 16-1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Merritt Kelly Madden
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Caldwell (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Shipping Livestock

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Elva Fuller
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Elsco (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Saleslady.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Madden (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Mabel W. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of ADA } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Madden, being first duly sworn, say that I am related (Related to (or) acquainted with) Jesse Walling Madden (Name of person in certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Cook (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Madden Signature
1605 Boise St. Boise P. O. Address

Subscribed and sworn to before me on this 29th day of October 1941

(SEAL) E. Thompson Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

EC 7 _ 1951

665-010-014-864

323209

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 323209
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 1 1941

**1. PLACE OF BIRTH**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Caldwell Idaho

**3. RESIDENCE of FATHER** (city, state) " " " " "

**4. FULL NAME OF CHILD** Wilma Owen

**5.** Date of Birth (Month, day year) April-10-1902

**6.** Sex Female **7.** Twin or Triplet no. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Leon Douglas Owen
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Blue Springs (City or town) Nebraska (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice May Housel
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Coffeyville (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

**26.** (a) NOV 1 1941 (Date received) (b) (Mother, etc.) Mabel H. Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. May Owen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilma Owen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. May Owen Signature
Route 5 Boise Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941
(SEAL) Myrna L. Throuch Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1941

AUG 4 1966

APR 9 1973

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-112-003-753

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 323237
Local Reg. No.
Reg. Dist. No.

RECEIVED

**1. PLACE OF BIRTH**
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. CENTER STREET
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 1 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County BANNOCK
(c) City POCATELLO-1
(d) Street Address or R.F.D. No. CENTER ST
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 1740-Robbins

**3. RESIDENCE of FATHER** (city, state) SANTA-BARBARA CALIF

**4. FULL NAME OF CHILD** ASA WILLIAM BRISCOE

**5.** Date of Birth (Month, day year) JAN-12-1907

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** JOSEPH ORASHA BRISCOE
**11.** Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace WISCONSIN - STATE (City or town) (State or foreign country)
**14.** Exact Occupation CONTRACTOR & BUILDER
**15.** Industry or Business BUILDING

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ALTITIA DORA PETTY
**17.** Color or Race WHITE **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace PURI MAHASKY IOWA (City or town) (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business HOUSEWIFE

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead 0 (d) Stillborn NONE

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

**26.** (a) OCT 27 1941 (Date received) (b) Mabel Heller (Mother, etc.) (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Santa Barbara } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Altitia Dora Knorp, being first duly sworn, say that I am Mother (related) (Related to (or) acquainted with) Asa William Briscoe (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Altishue Dora Knorp Signature
P. O. Address

Subscribed and sworn to before me on this 22nd day of October, 1941

(SEAL) J. E. LEWIS, County Clerk By [illegible] Deputy Clerk ~~Notary Public~~, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-107-00-996

323267

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 6 1/2 miles N.E.
(d) Name of Hospital or Maternity Home:
None. Born at residence.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 17 years 11 month 7 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 6 1/2 N.E.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Idaho Falls

**3. RESIDENCE of FATHER** (city, state) Idaho Falls, Ida.

**4. FULL NAME OF CHILD** Andrew Irwin

5. Date of Birth (Month, day year) Nov. 7, 1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew Irwin
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ballyeaston (City or town) Ireland (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business Farming.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Irwin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Belfast, (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None.
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) OCT 28 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Baker } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Andrew Irwin, being first duly sworn, say that I am related (as mother) (Related to (or) acquainted with) to Andrew Irwin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pendleton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Andrew Irwin Signature
2627 Church St. Baker, Ore. P. O. Address

Subscribed and sworn to before me on this 27th day of October 1941
(SEAL) Margaret Ohmsdling Notary Public, residing at Baker, Ore.
Commission Expires Nov. 5, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

986-227-025-331

323294

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 1
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County IDAHO RECEIVED (b) City POLLOCK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Ranch on Rapid River
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 11 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City POLLOCK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Pollock, Idaho.

**3. RESIDENCE of FATHER** (city, state) Same.

**4. FULL NAME OF CHILD** THELMA RUTH RHOADES

**5.** Date of Birth (Month, day year) 10-27-1902

**6.** Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** JAY OTIS RHOADES
**11.** Color or Race WHITE **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Mercer County, (City or town) Missouri. (State or foreign country)
**14.** Exact Occupation Farmer and Stockman
**15.** Industry or Business Stock Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MARGARET ELIZABETH CLAY
**17.** Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Walla Walla, (City or town) Washington (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Same

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead No (d) Stillborn None

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7- P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret E. RHOADES (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**26.** (a) OCT 29 1941 (Date received) (b) Marel H Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of NEZ PERCE } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARGARET E. LIVENGOOD, being first duly sworn, say that I am related to (Related to (or) acquainted with) THELMA RUTH RHOADES (Name of person on certificate above) as her MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ella Perkins (Name of attendant at birth), who attended said birth Address unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret E. Livengood Signature
1003 - 16th Ave P. O. Address

Subscribed and sworn to before me on this 27th day of OCTOBER 1941
(SEAL) John L. Kelly Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513-115-009-633

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

OCT 30 1941

State File No. 323324
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No. at the farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No. out on farm
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Priest River, Ida

**3. RESIDENCE of FATHER** (city, state) " " "

**4. FULL NAME OF CHILD** John Joseph Naccarato

5. Date of Birth (Month, day year) 8-15-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** E. Naccarato
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Marie Occiani
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 30 1941 (Date received) (b) Maud H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, E. Naccarato, being first duly sworn, say that I am father (Related to (or) acquainted with) John Joseph Naccarato (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Riggs (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

E. Naccarato ..... Signature
125 S. Scott - Spokane Wash ..... P. O. Address

Subscribed and sworn to before me on this 27 day of October, 1941
(SEAL) John W. Dunn Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-109 004-313

United States
Department of Commerce
Bureau of Census

NOV 4 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

Geneva

State File No. 323412
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days.
IN **THIS** county 48 years 5 month 2 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. 214
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
(f) Mother's mailing address Mary Salvisberg Tueller

**3. RESIDENCE of FATHER** (city, state) Montpelier Idaho

**4. FULL NAME OF CHILD** Herman David Tueller

**5.** Date of Birth (Month, day year) 9 April 1902

**6.** Sex

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** David Tueller
**11.** Color or Race white
**12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Simmenthal (City or town) Bern (State or foreign country) Shweizerland
**14.** Exact Occupation
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Salvisberg
**17.** Color or Race White
**18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Altigen (City or town) Bern (State or foreign country) Shweizerland
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**26.** (a) NOV 4 1941 (Date received) (b) Mark H. Elder (Registrar's signature)

**27.** Given name added on by (Registrar's signature)

**25.** Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, David Tueller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Herman David Tueller (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Bechtel (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

David Tueller Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of November, 19 41
(SEAL) Chas Estavus Notary Public, residing at Montpelier Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-112 029-168

323432

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

NOV 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City Anderson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Anderson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Avon Idaho

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Arvid Clarence Granlund

5. Date of Birth (Month, day year) May 12 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Erick Peter Granlund
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Darlana Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Christina Johnson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Darlana Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child .....

NOV 3 1941

26. (a) ..... (Date received) (b) Mabel E. Elder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Albert Granlund, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arvid Clarence Granlund (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Johanna Lundgren (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Albert Granlund ..... Signature
Avon Idaho ..... P. O. Address

Subscribed and sworn to before me on this 1 day of November 1941
(SEAL) A. Brooke ..... Notary Public, residing at Troy Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 215 (01) 367

#323498

**323498**

United States
Department of Commerce
Bureau of Census

NOV 12 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County ADA (b) City USTICK
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home of Julia A. Cox
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 20 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City USTICK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Ustick Idaho

**3. RESIDENCE of FATHER** (city, state) Ustick Idaho

**4. FULL NAME OF CHILD** FAYETTE MILLS

5. Date of Birth (Month, day year) 4-15-1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN IRVING MILLS
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace KALAMAZOO (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ELLA COX MILLS
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace BOONE COUNTY (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) NOV 12 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given ~~name~~ added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elizabeth Cole, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fayette Mills (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hutton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Elizabeth Cole Signature
Elizabeth Cole P.O. Address Box 674 - Boise

Subscribed and sworn to before me on this 10 day of November, 1941.
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
My Comm Expires 10/26/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-229 025-749

323535

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

**1. PLACE OF BIRTH**
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. none
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Denver, Idaho

**3. RESIDENCE of FATHER** (city, state) same

**4. FULL NAME OF CHILD** Bertha Audrey Jones

**5.** Date of Birth 7/29.1902. (Month, day year)

**6.** Sex F **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Willie N. Jones
**11.** Color or Race W **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Galesburg Ill. (City or town) (State or foreign country)
**14.** Exact Occupation Farm laborer
**15.** Industry or Business none

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ellabell Gurnsey
**17.** Color or Race W **18.** Age at time of THIS birth 16 yrs.
**19.** Birthplace Kent Nebraska (City or town) (State or foreign country)
**20.** Exact Occupation Housewife,
**21.** Industry or Business none

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by Ellabell Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**26.** (a) NOV 6 1941 (Date received) (b) Mavel I. Elder (Registrar's signature)

**27.** Given name added on RECEIVED by (Registrar's signature)

**25.** Attendant's **OWN** signature Dr Stockton (dead) M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Garfield } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ellabell (Jones) Donaldson, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Bertha Audrey Jones (Tsthantz.) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that all (Name of attendant at birth), who attended said birth are now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Bell (Jones) Donaldson Signature
Pomeroy Wash P. O. Address

Subscribed and sworn to before me on this 3rd day of November 1941, 19

(SEAL) J. G. Farley Court Commissioner ~~Notary Public~~, residing at Pomeroy, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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11-7-4

365-124-028-766

323544

United States
Department of Commerce
Bureau of Census

NOV 5 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City White Pine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 3 years 3 month ? days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City White Pine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address White Pine, Idaho

**3. RESIDENCE of FATHER** (city, state) White Pine, Idaho

**4. FULL NAME OF CHILD** Richard Cecil Lovel

**5.** Date of Birth (Month, day year) March 24, 1902

**6.** Sex Male

**7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Walter Lovel
**11.** Color or Race White
**12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Benson, Vermont (City or town) (State or foreign country)
**14.** Exact Occupation Logger
**15.** Industry or Business Lumbering

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alferetta Melissa Goodwin
**17.** Color or Race white
**18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace Modoc County, California (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum not known
**23.** Number of children of this mother: (a) At time of birth and ~~including~~ this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**26.** (a) NOV 5 1941 (Date received) (b) Walter F. Geller (Registrar's signature)

**27.** Given name added on RECEIVED by (Registrar's signature)

**25.** Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Walter R. Lovel, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Cecil Lovel (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wenz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Walter R. Lovel
Signature
Rt. 1, Box 541, Bellevue, Wash
P. O. Address

Subscribed and sworn to before me on this 22 day of October 1941
(SEAL) Notary Public, residing at Bellevue

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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11-7-41

132-104 035-986

323546

United States
Department of Commerce
Bureau of Census

NOV 5 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City P.O. Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Ranch Home of Parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county One years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City P.O. LAPWAI
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state) (Same)

4. **FULL NAME OF CHILD** Estus Bruce Ackles
5. Date of Birth (Month, day year) Nov. 4th 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Stephen Ackles
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lindley (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer & Lumberman
15. Industry or Business Lumber Inspector

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Isabel RHOADES. Isabel ACKLES.
17. Color or Race white
18. Age at time of THIS birth 29 yrs
19. Birthplace Mason County (City or town) Illinois (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Stephen Ackles (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mabel H. Fisher (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Kitsap } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stephen Ackles being first duly sworn, say that I am Father (Related to (or) acquainted with) Estus Bruce Ackles (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that TALLIFUS ACKLES (Name of attendant at birth) attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stephen Ackles Signature
3939 Graham St. P. O. Address

Subscribed and sworn to before me on this 30 day of October, 1941

(SEAL)

Amy A. Frohn Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

11-7-11

3/9/23 007 285

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 323592
Local Reg. No. 165
Reg. Dist. No. 410

**1. PLACE OF BIRTH**
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Bellevue, Idaho

**3. RESIDENCE of FATHER** (cit Bellevue, Idaho

**4. FULL NAME OF CHILD** George Victor Larsen

5. Date of Birth (Month, day year) 9-23-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Christie Peter Larsen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace unknown (City or town) Denmark (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maud Shepherd
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Marysville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Maud Larsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 11-4-1941 (Date received) (b) Robert H. Wright (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud Larsen, being first duly sworn, say that I am related (Related to (or) acquainted with) George Victor Larsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mercer (Name of attendant at birth), who attended said birth cannot be found (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud Larsen ..... Signature
Bellevue ..... P. O. Address

Subscribed and sworn to before me on this ..... day of ..... 19..
(SEAL) Conway Gillespie Notary Public, residing at Bellevue, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1969

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County ~~Bonner~~ Kootenai (b) City Hope
(c) Street Address or R.F.D. No. No Streets then
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston, Idaho.
(d) Street Address or R.F.D. No. 7th Avenue
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Same as Above

**3. RESIDENCE of FATHER** (city, state) Same as Above

**4. FULL NAME OF CHILD** Kenneth East Ninneman

**5.** Date of Birth (Month, day year) July 26, 1902

**6.** Sex Male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Adolph Charles Ninneman
**11.** Color or Race White
**12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Milwaukee, (City or town) Wisconsin. (State or foreign country)
**14.** Exact Occupation Merchant
**15.** Industry or Business Owner of Hardware Store:

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Irene Hapgood Hamilton
**17.** Color or Race White
**18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Everett, (City or town) Michigan. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn 1

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) Nov 12 1941 (Date received) (b) Marie F. Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, (Mrs.) Ida A. Donovan, being first duly sworn, say that I am Sister of the Father (Related to (or) acquainted with) of Kenneth E. (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Loup (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(Mrs.) Ida A. Donovan Signature
309 Belmont Avenue No. Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 1st day of November, 19 44.
(SEAL) Helen Wilson Notary Public, residing at Seattle.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1974

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

NOV 10 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 22 years 6 month 8 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Caldwell

**3. RESIDENCE of FATHER** (city, state) Caldwell

**4. FULL NAME OF CHILD** Joe Samuel Fuller

5. Date of Birth (Month, day year) Sept. 20, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Gilbert Hinton Fuller
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cloud County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Tinsmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cora Easter Cook
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Caldwell Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 18 1941 (Date received) (b) Mabel L. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cora Easter Fuller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Samuel Fuller (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Horace (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora Easter Fuller
Signature

Caldwell, Idaho R.F.D. #3
P. O. Address

Subscribed and sworn to before me on this 7th day of November 1941

(SEAL) Kathryn H. Hartley Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1968-113022-359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323705
Local Reg. No.
Reg. Dist. No.

NOV 13 1941

RECEIVED

1. PLACE OF BIRTH:
(a) County Fremont (b) City P.O. Lake
(c) Street Address or R.F.D. No. Sherman Ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Post Office, Lake
(d) Street Address or R.F.D. No. Sherman Ranch
(e) How long has MOTHER lived in Idaho? 3 Months
(f) Mother's mailing address Same as above

3. RESIDENCE of FATHER (city, state): Same as abov

4. FULL NAME OF CHILD ELMER SHERMAN JOHNSON

5. Date of Birth (Month, day, year) 6-13-1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Alfred B. Johnson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sweeden (City or town) (State or foreign country)
14. Exact Occupation Carpenter, at Saw-Mill
15. Industry or Business Lumber Saw-mill

**MOTHER OF CHILD**

16. FULL MAIDEN NAME CARRIE LEIF
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sweeden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping Self and Husbn

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Carrie Johnson (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Mabel Helser (Registrar's signature)

25. Attendant's OWN signature Carrie Johnson
Mother (D.O., M.D.)
and address Long Beach Cal Date 10/11/41

27. Given RECEIVED on ..... by ..... (Registrar's signature)

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Johnson, being first duly sworn, say that I am related to. Elmer Sherman Johnson (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Staly (Midwife (Name of attendant at birth), who attended said birth Cannot locate (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie Johnson Signature
1820 Washington St. Long Beach Calif. Address

Subscribed and sworn before me on this 11 day of October 19 41

(SEAL) Edward F. Bryan Notary Public, residing at LONG BEACH, CALIF.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1907 Session Laws, Chapter 139, Section 3)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed [illegible] [illegible] when such report is [illegible] panied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or available, of the nearest relative [illegible] or other person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED NOV - 5 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Idaho (b) City Whitebird, Ida.
(c) Street Address or R.F.D. No. - - - none
(d) Name of Hospital or Maternity Home: Ranch home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days.
IN **THIS** county Idaho Years 1902 Month Sept Days 4th

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whitebird
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Deceased

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Willard Linsley Holbrook

5. Date of Birth (Month, day year) 9-4-'1902

6. Sex Male

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Oscar Holbrook
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hillsborough, Ohio (City or town) England, Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Eliza Crea,
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace no known (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 7 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Nancy Hanson (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Maud H. Elder (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce. } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nancy Hanson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Willard Linsley Holbrook (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Foskett (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nancy Hanson Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 3rd day of November, 1941.
(SEAL) Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

NOV 14 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Freemont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Freemont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) –

4. **FULL NAME OF CHILD** Cyril Lillard Barrett

5. Date of Birth (Month, day, year) aug. 18. 1902

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Arthur Barrett

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Farmington Utah
(City or Town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Merchant-General Store

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Adelia Weatherman

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Centerville Kansas
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Barrett (First name) (Last name), who is related to this child as mother (Mother, etc.) Midwife. Mrs. Cunningham is now dead.

141 - Maternal Feeder

(Date received)

~~Attendant's~~ OWN signature Mary A. Barrett ~~M.D.~~ (~~D.O., Midwife, etc.~~)
Mother

and address 905 S 8th Ave Date 11-13-41

27. Given name added on ..... by .....
(Registrar's Signature)

Use only INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 17 1941

# REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county Born years here month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Nevada (b) County Elko
(c) ~~City~~ P.O. O'neil
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address O'neil

3. RESIDENCE of FATHER (city, state) O'Neil, Nev.

4. FULL NAME OF CHILD LEILA HELSLEY

5. Date of Birth (Month, day year) Dec 17, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Wm Franklin Helsley | 16. FULL MAIDEN NAME Anna Laura Hadfield |
| 11. Color or Race White 12. Age at time of THIS birth 21 yrs. | 17. Color or Race White 18. Age at time of THIS birth 22 yrs |
| 13. Birthplace Cherry Creek Nev. (City or town) (State or foreign country) | 19. Birthplace Farmington, Utah (City or town) (State or foreign country) |
| 14. Exact Occupation Rancher | 20. Exact Occupation Wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~female~~ (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Maurl H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. F. HELSLEY, being first duly sworn, say that I am Father (Related to (or) acquainted with) Leila Helsley (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Loriella Hadfield (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. F. Helsley Signature
GOLCONDA, NEVADA P. O. Address

Subscribed and sworn to before me on this 2nd day of OCTOBER, 1941

(SEAL) L. McSheldon Notary Public, residing at Los Angeles Calif.

My Commission Expires October 22, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

NOV 27 1941

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323827
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE OF MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.
(f) Mother's mailing address (For registration notice): Middleton, Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Middleton.

4. **FULL NAME OF CHILD** Maynard Hollis Jones.

5. Date of Birth (Month, day, year) Aug. 5, 1902

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Full. 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Newton Jones.
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Pleasant Plain, Iowa.
(City or Town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna May Smith
17. Color or Race White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Fairfield Iowa.
(City or Town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ....., who is
(First name) (Last name)
related to this child as .....
(Mother, etc.)

NOV 27 1941

26. (a) ..... (Date received) (b) Mabel Keller (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** O W Hull M.D.
(D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

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United States
Department of Commerce
Bureau of Census

NOV 17 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 323842
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Oneida (b) City Arbon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Deceased

**3. RESIDENCE of FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Edward Leland Gibbons

5. Date of Birth (Month, day year) July 14, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Francis Gibbons
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** May Elinor Buckley
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 5 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov 17 - 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Wealthy Gibbons Woods, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edward Leland Gibbons (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wealthy Gibbons Woods Signature
484 Ridgeway Dr., Lincoln Acres, Calif. P.O. Address

Subscribed and sworn to before me on this 12th day of November 1941
(SEAL) D. P. Guy Notary Public, residing at National City, California
My Commission Expires July 15, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

AUG 7 1972

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the~~ local ~~registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 323881
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. ~~Malad~~
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days.
IN **THIS** county 35 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Malad Idaho

**3. RESIDENCE of FATHER** (city, state) Malad Idaho

**4. FULL NAME OF CHILD** Albert Strom

5. Date of Birth (Month, day year) Nov. 11 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 7 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Strom
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Lulea (City or town) foreign (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Maria Sanderson
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic ~~used~~ to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 15 1941 (Date received) (b) [illegible] (Registrar's signature) (Mother, etc.)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Strom, being first duly sworn, say that I am related (Related to (or) acquainted with) Albert Strom (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary M. Adams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Strom (Signature)
Lava Hot Springs (P. O. Address)

Subscribed and sworn to before me on this 14 day of November, 1941
(SEAL) [illegible] Notary Public, residing at Lava Hot Springs Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-125-025-849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

NOV 21 1941

State File No. 324023
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County IDAHO (b) City MT IDAHO
(c) Street Address or R.F.D. No. RECEIVED
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County MT IDAHO
(c) City MT IDAHO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) IDAHO

**4. FULL NAME OF CHILD** BOYD ARTHUR BOWDLER

5. Date of Birth of Child (Month, day, year) NOV. 25-1902

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ✓

**FATHER OF CHILD**

10. **FULL NAME** BENJAMIN ARTHUR BOWDLER
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace SHREWSBURY (City or town) ENGLAND (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** EDNA MILDRED QUIVEY
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace SHERIDAN (City or town) OREGON (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of CLARK } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 38 years, and that MR BOYD QUIVEY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin A. Bowdler Signature
Rt 3 Box 193 Vancouver Wn P. O. Address

Subscribed and sworn to before me this 18 day of November, 1941.
(SEAL) E. L. Reddy Notary Public, residing at Vancouver Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Madeline H. Gelfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 24 1941

693-108-019-445

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 324024
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Custer (b) City Mackay.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho. (b) County Custer.
(c) City Mackay.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Yermo Calif.

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Kenneth H. Wilhelm.

**5.** Date of Birth (Month, day year) June 8th 1902.

**6.** Sex Male.

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** William Sherman Wilhelm

**11.** Color or Race White

**12.** Age at time of THIS birth 38 yrs.

**13.** Birthplace Muscatine (City or town) Iowa. (State or foreign country)

**14.** Exact Occupation Mining

**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Dora J. Duncan.

**17.** Color or Race White

**18.** Age at time of THIS birth 35 yrs.

**19.** Birthplace Linerville. (City or town) Iowa. (State or foreign country)

**20.** Exact Occupation House wife.

**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) NOV 21 1941 (Date received) (b) Mavis H. Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Bernardino } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dora J. Wilhelm, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Kenneth H. Wilhelm (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lena Headington (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dora J. Wilhelm. Signature
Yermo. California P. O. Address

Subscribed and sworn to before me on this 15 day of November, 1941

(SEAL) William A. Muggs Notary Public, residing at Barstow, Calif.

My Commission Expires September 20, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 24 1941

863-184-035-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 18 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 324035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 0 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ida (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. No
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Dead.

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Oscar Clarence Holmes
5. Date of Birth (Month, day, year) Nov-14-1902
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. Holmes
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Newark N.Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Dead.

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora C. Nelson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Jentry Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Dead.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel H. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..... being first duly sworn, say that I am an old friend & neighbor (Related to (or) acquainted with) Oscar C. Holmes (Name of person on certificate above) as Friend & acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No (Name of attendant at birth), who attended said birth No (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Anna Litkey — Signature
317-12 St. Lewiston, Ida. — P. O. Address

Subscribed and sworn to before me on this 17 day of Nov. 1941

(SEAL) John R. Phillips Notary Public, residing at Lewiston, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 129, Section 4)

Where the birth of a child long prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 32, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, midwife, or in the absence of the father or mother of the child, or in the absence of the mother of the child living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
VITAL STATISTICS
PUBLIC HEALTH ADMINISTRATION

381 215028 296

325027

United States
Department of Commerce
Bureau of Census

NOV 24 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325027
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Couer D'Alene
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 2 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Couer D'Alene
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? 2 years
(f) Mother's mailing address Couer D'Alene

**3. RESIDENCE of FATHER** (city, state) CouerD'Alene Idaho

**4. FULL NAME OF CHILD** Perdita Arthusa Chambers

5. Date of Birth (Month, day year) Aug. 15, 1902

6. Sex Female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Wilfred Chambers
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ft. Snelling (City or town), Minnesota (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business -

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Kate Sophia Brown
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Shullsburg (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 25 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Francisco } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kate Sophia Chambers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Perdita Arthusa Chambers (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sabin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate Sophia Chambers Signature
San Francisco at 320 Haight St. P. O. Address

Subscribed and sworn to before me on this 19th day of November, 1941

(SEAL) [illegible] Notary Public, residing at San Francisco

Commission Expires Nov. 23, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1957200 29.643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325030

Local Reg. No.

Reg. Dist. No.

RECEIVED

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 14 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1018 18th. St.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address 1018 18th. St.

3. **RESIDENCE of FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Willis Ralph Arnold

5. Date of Birth (Month, day, year) 8-20-02

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Willis Arnold
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Kenton (City or town) Ohio (State or foreign country)
14. Exact Occupation Millwright & Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Eugenie Fulkerson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Rochester (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Langton, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Minnie Hessell (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Langton Signature
1018 - 18th St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 30" day of January, 1941

(SEAL) Notary Public, residing at Lewiston, Idaho.

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

By L. D. Kurth, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

MAY 16 1967

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-204 040-466

325031

United States
Department of Commerce
Bureau of Census

NOV 24 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 116
Reg. Dist. No. 141

1. PLACE OF BIRTH
(a) County SHOSHONE (b) City GEM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 14 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City GEM
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address 4648-19th St. San Francisco

3. RESIDENCE of FATHER (city, state) S. F. CALIF.

4. FULL NAME OF CHILD MAXINE THELMA MAY

5. Date of Birth (Month, day year) 6-4-1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN NELSON MAY
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace PIOCHE (City or town) NEVADA (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE PEARL ROWE
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs
19. Birthplace CARBONADO (City or town) WASH. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie P. May (First name) (Last name), who is related to this child as mother (Mother, etc.).

26. (a) Nov-22-41 (Date received) (b) John A. Brown (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Nellie P. May
Attendant decsd. M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of City San Francisco } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie P. May, being first ~~duly sworn~~, say that I am Mother (Related to (or) acquainted with) Maxine Thelma May (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ether (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie P. May
Signature
4648 - 19th St., San Francisco, Calif.
P. O. Address

Subscribed and sworn to before me on this 18th day of November, 1941

(SEAL)

Nan S. Scullen
Notary Public in and for the City and County of San Francisco, State of California, residing at 714 Powell St.

MY COMMISSION EXPIRES JULY 7, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #325083

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dan Richard Bishop | | 2. Date of Birth (month) August (day) 16 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Harrison |
| **FATHER** | 6. Full Name of Father: Daniel Darius Bishop | | 7. State or Country of Father's Birth: Wisconsin | |
| **MOTHER** | 8. Full Maiden Name of Mother: Lillie Leticie Turner | | 9. State or Country of Mother's Birth: Tennessee | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dan Richard Bishop | 11. Present Address of Registrant: RtI Box 150, Port Angeles, Wn | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 27, 1961 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: May 10, 1963 | |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

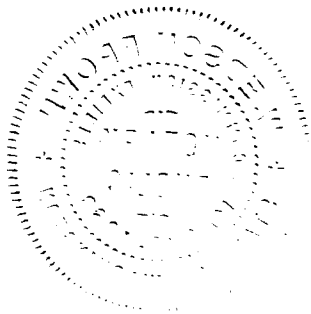
| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: Nov.30,1938 |
| | Date of Birth: Aug.16,1902 | Birth Place: Kootenai,County Harrison, Idaho | Full Name of Mother: Lillie Turner | Name of Father: Dan Bishop |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding lodge record | By whom issued and signed: Franternal Order of Eagles, #483,N.J.Zimmerschied,Sec. | Date Issued: Nov.9,1960 | Date Orig. Entry: May 25, 1951 |
| | Date of Birth: Aug.16,1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage Return license #2428 | By whom issued and signed: Clallam County, Washington, Raoul A.Fleming,auditor | Date Issued: Aug.9,1960 | Date Orig. Entry: Jan.18,1932 |
| | Date of Birth: age 29 | Birth Place: Harrison, Idaho | Full Name of Mother: Lillie Turner | Name of Father: Daniel Bishop |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Penny L. Wing | Feb. 1, 1961 |

FORM BH 56067



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325083
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootnai (b) City Harrison
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days.
IN **THIS** county 12 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address
**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Dan Richard Bishop
5. Date of Birth (Month, day year) Aug. 16, 1903
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**
10. **FULL NAME** Daniel Darius Bishop
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace near Menominee, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation logger
15. ~~Industry or~~ Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lillie Leticie Turner
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace near Nashville, Tennesee (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead four (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at nine A M. on the date and at the place stated above, and that personal particulars were furnished by Rose Berry (First name) (Last name), who is related to this child as older sister (Mother, etc.)

26. (a) Nov 27-1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Clallam } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose Berry, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dan Richard Bishop (Name of person on certificate above) as an older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Rose Berry Signature
1833 W. 5th, Port Angeles, Washington P. O. Address

Subscribed and sworn to before me on this 27th day of October, 1941.
(SEAL) [signature] ~~Notary Public~~, residing at Clallam County
Deputy Co. Auditor

FEB 1 1961

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1m-6-11

213 203-028 559

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 325089
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. 292
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address Harrison, Idaho

**3. RESIDENCE of FATHER** (city, state) Harrison, Idaho

**4. FULL NAME OF CHILD** Corona Sala

5. Date of Birth (Month, day year) July, 3-1902

6. Sex Femal 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Mathew Sala
11. Color or Race Italian 12. Age at time of THIS birth 32 yrs.
13. Birthplace Borca (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Olivia Veritoni
17. Color or Race Italian 18. Age at time of THIS birth 32 yrs.
19. Birthplace Borca (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) NOV 25 1941 (Date received) (b) (Mother, etc.) (Registrar's signature)

25. Attendant's **OWN** signature Lucia D Andrea X her mark M.D. (~~M.D.~~, Midwife, etc.)
and address Harrison, Idaho Date Nov. 23, 1941

27. Given name added on by (Registrar's signature)

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mathew Sala, being first duly sworn, say that I am Father (Related to (or) acquainted with) Corona Sala (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucia D Andrea (Name of attendant at birth) who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mathew Sala Signature
Harrison, Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of November 1941
(SEAL) M A Ridges Notary Public, residing at Harrison

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-6a 11

266-104 029-293

United States
Department of Commerce
Bureau of the Census

NOV 26 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325182
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Julietta
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days. at home
In THIS county — years one month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Corbett - Oregon

3. RESIDENCE of FATHER (city, state) Julietta Idaho

4. FULL NAME OF CHILD Leo John Swordere

5. Date of Birth (Month, day, year) July 4, 1902

6. Sex male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orlie Emerson Swordere
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Napoleon (City or town) Ohio (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Roadbed for Railroad Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Angeline Kite
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Pullman (City or town) Washington (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living one
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Mabel H. Eder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Dr. J. J. Herrington Worley Idaho (Deceased) M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine A. Swordere, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leo John Swordere (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Herrington (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine A. Swordere Signature
Corbett - Oregon P. O. Address

Subscribed and sworn to before me on this 25th day of November, 1941

(SEAL) L. A. Brunson Notary Public, residing at Corbett - Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 12, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 29 1941

765-124005-294

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 325184
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. opposite Public School
(d) Name of Hospital or Maternity Home: Bannock St. Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 90 days.
IN **THIS** county yes years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County BANNOCK
(c) City Pocatello
(d) Street Address or R.F.D. No. Opposite Bannock Restaurant.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address DECEASED

**3. RESIDENCE of FATHER** (city, state) DECEASED

**4. FULL NAME OF CHILD** Lysander Christenson Pond Jr.
**5.** Date of Birth (Month, day year) Nov. 24th 1896
**6.** Sex MALE
**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd
**8.** No. months of Pregnancy 9
**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Lysander Christenson Pond
**11.** Color or Race AMERICAN
**12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace RICHMOND - UTAH (City or town) (State or foreign country)
**14.** Exact Occupation SALESMAN & BOOKKEEPER FRANKLIN & HAYES BREWING CO.
**15.** Industry or Business INTERNAL REVENUE Collector for U.S. (LATER)

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Louie Kimball
**17.** Color or Race AMERICAN
**18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace SALT LAKE City - UTAH (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn NONE

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

**26.** (a) Nov 28-1941 (Date received) (b) Marvel Y. Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

L. Marshall Pond, being first duly sworn, say that I am related to (Related to (or) acquainted with) L. C. Pond Jr. (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Dr. now deceased (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L. Marshall Pond — Signature
357 So 6th Pocatello Ida — P. O. Address

Subscribed and sworn to before me on this 22nd day of November, 1941.
(SEAL) Alex Leger Notary Public, residing at Pocatello, Idaho.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 29 1941

296-108-025-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325212
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: IDAHO (b) City: GRANGEVILLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: IDAHO (b) County: IDAHO
(c) City: GRANGEVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** HAROLD M. BROWN

5. Date of Birth of Child (Month, day, year): FEB 8, 1902

6. Sex: MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME:** HARRY LEMOINE BROWN
11. Color or Race: WHITE
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: FREMONT (City or town) IOWA (State or foreign country)
14. Exact Occupation: PRINTER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** LUELLA MAE HOBBS
17. Color or Race: WHITE
18. Age at time of THIS birth: 28 yrs.
19. Birthplace: MARSHALLTOWN (City or town) IOWA (State or foreign country)
20. Exact Occupation: HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of COLORADO
County of MORGAN } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that SAMUEL E. BIBY (First name) (Last name), who attended this birth IS NOW DEAD (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. Mae Brown ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 26th day of November, 1941.

(SEAL) Helen R. Stephenson Notary Public, residing at Fort Morgan, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1941 by Mabel H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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869-102-029-214

325260

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City RUPAL
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 1 months 19 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City RP #1 - 7 MOSCOW
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho LIFETIME yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** ERNEST EUGENE HORDEMANN

5. Date of Birth of Child (Month, day, year) Sept-2-1902

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN HORDEMANN
11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs.
13. Birthplace LATAH Co. (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** CLARA KAMBITCH
17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
19. Birthplace LATAH Co. (City or town) - IDAHO (State or foreign country)
20. Exact Occupation FARMERS WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature DECEASED M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that TRESIA KAMBITCH (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Hordemann Signature
RP #1 - MOSCOW IDAHO P. O. Address

Subscribed and sworn to before me this 29 day of November, 1941
(SEAL) Marian Arnsky Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 2-1941 by Mabel T. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-214-043-433

325341

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 4 1941

State File No. 325341
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Valley (b) City Van Wyck Idaho
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 4 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Van Wyck
(d) Street Address or R.F.D. No. Country
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Van Wyck

3. **RESIDENCE of FATHER** (city, state Van Wyck

4. **FULL NAME OF CHILD** Blanche Lenore Ward

5. Date of Birth (Month, day, year) Oct. 14, 1902

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Bertram Lemuel Ward
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mauston (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Addie May McCoy
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Warrensburg (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 4 1941 (Date received) (b) Maud H Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Klamath } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Addie May Ward, being first duly sworn, say that I am related to (Related to (or) acquainted with) Blanche Lenore Ward (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Butler (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Addie May Ward. Signature

3028 Boardman Klamath Falls Ore P. O. Address

Subscribed and sworn to before me on this 1st day of December 1941

(SEAL) Grace Hazlett NOTARY PUBLIC FOR OREGON Notary Public, residing at Klamath Falls, Ore.

MY COMMISSION EXPIRES JAN 2 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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545-102-014 267

325 355

**325355**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No. 614 15th Ave So.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 4 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 614 15th Ave So.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address same as above

**3. RESIDENCE of FATHER** (city, state) Nampa, Idaho

**4. FULL NAME OF CHILD** JAMES CALVIN EMERSON

5. Date of Birth (Month, day year) December 2, 1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Eugene Emerson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Cochocton (City or town) Ohio (State or foreign country)
14. Exact Occupation Owner-manager
15. Industry or Business retail lumber yard

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Indiana Bogue
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Arg. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ..... (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Indiana Emerson (First name) (Last name), who is related to this child as mother (Mother, etc)

26. (a) DEC 9 1941 (Date received) (b) Maurel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J. H. Murray M.D. (D.O., Midwife, etc.) and address Nampa, Idaho Date Dec. 8, 1941

State of ..... } ss.
County of ..... }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1973

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 9 1941

819-115-003-313

325370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO DEC 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

**3. RESIDENCE OF FATHER** (city, state) Soda Springs Ida

**4. FULL NAME OF CHILD** Roy Edward Harding

5. Date of Birth of Child (Month, day, year) Sept 15 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Grant Harding
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Maysville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Elmyra Call
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that Rosa Louise Call (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward G. Harding Signature
422 11 St Clarkston Wn. P. O. Address

Subscribed and sworn to before me this 3d day of Dec, 1941
(SEAL) Burt C Hulsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Maud E Geiler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1955

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-212-016-344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325408
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

**3. RESIDENCE OF FATHER** (city, state) (deceased)

**4. FULL NAME OF CHILD** Hazel Rose Gray (~~Mrs. Joe Gabbridge~~)

5. Date of Birth of Child (Month, day, year) June 12, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John Joseph Gray
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Woolgrower (~~Now deceased~~)
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Goldie Estella Cummins
17. Color or Race ~~White~~
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grantsville, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~4~~ (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jerome } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~64~~ years of age, that I have known this person for 30 years, and that Urilda (First name) McBride (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Goldie E. Gray-Lake Signature

~~Hazelton~~ Eden, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of November, 19 41.

(SEAL) [signature] Notary Public, residing at Hazelton, Idaho

(Note: Perjury is punishable as a felony in ~~Idaho~~; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Maurice Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-109-040-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 5 1941

325450

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No. 120 RR Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 11 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 120 RR Ave.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Id.

4. **FULL NAME OF CHILD** Peter Chester Albinola

5. Date of Birth (Month, day, year) April 9th, 1902

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Peter Albinola
11. Color or Race Wh
12. Age at time of THIS birth 43 yrs.
13. Birthplace Basano (City or town) Italy (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucia Gondola
17. Color or Race Wh
18. Age at time of THIS birth 30 years
19. Birthplace Basano; (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucia Albinola (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 5 1941 (Date received) (b) Mabel M. Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucia Albinola, being first duly sworn, say that I am Related (Related to (or) acquainted with) Peter Chester Albinola (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Franklin Machette (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Lucia Albinola Name

114 RR Ave. Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of Dec. 1941

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho

Commission expires July 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-16-035-556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** DEC 6 1941
STATE OF IDAHO

State File No. 325461
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Nez Perce,
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nez Perce, Idaho.

**4. FULL NAME OF CHILD** Bert Koontz

5. Date of Birth of Child (Month, day, year) Apr. 16th. 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Benjamin Franklin Koontz
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Knob Noster, (City or town) Missouri. (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business farm work

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Flora Emma Newbill
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Nr Oregon City, (City or town) Oregon. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California, County of Tulare, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for ..... years, and that Bert (First name) Koontz (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Koontz
Signature

#516 W. North St. Visalia, Calif.
P. O. Address

Subscribed and sworn to before ~~me this 4th day of~~ December, 1941

(SEAL) Fred D. Steel
Notary Public, residing at Visalia, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1941 by Mabel F. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1965

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC

261-108-001-693

325468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: over 10 years. IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise City, Idaho.

**4. FULL NAME OF CHILD** Roy Edward Swan

5. Date of Birth of Child (Month, day, year) June 8 1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos. 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James William Swan
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Linville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Fuel, Feed & Hay (Neil Feed & Fuel Co.)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Georgia Rosetta Wilhite
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Baker City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Humboldt } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Mrs. Sophie Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James William Swan Signature
1337 5th Street, Eureka, Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1941
(SEAL) Geanell Ford Notary Public, residing at Eureka, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1941 by Mabel H. Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-106-028-385

325471

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO DEC 5 1941

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county — years — month — days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address E. 1817-1st Ave

**3. RESIDENCE of FATHER** (city, state) Spokane, Wash

**4. FULL NAME OF CHILD** Earl Curtis Lightner

**5.** Date of Birth (Month, day year) 11/6/1902

**6.** Sex M **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Curtis Lightner
**11.** Color or Race White **12.** Age at time of THIS birth ..... yrs.
**13.** Birthplace Argus Indiana U.S.A. (City or town) (State or foreign country)
**14.** Exact Occupation By employment
**15.** Industry or Business On Road.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Angeline Cheney
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Avoca Wisconsin U.S.A. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) DEC 5 1941 (Date received) (b) Maud L. Eder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice Angeline, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Earl Curtis Lightner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth — (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Angeline Lightner Signature
E. 1817-1st Ave Station B Spokane O. Address

Subscribed and sworn to before me on this 13th day of November 1941
(SEAL) Alex Alcaraya Notary Public, residing at Spokane, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

325523

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

325523

DEC 4 1941

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Ada
City of Boise City
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hazel June Blackwell

3. Sex: female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1

6. Premature _____ Full term X

7. Legitimate? yes

8. Date of birth June 1st, 1902 (Month, Day, Year)

**FATHER**

9. Full name: Logan Dameronn Blackwell

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race: white 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country): Boise City, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Office Janitor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work 18 yrs

**MOTHER**

18. Full maiden name: Jennie Etta Miller

19. Residence (usual place of abode) (If non-resident, give place and State): Boise City Idaho

20. Color or race: white 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country): Mitchell Co. Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work 40 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 3rd.
(a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation none months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar.

(Signed) Jennie Etta Blackwell Mother, M.D.

or _____, Midwife

Address 119 N. Calaveras St. Fresno Calif.

Filed DEC 4 1941, 193__ Marvel H. Keller Registrar.

231-201-001-493

**STATE OF IDAHO**
**BARZILLA W. CLARK, GOVERNOR**

**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**
**BUREAU OF VITAL STATISTICS**

State of California } ss.
County of Fresno

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jennie Etta Blackwell being first duly sworn says that she is the Mother (Relationship of child)* of Hazel June Blackwell born June 1st., 1902 (Date of birth) at Bosie City, Idaho, whose certificate of birth is hereto attached, and that Jennie Etta Blackweld desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hazel June Blackwell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Turner ~~XXXXXXX~~ Midwife was the medical attendant at the birth of said Hazel June Blackweld and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Jennie Etta Blackwell
P. O. Address 119-N. Calaveras St. Fresno Calif.

Subscribed and sworn to before me this 2nd day of December, 1941

My expiration April 15, 1945.

Alwinal Aiffin
Notary Public.

Residing at 4032 Jensen Ave. Calwa ~~XXX~~ California, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 25 1972

DEC 1 1969

294-224-044-791 325540

325540

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1941

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 320

**1. PLACE OF BIRTH**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 25 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Weiser, Idaho

**3. RESIDENCE of FATHER** (city, state) Weiser, Ida.

**4. FULL NAME OF CHILD** Lottie Elizabeth Kimball

5. Date of Birth (Month, day year) 10/24/1902

6. Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Nathan Levi Kimball
11. Color or Race Wht 12. Age at time of THIS birth 29 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Transfer Co. (trucking)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Rebecca Gray
17. Color or Race Wht 18. Age at time of THIS birth 25 yrs.
19. Birthplace Weiser Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ownhome

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2.A. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Kimball (Last name), who is related to this child as Mother

26. (a) DEC 5 1941 (Date received) (b) Mabel Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sarah Kimball **M.D.** (or Midwife, etc.)
and address Weiser Idaho Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah, Kimball, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Lottie Elizabeth Kimball (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I, (Name of attendant at birth), who attended said birth of Lottie Sarah Kimball (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Kimball Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of December, 1941
(SEAL) Joe I. Gallagher Notary Public, residing at Weiser Idaho,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ~~Benewah~~ Kootenai, Idaho.
City of Post Office Address
No. Tekoa, Washington. St.
293-106-028-285
(If born in hospital or institution give name.)

DEC 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 325567
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lee Roy Bilyeu.

3. Sex Male | If plural births: 4. Twin, triplet, or other XX | 5. Number, in order of birth 1st | 6. Premature No. Full term Yes. | 7. Legitimate? Yes. | 8. Date of birth July 6 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: George Henry Bilyeu | 18. Full maiden name: Dana Curlista Shelton. |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Benewah County | 19. Residence (usual place of abode) (If non-resident, give place and State): Benewah County |
| 11. Color or race: White \| 12. Age at last birthday: 30 (years) | 20. Color or race: White \| 21. Age at last birthday: 22 (years) |
| 13. Birthplace (city or place): Scio (State or Country): Oregon | 22. Birthplace (city or place): Scio (State or Country): Oregon. |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife. |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home. |
| 16. Date (month and year) last engaged in this work: July 6/ 1902 | 25. Date (month and year) last engaged in this work: July 6, 1902 |
| 17. Total time (years) spent in this work: 10 Yrs. | 26. Total time (years) spent in this work: 7 Yrs. |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor 10 m Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 5:30 P.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. Deutz, M. D.
or ....., Midwife
Address Farmington. Washington.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Dec 18-1941 193 Mamie T. Fuller Registrar.

JAN 2 1942

219-224-235-367

325584

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 9 1941

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No. 15th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No. 15th St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

**4. FULL NAME OF CHILD** EVA BARHAM

5. Date of Birth of Child (Month, day, year) June 24, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** JOSEPH LEE BARHAM
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fox Postoffice, Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** VIRGINIA COX
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living Four.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 39 years, and that Dr. C. W. Shaft (First name) and Mrs. Wm. Erick (Last name), who attended this birth whereabouts not known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Lee Barham Signature
2604 S. W. Second Ave., Portland, Ore. P. O. Address

Subscribed and sworn to before me this 2nd day of December, 19 41.

(SEAL) [signature] Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires 12/15/43.

Received for filing on DEC 9 1941 by Mary Geeser, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-122-022-314 325691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325691
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: ~~Idaho~~ Fremont (b) City: ~~Spencer~~ Victor
(c) Street Address or R.F.D. No.: 401 South 3rd
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Victor
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**: James Sidney Allred

5. Date of Birth of Child (Month, day, year): June 22-1902

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9 mnth

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME**: Isaac Merell Allred
11. Color or Race: White
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Spring City (City or town), Utah (State or foreign country)
14. Exact Occupation: farming
15. Industry or Business: farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Janey Campbell ~~Allred~~
17. Color or Race: White
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: American Fork (City or town), Utah (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: ~~3~~ 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Mary (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jane Allred Signature
401 So. 3rd P. O. Address

Subscribed and sworn to before me this 15 day of Dec., 19 41
(SEAL) L. L. Gill Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15-1941 by Mabel H. Eddy Reg.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-231 027-395

**325731**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. — Main St.
(d) Name of Hospital or Maternity Home: Gritman Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 7 Main St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow

**4. FULL NAME OF CHILD** Vivian Jane Stookey

5. Date of Birth of Child (Month, day, year) Jany 31-1902

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd pl 8. No. months of Pregnacy 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Reed Stookey
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Gen'l Store

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ginn Lenis
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that Dr Dretwater (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be cleared) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice J. Dudley Signature
No. 16 17 E. Broadway Long Beach P.O. Address

Subscribed and sworn to before me this 8 day of December 1941.
(SEAL) Fred R. Dentower Notary Public, residing at Long Beach Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

LONG BEACH NOTARY PUBLIC CALIF.
My Commission Expires Oct. 11 1942 for the County of Los Angeles

Received for filing on Dec 15 1941 by Walter Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325739

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No. in country
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Craigmont Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kamiah Idaho

**4. FULL NAME OF CHILD** Frank Royal Johnson

5. Date of Birth of Child (Month, day, year) Mar 11, 02

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Boyd Johnson
11. Color or Race Indian
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kamiah (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Finley
17. Color or Race Half breed Indian Nezperce
18. Age at time of THIS birth 21 yrs.
19. Birthplace Arlee (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Cecille Tollier (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Johnson Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 19 41

(SEAL) Mary Nelson Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Maud H Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1964

12-15-41

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325796

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United States
Department of Commerce
Bureau of the Census

DEC 16 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325796
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 12th 10th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: North 10th
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Cecil Dennis Adamson

5. Date of Birth of Child (Month, day, year) Nov. 13, 1902

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Solomon William Adamson
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace New Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Samantha Bell Snow
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace St. Joseph (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: no

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Midwife Mrs. Lee (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samantha B. (Adamson) Patrick ..... Signature
Emmett, Idaho (RFD #1) ..... P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941.

(SEAL) T. A. Chapman ..... Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel H. Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-213-031-296

**325826**

United States
Department of Commerce
Bureau of Census DEC 15 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Coeur d'Alene

**3. RESIDENCE of FATHER** (city, state) same

**4. FULL NAME OF CHILD** Ollie Irene Moser ~~Father~~

5. Date of Birth (Month, day year) 10-13-1902

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Edward Moser
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Conway N.C. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Florence May Brown
17. Color or Race
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ogdensburg, N.Y. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel Hedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leslie T. Brown, being first duly sworn, say that I am uncle (Related to (or) acquainted with) Olive Irene Moser ~~Father~~ (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leslie T. Brown Signature
P. O. Address

Subscribed and sworn to before me on this 10 day of Dec, 1941
(SEAL) L. E. Terrell Notary Public, residing at Nezperce, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

496-120 022-369

325925

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325925
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Marysville, Idaho

**4. FULL NAME OF CHILD** Cecil John Drollinger

5. Date of Birth of Child (Month, day, year) Jan. 20, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Simeon Cook Drollinger
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Garson (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Emeline Cordingley
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Fountain Green (City or town), Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 39 years, and that Emily Lambson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Simeon Cook Drollinger Jr. Signature
Boise, Ida. P. O. Address

Subscribed and sworn to before me this 18 day of Dec, 1941
(SEAL) M. B. Foy Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 18 - 1941 by Mabel Heeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-128 001415

325944

United States
Department of Commerce
Bureau of the Census

DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 325944
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 12 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridian Ida

**4. FULL NAME OF CHILD** Robert Joseph Groves

5. Date of Birth of Child (Month, day, year) 6-28-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Waitman W. Groves
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Bowen (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mollie Frances Davidson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Freeman (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Ida
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Dr Compton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Waitman W. Groves Signature
Nampa Ida P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) [illegible] Notary Public, residing at Nampa Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mabel H. Eicher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-107-029-855

325998

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 15 1941

**1. PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 24 years — month — days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow Ida.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Moscow Ida.

**3. RESIDENCE of FATHER** (city, state) Moscow Ida.

**4. FULL NAME OF CHILD** Frank Headrick

**5.** Date of Birth (Month, day year) Sept 7-1902

**6.** Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Reuben Isac Headrick
**11.** Color or Race white **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business same

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Minnie LaVera Henshaw
**17.** Color or Race white **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation housewife.
**21.** Industry or Business none

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead none (d) Stillborn none

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) DEC 15 1941 (Date received) (b) Maud T. Feller (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hilda W. Strohm, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Headrick (Name of person on certificate above) as Older Sister (age 55) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Reuben Headrick (father) (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located), and that this birth **has not been previously recorded.**

Hilda W. Strohm ..... Signature
Troy Idaho ..... P. O. Address

Subscribed and sworn to before me on this 10 day of December, 1941.
(SEAL) H. Brooke ..... Notary Public, residing at Troy Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 725-009 418

326047

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** DEC 15 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Milltown
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Milltown
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

**4. FULL NAME OF CHILD** Howard Francis Joyce

5. Date of Birth of Child (Month, day, year) June 25, 1902

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Patrick ~~Henry~~ Henry Joyce
11. Color or Race White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Unknown (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rebecca Emma Mayberry
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Umpah, Ont. Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 39 years, and that Unknown (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie Simmons Signature
439 South Tacoma Ave., Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 11 day of December, 19 41

(SEAL) Pearl Cronander Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel Feeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

858-218-022-622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941 Fremont

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 326111
Local Reg. No. 227
Reg. Dist. No. 644

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Jefferson~~ (b) City Clark
(c) Street Address or R.F.D. No. Rigby, R. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Clark
(d) Street Address or R.F.D. No. Rigby, R.#2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rigby, R.#2

**4. FULL NAME OF CHILD** EUNICE ELVIRA HEYREND

5. Date of Birth of Child (Month, day, year) Nov. 18, 1902

6. Sex F. M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Heyrend
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minerva Modena Osborne
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. John Heyrend (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Mrs. Jessie Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minerva Modena Heyrend Signature

Residing at Rigby, Idaho
Commission Expires Feb. 3, 1943

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of December

(SEAL) W. Smith Notary Public, residing Residing at Rigby, Idaho Commission Expires Feb. 3, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 18 1941 by Mrs A B Eckersell, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-119-008-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

DEC 19 1941

State File No. 327080
Local Reg. No. 352
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Boise (b) City: Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state) Placerville Ida

**4. FULL NAME OF CHILD** Frank Thomas Ranft

5. Date of Birth of Child (Month, day, year) April 19 - 1902

6. Sex Male

7. Twin or ~~Triplet~~ If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Ranft
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Grouse Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Louise Gribbon
17. Color or Race: White
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was: Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Gribbon Ranft (First name) (Last name) who is related to this child as: Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Mary Daley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Gribbon Ranft Signature
Placerville, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of December 1941.
(SEAL) J. L. Meherin Notary Public, residing at Placerville Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/17 1941 by Mrs E S Robison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

915-219-008-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** DEC 19 1941
STATE OF IDAHO

State File No. 327081
Local Reg. No. 352
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state) Placerville Ida

**4. FULL NAME OF CHILD** Margaret Catherine Ranft

5. Date of Birth of Child (Month, day, year) April 19, 1942

6. Sex Female

7. Twin or ~~Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Ranft
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Granite Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Louise Gritton
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Gritton Ranft (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 years of age, that I have known this person for 39 years, and that Mary Idaho (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Gritton Ranft Signature
Placerville Idaho P. O. Address

Subscribed and sworn to before me this 17th day of December, 1941
(SEAL) J. P. Fishcraft Notary Public, residing at Placerville Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/17 - 1941 by Mrs E S Robson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

742-117-032-795

RECEIVED AUG 28 1941

327090

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Lincoln (b) City near Shoshone (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Lincoln (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address Shoshone

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thomas Jefferson Gustin Jr.

5. Date of Birth (Month, day year) Dec. 17, 1902.

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Thomas Jefferson Gustin Sr. | 16. FULL MAIDEN NAME Sarah Ruth Green |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 41 yrs. | 18. Age at time of THIS birth 34 yrs |
| 13. Birthplace Nephi City (City or town) Utah (State or foreign country) | 19. Birthplace Oak City (City or town) Utah (State or foreign country) |
| 14. Exact Occupation Rancher | 20. Exact Occupation House wife |
| 15. Industry or Business Cattle | 21. Industry or Business At home |

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Jim Simms (First name) (Last name) who is related to this child as Mid-Wife. (Mother, etc.)

26. (a) Dec 23-1941 (Date received) (b) Marie Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Lincoln } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hugh Smith Gustin being first duly sworn say that I am Related to (Related to (or) acquainted with) Thomas Jefferson Gustin (Name of person on certificate above) brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jim Simms (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Hugh Smith Gustin Signature

Loyalton, Calif. Box 414 P. O. Address

Subscribed and sworn to before me on this 6th day of September, 1941

(SEAL) George L. Snyder Notary Public, residing at Loyalton, Calif

My Commission Expires December 21, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 1)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

I, Thomas J Gustin wishes to state my mother + Father is Deceased and I would like to have this Certificate explained as to what more information is needed

you have a check after Brother, County of, State of, and my birth date, I have filled these out on Certificate and wish to know if it is right and if all is there before I make out a new certificate

also I dont understand item no 24, 26, 27

my brother is 14 yr older than my self and is the only one living that was near when I was born

Thomas Jefferson Gustin

Please Rush I am waiting to go to work on a defense job.

DEC 20 1941

593-102-032-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327096
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Lemhi (b) City: Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Lemhi
(c) City: Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Berlin, Germany

**4. FULL NAME OF CHILD** Victor Raymond Eichwald

5. Date of Birth of Child (Month, day, year) May 2, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Herman Henry Eichwald
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace State of Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amelia Golgan
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Berlin, Germany (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for since birth years, and that Mrs. (First name) Cannon (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Eichwald Signature
826 West Sprague Ave. Spokane, Wash. Address

Subscribed and sworn to before me this 18th day of December, 1941.

(SEAL) [signature] Notary Public, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 3 341

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

·692-118-025-691

327119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3¾/3 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Walter Thomas Wisdom

5. Date of Birth of Child (Month, day, year) Nov. 18, 1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Taylor Newton Wisdom
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Huntsville (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Celesta Fray
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Brownsville (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for ..... years, and that Dr (First name) Bibee (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celesta Wisdom Signature

Veradale Washington P. O. Address

Subscribed and sworn to before me this 18 day of December, 19 41

(SEAL) B M Hindmarsh Notary Public, residing at Connell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 23 - 1941 by Mabel H Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1941
DEC 27 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-114-001-464 - 327175

United States
Department of Commerce
Bureau of the Census

DEC 18 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 327175
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Star Idaho

**4. FULL NAME OF CHILD** James Floyd Potter

5. Date of Birth of Child (Month, day, year) Oct. 14th 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joel Potter
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Coffeyville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Marybelle Douglas
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Smithville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Gem } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Dr. Hall (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Belle Douglas Potter — Signature
Ola, Idaho — P. O. Address

Subscribed and sworn to ~~before me~~ this 15th day of December, 1941
(SEAL) ..... Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Clyde A. Bridges Acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-118-001-689 327178

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327178
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 613 S. 4th St.
(d) Name of Hospital or Maternity Home: 613 S. 4th St.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state): Boise Idaho

**4. FULL NAME OF CHILD**: William Pearson

**5.** Date of Birth (Month, day year): Sept. 18-1902

**6.** Sex: Male **7.** Twin or Triplet: ..... If so—born 1st, 2nd, 3rd: ..... **8.** No. months of Pregnancy: 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME**: William Pearson
**11.** Color or Race: White **12.** Age at time of THIS birth: 28 yrs.
**13.** Birthplace: Glasgow (City or town) Scotland (State or foreign country)
**14.** Exact Occupation: Painter
**15.** Industry or Business:

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**: Margaret Ann White
**17.** Color or Race: White **18.** Age at time of THIS birth: 29 yrs.
**19.** Birthplace: Newton Stewart (City or town) Scotland (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business:

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ..... (c) Born alive and now dead 1 (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) DEC 27 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)
**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Ann Pearson, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Pearson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa B. West (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Ann Pearson Signature
411 2d St. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this ..... day of December 1941

(SEAL) C. H. Davidson Notary Public, residing at Los Angeles
NOTARY PUBLIC
My Commission Expires June 2, 1943 In and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1960

DEC 27 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-115-006-753

327183

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO 327183

State File No. 327183
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City RFD #1, Shelley
(c) Street Address or R.F.D. No. same
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 7 years - month - days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address RFD #1, Shelley

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Archie Johnson

5. Date of Birth (Month, day, year) 7/15/02

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph P. Johnson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna M. Peterson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) Dec 29, 1941 (Date received) (b) Clyde A. Bridges Actg (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna M. Peterson Johnson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Archie Johnson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Christina Uban (Name of attendant at birth), who attended said birth Is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna M. Peterson Johnson Signature
Marion Hotel, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of December, 1941.

(SEAL) Theodore H. Gathe, Jr. Notary Public, residing at Pocatello, Idaho
My Commission Exp. Febr. 15, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-104-004-867 327186

United States
Department of Commerce
Bureau of the Census

DEC 17 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 327186
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state Blackfoot, Ida.

**4. FULL NAME OF CHILD** Rea Hopkins Nielsen

**5.** Date of Birth of Child (Month, day, year) 1/4-1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Frantz Fredrick Nielsen
**11.** Color or Race White **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Brigham City, Utah (City or town) (State or foreign country)
**14.** Exact Occupation Painter & Paperhanger
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Maud Elizabeth Hopkins
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Trenton Utah (City or town) (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maud E. Nielsen (First name) (Last name) who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature Dr. Poynter M.D. Midwife Address 2911 Jennifer St. San Diego Calif Date 12-20-41

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Dr. D. Ow Poynter (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Nielsen Sr. Signature
717 Eastlake Ave. Salt Lake Utah P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941.
(SEAL) Geo. L. Crowther Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Maud E. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-118-006-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327209
Local Reg. No.
Reg. Dist. No.

Bureau DEC 18 1941

1. **PLACE OF BIRTH**
(a) County ~~Bonneville~~ (b) City Iona
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Iona
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Iona, Idaho

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Francis Levar Croft

5. Date of Birth (Month, day, year) 8-18-02

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 0

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Croft
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Walker
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Wales, England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Clyde A. Badger Actg (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Croft Keller, being first duly sworn, say that I am (Related to (or) acquainted with) Margaret Elizabeth Croft (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Rowberry (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret E Keller Signature
Iona Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of Dec, 1941

(SEAL) Eugene Olsen Notary Public, residing at Iona Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

128-116-004-289

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 327214
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Montpelier, Idaho

**3. RESIDENCE of FATHER** (city, state) Montpelier, Ida.

**4. FULL NAME OF CHILD** John Rudolph Ashliman

**5.** Date of Birth (Month, day year) June 16, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Rudolph Ashliman
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Berne (City or town) Switzerland (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Louisa Khiegi
**17.** Color or Race White **18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Zurich (City or town) Switzerland (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housekeeping

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Katherine (First name) Sizemore (Last name), who is related to this child as Older Sister (Mother, etc.)

**26.** (a) DEC 26 1941 (Date received) (b) Clyde A. Bridges Adm. (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Katherine Sizemore, being first duly sworn, say that I am Related (Related to (or) acquainted with) John Rudolph Ashliman (Name of person on certificate above) as Older Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bridges (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. C. Solum — Katherine Sizemore (Signature)
Georgetown, Idaho (P. O. Address)

Subscribed and sworn to before me on this 16 day of Dec 1941
(SEAL) Justice of the Peace Notary Public, residing at Georgetown Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-713-036-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327290
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Adam Kemuel Wolverton

5. **DATE OF BIRTH** (Month, day, year) Nov 13, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Wolverton

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace North Ogden Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Annie Mickelson

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Bloomington Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was live (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Wolverton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Dec 12 1941 (Date received) (b) G W Slater (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Nancy E. Bickstead (D.O., Midwife, etc.)
and address Preston Idaho Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 27 1941

## LOCAL REGISTRATION OF BIRTHS

JUN 5 1964

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEP 25 1967

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

652-130-003-251

United States
Department of Commerce
Bureau of the Census

DEC 19 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327291
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Bannock (b) City: Pocatello
(c) Street Address or R.F.D No.: ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: days.
In **THIS** county: 3 years 6 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Bannock
(c) City: Pocatello
(d) Street Address or R.F.D. No.: ✓
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.
(f) Mother's mailing address: Pocatello, Idaho
3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD:** George L. West
5. Date of Birth (Month, day, year): May 30, 1902
6. Sex: M.
7. Twin or Triplet: ✓ If so—born 1st, 2nd, 3rd: ✓
8. No. months of Pregnancy: 9 mo
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** James Emory West
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Overton County (City or town) Tenn (State or foreign country)
14. Exact Occupation: Railroad Shops
15. Industry or Business: Handy-man

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Maggie E. Seaman
17. Color or Race: White
18. Age at time of THIS birth: 26 years
19. Birthplace: Reedy County (City or town) West Va (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: ✓
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 3
(c) Born alive and now dead: 1 (d) Stillborn: ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 a. M. on the date and at the place stated above and that personal particulars were furnished by James Emory West (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) DEC 27 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Emory West, being first duly sworn, say that I am related (Father) (Related to (or) acquainted with) George L. West (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mollie David (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James Emory West Name
George L. West 825½ E. Driver P. O. Address Okla. City, Okla.

Subscribed and sworn to before me on this 15 day of Dec 1941

(SEAL) G. A. Burnett Notary Public, residing at Okla City

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

AUG 10 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed in the [illegible] of the Bureau of Vital Statistics for the purposes and upon [illegible] by Chapter 3, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate or affidavit stating reasonable grounds for belief, by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-116-014-313 3-2-3-84

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327304
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address: Caldwell R 3

3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD:** Ola Loyd Dickman

5. Date of Birth (Month, day, year): Sept 16 - 1907

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: 2nd

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME:** Henry Dickman Jr
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Eagle (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farm & Dairy
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Lyda Jane Calloway
17. Color or Race: white
18. Age at time of THIS birth: 22 years
19. Birthplace: Pueblo (City or town) Colo (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec 29 - 1941 (Date received) (b) Darwin H. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Elo Hall M.D. or ..... (D.O., Midwife, etc.)
and address Meridian Idaho Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lydia Oldaker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ola Loyd Dickman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hall (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Oldaker ..... Name
R 3 Caldwell ..... P. O. Address

Subscribed and sworn to before me on this 29 day of Dec 1941

(SEAL) ..... Notary Public, residing at Boise Ida

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT

STATE OF IDAHO }
County of Ada } ss

I, Lyda C. Oldaker, being first duly sworn, depose and state: That in making out birth certificate of my son, Ola Loyd Dickman, attached hereto, this 29th day of December, 1941, I made an error in showing date of birth of said Ola Loyd Dickman as being in the year 1903, and I hereby correct this certificate and record to show the correct year of said birth of the said Ola Loyd Dickman as 1902.

Lyda C. Oldaker

Sworn and subscribed to before me a Notary Public of the State of Idaho, this 29th day of December, 1941.

W. B. Coy

Notary Public
State of Idaho
Residing at Boise, Idaho
My Commission expires 7/4/45

867-26-022-897

327317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327317
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho.

**4. FULL NAME OF CHILD** Lee Hope

5. Date of Birth of Child (Month, day, year) 9/26/1902

6. Sex **Male**

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** William Edwin Hope
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sussex, (City or town) England (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farmer.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Jane Hibley
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Toole City, (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 39 years, and that Mrs. (First name) Walz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy J. Hale
Signature
141 East 2nd South St., Rexburg, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of December, 19 41.

(SEAL) [illegible] Clerk of District Court, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 30 - 1941 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1961

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-220-016-249 327322

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327322
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home -- days. IN **THIS** county 18 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Elba, Idaho

**3. RESIDENCE of FATHER** (city, state) Elba, Idaho

**4. FULL NAME OF CHILD** Mildred Mary Robinson

5. Date of Birth (Month, day year) May 20, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas H. Robinson
11. Color or Race American 12. Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Smith
17. Color or Race American 18. Age at time of THIS birth 42 yrs.
19. Birthplace Jefferson City, Cole County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) DEC 16 1941 (Date received) (b) (Mother, etc.) Mary M. Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Smith Robinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Mary Robinson (Name of person on certificate above) as mother, (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Parrish (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Smith Robinson Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of December, 1941
(SEAL) M. M. Eccles Notary Public, residing at Burley, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 0 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-120-036-753

327385

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** DEC 26 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Omelda

**1. PLACE OF BIRTH**
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. R.R.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Preston Idaho

**3. RESIDENCE of FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Preston William Hansen

**5.** Date of Birth (Month, day year) Aug-20-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Peter John Hansen
**11.** Color or Race
**12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Copenhagen (City or town) Denmark (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bena Peterson
**17.** Color or Race White
**18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Hyby (City or town) Denmark (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes
(c) Born alive and now dead 3 (d) Stillborn none

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

**26.** (a) DEC 26 1941 (Date received) (b) Mary H. Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bena (Peterson) Hansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Preston William Hansen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Allen Cutler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

× Bena Hansen Signature
1707 W 38th Place P. O. Address

Subscribed and sworn to before me ~~on~~ this 17th day of December, 1941
(SEAL) Arthur C. Clark Notary Public, residing at Los Angeles Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-120-029-652

United States
Department of Commerce
Bureau of Census

DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327395
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D. No. Cora P. O.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City In country
(d) Street Address or R.F.D. No. P. O. Cora, Ida
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address P. O. Cora, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Charles Albert Krasselt

5. Date of Birth (Month, day, year) Aug. 20, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Frederick Paul Krasselt | 16. FULL MAIDEN NAME Ella Rosetta Fessenden |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 27 yrs. | 18. Age at time of THIS birth 22 yrs. |
| 13. Birthplace Rossgen (City or town) Germany (State or foreign country) | 19. Birthplace Near East Portland, (City or town) Oregon (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housewife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ella Krasselt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mary T. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Rosetta Krasselt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Albert Krasselt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Augusta Leistner (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ella Rosetta Krasselt — Signature
Garfield, Washington — P. O. Address

Subscribed and sworn to before me on this 20th day of December 1941.

(SEAL) HARRY A. THATCHER, Ex-officio Auditor and Recorder
Notary Public, residing at Moscow, Idaho
By Rose E. Rawson Deputy.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-120022-212

327397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Market Lake (Roberts)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Market Lake (now Roberta)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** David Baker Carruthers

5. Date of Birth of Child (Month, day, year) Feb 20th 1902

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel S Carruthers
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace New Waterford (City or town) Ohio (State or foreign country)
14. Exact Occupation R. Way Agent + Druggest
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Luella Eva Baker
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Eddyville (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 39 years, and that Mr Lew Patrie (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Eva Carruthers Signature
155 So Hayes Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 20 day of December, 1941.

(SEAL) A B Chase Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mary H Eeles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327401
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days; IN **THIS** county 1910 years ~~X~~ month ~~days~~

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived ~~in Idaho~~? 7 yrs.
(f) Mother's mailing address Cottonwood

**3. RESIDENCE of FATHER** (city, state) Cottonwood

**4. FULL NAME OF CHILD** Ray E. Wolbert

5. Date of Birth (Month, day year) Feb. 17, 1902

6. Sex ☐ Twin or Triplet ☐ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Martin Wolbert
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace New Albany (City or town) Indiana (State or foreign country)
14. Exact Occupation Publisher
15. Industry or Business Newspaper publisher

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Elizabeth Swift
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ash Grove (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 1 M. on the date and at the place stated above, and that personal particulars were furnished by Ida E. Wolbert (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 17 1946 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida E. Wolbert, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Ray E. Wolbert (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida E. Wolbert Signature
1514 — 16th Ave. N. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 16th day of December 1946
(SEAL) J. Morris Chalfant Notary Public, residing at Seattle, Wash.

DEC 29 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 236-107-003-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327449
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bannock (b) City: Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 69 yrs.

**3. RESIDENCE OF FATHER** (city, state) [redacted]

**4. FULL NAME OF CHILD** Senior Felford Stoddard

**5.** Date of Birth of Child (Month, day, year) 7-7-1942

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** William Henry Stoddard
**11.** Color or Race White **12.** Age at time of THIS birth 22 yrs.
**13.** Birthplace Richmond Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Catherine Coffin
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Downey Idaho (City or town) (State or foreign country)
**20.** Exact Occupation House wife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Ellen Barger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Stoddard Signature
Salmon, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 41

(SEAL) W. S. Eakes Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mary Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BB 202 036766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

DEC 29 1941

State File No. 327462
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? always yrs.

**3. RESIDENCE OF FATHER** (city, state) Samaria Idaho

**4. FULL NAME OF CHILD** Elva Hill

5. Date of Birth of Child (Month, day, year) May 2, 1902

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick Hill
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Jane Powell Hill
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Samaria (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 – 15 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Tooele } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that Maria Morse (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Jane Hill — Signature
Tooele Utah — P. O. Address

Subscribed and sworn to before me this 27 day of Dec., 1941

(SEAL) David Bankhead — Notary Public, residing at Tooele Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp Mar. 1-1943

Received for filing on DEC 29 1941 by Mabel Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-214-030-653

327482

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

DEC 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Lemhi (b) City Near Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 10 years — month — days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Near Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Leadore, Idaho,

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Vera Bohannon

5. Date of Birth (Month, day year) Nov. 14, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jacob Grant Bohannon
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grundy County Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Harriet Ann Welch
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Marvin F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Attendant died about 1914 M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Bohannon, being first duly sworn, say that I am related (Related to (or) acquainted with) ..... (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Bohannon (Name of attendant at birth), who attended said birth died about 1914 (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Charles Bohannon ..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 20 day of December 19.....

(SEAL) Marvin N. Clark Notary Public, residing at Grantsburg Oregon

comm. expires 3/13/45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-110-025 419

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1941

State File No. 327491
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: IDAHO (b) City: MT. IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Benjiman Franklin Brown

5. Date of Birth (Month, day, year) Feb 10th 1902

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Franklin A Brown
11. Color or Race: WHT.
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Rosedale (City or town), Wis. (State or foreign country)
14. Exact Occupation: Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Florence MARLATTE
17. Color or Race: WHT.
18. Age at time of THIS birth: 29 years
19. Birthplace: Dayton (City or town), WASH. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 4
(c) Born alive and now dead: 1 (d) Stillborn: 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Jackson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lotty Bowman, being first duly sworn, say that I am Sister Related (Related to (or) acquainted with) Benjiman Franklin Brown (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bibby (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Lotty Bowman — Name
Jacksonville Oregon — P. O. Address

Subscribed and sworn to before me on this 18th day of December 1941

(SEAL) H. C. Michum — Notary Public, residing at Jacksonville Ore

My Commission Expires February 10, 1943

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

DEC 30 1941

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 159, [illegible])

Where the birth of a child born prior to the effective date of Chapter 191, 1931 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to that date, such [illegible] the Bureau of Vital Statistics [illegible] [illegible] [illegible]

243 127 029 665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

DEC 26 1941

State File No. 327499
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City near Troy
(c) Street Address or R.F.D. No. ---------
(d) Name of Hospital or Maternity Home: home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Troy, Idaho

**4. FULL NAME OF CHILD** John Theodore Sullivan

5. Date of Birth of Child (Month, day, year) Jan. 27, 1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Persons Rathburn Sullivan
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Clay County, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Isabell Owens
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Benton } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Dr. ~~Douglas~~ Douglas (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Persons Rathburn Sullivan Signature
Venita, Oregon P. O. Address

Subscribed and sworn to before me this 24th day of December, 1941

(SEAL) Fred McHenry Notary Public, residing at Corvallis, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Ex. 9/9/42

Received for filing on DEC 26 1941 by Mabel H. Eifler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

274 101 021495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

DEC 26 1941

State File No. 327515
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latha (b) City: Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latha
(c) City: Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Francis Aloisius Spuler

5. Date of Birth of Child (Month, day, year) Mar. 1st 1902

6. Sex Boy

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Herman Spuler
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Forchheim (City or town), Baden (State or foreign country), Germany
14. Exact Occupation Farming
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Caroline Dietrich
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Litschel (City or town), Moravia (State or foreign country), Austria
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 1 years of age, that I have known this person for 39 years, and that Dr. Chellen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Spuler Signature
Cheney Wash P. O. Address

Subscribed and sworn to before me this 1st day of December, 1941.

(SEAL) Notary Public, residing at Cheney Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mary H. Cupp, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1947

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-129 001154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327539
Local Reg. No.
Reg. Dist. No. 327539

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridian, Idaho

**4. FULL NAME OF CHILD** Cecil Anderson Pfost

5. Date of Birth of Child (Month, day, year) June 29th. 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Emmitt Pfost
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Butler, Bates County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bessie Margaret Anderson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Dr. George Haley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Margaret Pfost — Signature
Eagle, Idaho — P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941

(SEAL) O. E. Thomas — Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel H. Eeder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 102 020-666 327564

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

JAN 2 1942

State File No. 327564
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Elmore (b) City Rocky Bar
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Rocky Bar
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Same

**3. RESIDENCE of FATHER** (city, state) Rocky Bar, Id

**4. FULL NAME OF CHILD** Arthur Dickerson Golden

**5.** Date of Birth (Month, day year) April 2, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Arthur Byron Golden
**11.** Color or Race White **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Red Warrior, Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Owner
**15.** Industry or Business General Merchandise Store

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Elma Wootan
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Atlanta, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business -

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead - (d) Stillborn -

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

**26.** (a) JAN 2 1942 (Date received) (b) [illegible] (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ada P. Browne, being first duly sworn, say that I am related to. (Related to (or) acquainted with) Arthur Dickerson Golden (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mather (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada P. Browne Signature
1702 W. 16. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 1942
(SEAL) [illegible] Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1966

JAN 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-25104-235

327601

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Emmett, Idaho

**4. FULL NAME OF CHILD** Hjalmar Alexander Johnson

5. Date of Birth of Child (Month, day, year) 1/25/02

6. Sex Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Emil Johnson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Gerby (City or town) Korsholm, Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Olivia Sten
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bole (City or town) Korsholm, Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that Mrs. (First name) Sloan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emil Johnson
Signature

P. O. Address

Subscribed and sworn to before me this 26th day of Dec, 1941.

(SEAL) T. D. Lehely Notary Public, residing at Everson, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel B. Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-14-022-315

327618

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 12 1941

FEB 29 1947

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby
(d) Street Address or R.F.D.No. 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Rigby, Idaho

**3. RESIDENCE of FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Avalon Alva Adams

**5.** Date of Birth (Month, day year) 4-14-1902

**6.** Sex male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| **10.** FULL NAME Daniel Hanmer Adams | **16.** FULL MAIDEN NAME Rebecca A. Tanner |
| **11.** Color or Race white **12.** Age at time of THIS birth 47 yrs. | **17.** Color or Race White **18.** Age at time of THIS birth 36 yrs |
| **13.** Birthplace Salt Lake City, Utah. (City or town) (State or foreign country) | **19.** Birthplace Salt Lake City, Utah (City or town) (State or foreign country) |
| **14.** Exact Occupation Farmer | **20.** Exact Occupation House wife |
| **15** Industry or Business Farming | **21.** Industry or Business Farming |

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) DEC 12 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

X I, Lydia S. Freeman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Avalon Alva Adams (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Paxton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia S Freeman Signature
RFD #5 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of December, 1941

(SEAL) Lawrence Crowley Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

FEB 12 1973

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

622-125-022-964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

DEC 29 1941

State File No. 327619
Local Reg. No.
Reg. Dist. No.

Fremont

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Jefferson~~ (b) City #2 Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Alfred Oscar Ossmen

5. Date of Birth of Child (Month, day, year) May 25, 1902.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** August William Ossmen
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Stockholm, Sweden. (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business Farmer.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth P. Romrell
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ogden, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 39 years, and that Dr. G.C.Paxton (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth P. Ossmen Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of December, 19 41
(SEAL) Beth P. Bennett Notary Public, residing at Rigby, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel H. Eifler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-420-035-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 327658
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 11 months 5 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Gifford, Ida

**4. FULL NAME OF CHILD** Haxland Clifford Markham

5. Date of Birth of Child (Month, day, year) April, 20, 1902

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Joshua Markham
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Marion County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Caroline Loper
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Benton County, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Mrs Cora Porter (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located). I further state that the facts [redacted] tificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 13[redacted] ssion Laws.

Mary C. Markham Signature
Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of December, 1941.
(SEAL) Frank E. Flynn Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2-1942 by Mabel H. Geeslen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-128-003-845

327669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Since 1888 yrs.

**3. RESIDENCE OF FATHER** (city, state) McCammon, Ida.

**4. FULL NAME OF CHILD** Elmer Goodenough

5. Date of Birth of Child (Month, day, year) Apr. 28, 1907

6. Sex Male

7. Twin or Triplet - If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Goodenough
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Carson City, Nevada (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna May Hunter
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Soda Springs Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 12

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that Sarah Francis (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(McCammon, Idaho)
Signature
William Goodenough
P. O. Address

Subscribed and sworn to before me this 26 day of December, 1941.

(SEAL) Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2 - 1942 by Maud T. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-103-028-545

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 327678

# CERTIFICATE OF BIRTH

DEC 29 1941

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Lost Bay
(c) Street Address or R.F.D. No. country
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Loffs
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Loffs,

3. **RESIDENCE of FATHER** (city, state): Loffs, Ida.

4. **FULL NAME OF CHILD** Kennith Jurial Miller

5. Date of Birth (Month, day, year) March 3, 1902

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jurial Miller
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Holt County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jennie Emerson
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife,
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 p M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) DEC 29 1941 (Date received) (b) Maud H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** dead M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Wilkins, being first duly sworn, say that I am Kennith Jurial Miller (Related to (or) acquainted with) (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that don't remember (Name of attendant at birth), who attended said birth now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jennie Wilkins Signature

Tekoa, Washington P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1941

(SEAL) J. D. McMannis UNITED STATES COMMISSIONER Notary Public, residing at Residing at Tekoa, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

## DELAYED REGISTRATION LAW

(1907 Session Laws, Chapter 130, Section 5)

Where the birth of a child born prior to the effective date of Chapter 130, 1907, Session Laws, has not been recorded, or in case of failure to report any birth within [illegible] days after the date of birth, the report may be received and filed by the local registrar for record in the Bureau of Vital Statistics, [illegible] and prescribed in Chapter 2, Title 32, [illegible] Laws, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if either father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312/15-025-855

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** DEC 29 1941

STATE OF IDAHO

State File No. 327683
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County IDAHO (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 25 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City GRANGEVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Approx 25 yrs.
(f) Mother's mailing address GRANGEVILLE IDAHO

**3. RESIDENCE of FATHER** (c) City GRANGEVILLE (d) State IDAHO

**4. FULL NAME OF CHILD** Frank Lawton Castle

5. Date of Birth (Month, day year) Nov. 15-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Levi Castle
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Springfield (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ANNA Belle Henley
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace NEOSHO (City or town) KANSAS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Levi Castle (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) DEC 29 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature XX M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of IDAHO } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Levi Castle, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Frank Lawton Castle (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. B Ibby (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Levi Castle X Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of December, 19 41
(SEAL) [signature] Notary Public, residing at Grangeville Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

AUG 29 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-108-026-776

327701

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 3 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327701
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home no, in home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
In THIS county 8 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jefferrson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Rigby-1, Idaho
3. RESIDENCE of FATHER (city, state): Rigby, Idaho

4. FULL NAME OF CHILD Richard Leslie Howe
5. Date of Birth (Month, day, year) Aug.8th,1902.
6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd 4
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME William Turner Howe
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Murray, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer-stockman.
15. Industry or Business farmer -stockman

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Kate Prophet
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Willard, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JAN 3 1942 (Date received) (b) Marvel H. Eller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Kate Howe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Leslie Howe (Name of person on certificate above) as I am his mother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G.C.Paxton (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Margaret Kate Prophet Howe Signature
Rigby-1, Idaho. P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 19 42

(SEAL) Basil R. Kennedy Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

# DELAYED REGISTRATION LAW

(See Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of the 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be prepared and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or the father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

LIBRARY

793 113-016-793

327720

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 5 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327720
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Howard Oliver Pickett

5. Date of Birth of Child (Month, day, year) Dec. 13, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Oliver B. Pickett
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lake Town, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ammar E. Pickett
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Junction City La. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum XXXXXXX

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 39 years, and that Sarah (First name) Marcus (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard E. Hall — Signature
Burley Idaho — P. O. Address

Subscribed and sworn to before me this 5th day of Jan, 1942.

(SEAL) C. N. Jackson Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mary H. Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

14 1957

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262 118 036863

United States
Department of Commerce
Bureau of the Census Oneida

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

DEC 31 1941

State File No. 327773
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Franklin~~ (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Robert Lavon Bosworth

5. Date of Birth of Child (Month, day, year) 3/18/02

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Bosworth
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Morgan Co. (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Hollingsworth
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Preston, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature not known Mid wife M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all life years, and that midwife (First name) (Last name), who attended this birth is dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Bosworth Signature
Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 27 day of Dec., 1941.

(SEAL) H B Redford Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel T Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294120035457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327779
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Slo.
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Slo — Craigmont
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same.

**4. FULL NAME OF CHILD** Valance Elby Sims

5. Date of Birth of Child (Month, day, year) 2-20-1902

6. Sex Male. 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st. 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Walter P. SIMS
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Springfield Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Isabelle Medley
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace State of Miss. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nil

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 34 years, and that Dr. Lenz — Dec'd (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle Sims Signature
Clearwater, Washington P. O. Address

Subscribed and sworn to before me this 29 day of Dec. 1941

(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Maud Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

FEB 9 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327801
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Helen Margaret Waters

5. Date of Birth of Child (Month, day, year) 10-22-1902

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** John Hamilton Waters.
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Harrisburg (City or town) Ore. (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Love Reese
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Mary Creek (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 8:45 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for ..... years, and that W. L. (First name) Loder, M.D. (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Love Waters. Signature

P. O. Address

Subscribed and sworn to before me this 29 day of December, 19 41.

(SEAL) Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Marel Hebeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO JAN 3 1942

State File No. 327832
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 4 days 28

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Blaine.
(c) City Corral, Idaho, nearest town.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Corral, Idaho.

**4. FULL NAME OF CHILD** William L. Card.

5. Date of Birth of Child (Month, day, year) 4-28-1902.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 6th.

8. No. months of Pregnacy 9

9. Legitimate? 9.

**FATHER OF CHILD**

10. **FULL NAME** Byron Card.
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Eau Claire, (City or town) Wisconsin. (State or foreign country)
14. Exact Occupation Mining Laborer
15. Industry or Business Miner.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Miss Carrie Koontz
17. Color or Race White.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Sioux City, (City or town) Iowa. (State or foreign country)
20. Exact Occupation Farming.
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Koontz (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address 4024 Arizona St San Diego Calif. Date 12-15-41

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Marvel H. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 2 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327848
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

**3. RESIDENCE OF FATHER** (city, state) (New dead)

**4. FULL NAME OF CHILD** Gennella May Hinkley (~~Twin~~ ~~Triplet~~ Singer)

5. Date of Birth of Child (Month, day, year) Dec 20 - 1902

6. Sex female

7. ~~Twin~~ or ~~Triplet~~ If so born (1st) 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Fred M. Hinkley
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace New York City (City or town) New York (State or foreign country)
14. Exact Occupation farming (now dead)
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary L. Hinshaw
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Omaha (City or town) Kansas (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Dr. (First name) Green (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Cake Signature
Coeur d'Alene, Idaho Rt #3 P. O. Address

Subscribed and sworn to before me this 30 day of December 1941
(SEAL) [illegible] Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Maurice H. Geldner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 19
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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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DEC 26 1941

United States
Department of Commerce
Bureau of the Census

(Be sure that information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327872
Local Reg. No. 187
Reg. Dist. No. 410

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

**3. RESIDENCE OF FATHER** (city, s Gannett, Idaho

**4. FULL NAME OF CHILD** Hiram Preasley Allred

5. Date of Birth of Child (Month, day, year) 3-1-1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Allred
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Gunnison (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rinda Thomason
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boone Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGno3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rinda Allred (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature R. L. Nourse M.D. ~~Midwife~~ Address Boise Idaho Date Dec 22/41

State of Idaho } ss.
County of Blaine }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Robert L. Nourse (First name) (Last name), who attended this birth is now living in Boise (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rinda Allred Signature
Gannett, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of December, 1941
(SEAL) R. H. McCoy Notary Public, residing at Hailey Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-1-1941 by Robert H. Wright, Registrar.

DEC 26 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 7 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days. Approx.
In THIS county 1 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1½ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD Carl Elmer Anderson
5. Date of Birth (Month, day, year) May 22 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Carl Peter Anderson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Industry

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Augusta Johnson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dalsland (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Dec 8 - 1942 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Anderson, being first duly sworn, say that I am Relative (Related to (or) acquainted with) Carl Elmer Anderson (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura Anderson Signature
211 Mansfield Kenmore Mich. P. O. Address

Subscribed and sworn to before me this 3 day of January 1942

(SEAL) L. Deeby Notary Public, residing at Long Beach Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

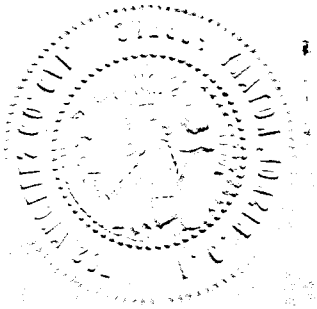
JAN 8 1942

JAN 13 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 327913
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Neely
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Neely
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Neely, Idaho

**4. FULL NAME OF CHILD** Golden Morgan

5. Date of Birth of Child (Month, day, year) Sept. 8, 1902

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Thomas Morgan
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lavina Ross
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Provo Canyon (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 39 years, and that Cynthia (First name) Walker (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Morgan Radford Signature
Idaho Falls, Idaho, R.F.D. #5 P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941

(SEAL) [illegible] Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327923

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Theodore Roosvelt Kent | | | 2. Date of Birth (month) July (day) 18, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Bonners Ferry |
| **FATHER** | 6. Full Name of Father: Andrew Jackson Kent | | | 7. State or Country of Father's Birth: Wisconsin |
| **MOTHER** | 8. Full Maiden Name of Mother: Nellie Eliza WELCH | | | 9. State or Country of Mother's Birth: Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Theodore Roosevelt Kent | | 11. Present Address of Registrant: 1417 South Jefferson Spokane Wn |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 7 19 62 | 12. Signature of Notary: George W. Dow | | 13. Notary Commission expires: July 18 19 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding School Census Reports-Bonners Ferry, | By whom issued and signed: H.M.Aldridge,Clerk,Class A School Dist. No.101, | Date Issued: Feb. 2, 1962 | Date Orig. Entry: School Census Sept 6, 1915 |
| | Date of Birth: Age 13 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: A. J. Kent | |
| **SUPPORTING RECORD 2.** | Type of Document: U. S. Census Record | By whom issued and signed: Bureau of the Census Washington 25, D.C. | Date Issued: March 19, 1962 | Date Orig. Entry: Census of Jan 1, 1920 |
| | Date of Birth: Age 17 / Birth Place: Idaho | Full Name of Mother: Nellie E. Kent | Name of Father: Andrew J. Kent | |
| **SUPPORTING RECORD 3.** | Type of Document: Petition for Degree Certified thermofax copy of Lodge record | By whom issued and signed: Lodge #43,Bonners Ferry Idaho, John Hanson,A.F.Howe | Date Issued: --- | Date Orig. Entry: Feb 11, 1925 |
| | Date of Birth: July 18, 1902 / Birth Place: Bonners Ferry, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: bf Joyce B. Foltz | Date Filed: April 12, 1962 |

FORM BH 56067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 327923
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Kootenai (b) City: Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery; IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Kootenai
(c) City: Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bonners Ferry

**4. FULL NAME OF CHILD** Theodore Roosevelt Kent

5. Date of Birth of Child (Month, day, year) July 18 1905

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Andrew Jackson Kent
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Ascola (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Lumbering

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Eliza Kent
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace The Dalles (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boundary } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 70 36 years, and that Dr. (First name) Bishop (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie E. Kent — Signature
Bonners Ferry Idaho — P.O. Address

Subscribed and sworn to before me this 23rd day of January, 1942

(SEAL) J. W. Reid — Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Maud H. Eccles, Registrar.

APR 17 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 3 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE ~~OF IDAHO~~

State File No. 327945
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County KOOTENAI (b) City GEM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City GEM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address GEM, IDAHO.

**3. RESIDENCE of FATHER** (city, state) GEM, IDAHO.

**4. FULL NAME OF CHILD** JOHN FRANCIS SAMPSON

**5.** Date of Birth (Month, day year) JULY 5 1902

**6.** Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** JOSIAH SAMPSON.
**11.** Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace PLYMOUTH (City or town) ENGLAND (State or foreign country)
**14.** Exact Occupation MINER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** NELLIE SULLINE
**17.** Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace IRELAND (City or town) County Mayo (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5 (c) Born alive and now dead 3 (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by MAE McHUGH (First name) (Last name), who is related to this child as SISTER (Mother, etc)

**26.** (a) JAN 3 1942 (Date received) (b) [signature] (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of MONTANA
County of SILVER BOW } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Francis Sampson, being first duly sworn, say that I am ..... (Related to (or) acquainted with) John Francis Sampson (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Cannot Be Located (~~Is now deceased~~ (or) cannot be located) and that this birth **has not been previously recorded.**

John Francis Sampson Signature
1034 A. Mayflower Col P. O. Address

Subscribed and sworn to before me on this 27th day of December 19 41.
(SEAL) Charles Burgan Notary Public, residing at Butte, Mont.
My Comm. Expires - Jan-24-1943

JAN 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 5 1942

United States 962-206 (Be sure the information is as of date of birth of THIS child) State File No. 328014
Department of Commerce 035859 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Edith Irene Robinson

5. Date of Birth of Child (Month, day, year) Aug. 6, 1902.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Robinson
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Heiney
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Rachel (First name) Heiney (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Robinson Signature
619-4th Avenue Lewiston P. O. Address

Subscribed and sworn to before me this 17 day of December, 1941.
(SEAL) Philip Meisgeier Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho, see Sec. 21-814, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel Hecker, Registrar.
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

United States
Department of Commerce
Bureau of the Census 669 228 016 714

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 328074
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Albion Ida

**4. FULL NAME OF CHILD** Hazel Florence Workman

5. Date of Birth of Child (Month, day, year) Dec. 28th 1902

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Workman
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Cherry Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Essie Maude Paden
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Morehead (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living three

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Essie M. Workman (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Mineral } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Mrs. Blanche Elliott (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Essie Maude Smith Signature
Hawthorne Nev. P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 42
(SEAL) W. T. Baker Notary Public, residing at Hawthorne Nev
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires February 27, 1942

Received for filing on JAN 6 1942 by Mabel N. Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942 328082

United States 259-223- 044-719. (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. /
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. /
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

**3. RESIDENCE OF FATHER** (city, state) Midvale Idaho

**4. FULL NAME OF CHILD** Lucy Agnes Keithly

5. Date of Birth of Child (Month, day, year) Feb. 23-1902

6. Sex Female 7. Twin or — Triplet — If so—born — 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Walter Griffin Keithly.
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Denison (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Edith Jane Garland
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace ? (City or town) Missouri (State or foreign country)
20. Exact Occupation Farm, House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Wash. }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Griffin S Keithly (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter G Keithly Signature
Midvale, Ida. P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941.
(SEAL) O. H. Sayles Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel H. Geller, Registrar.

JAN 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

United States 391-226-
Department of Commerce 306 219
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328090
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bingham Co. Idaho

**4. FULL NAME OF CHILD** Agnes Elizabeth Craig

5. Date of Birth of Child (Month, day, year) Aug. 6, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Arthur Craig
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Jackson County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Kittie Haines
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mt. Pleasant, (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years, and that Dr. J. H. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Kittie Craig ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942

(SEAL) Samuel Walker ..... Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp.: 3-15-45

Received for filing on JAN 7 1942 by Marvel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942 954 713 028-4133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328104
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Athol, Idaho

**4. FULL NAME OF CHILD** Charlie John Remington

5. Date of Birth of Child (Month, day, year) Oct. 13, 1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Otto Remington
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kansas (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Helen A. McTavish
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Buckhorn, Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Chelan } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Dr. Franz Wentz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Helen A. McTavish Remington Signature

Rt. 4, West Fifth St. Wenatchee, Wash. P. O. Address

Subscribed and sworn to before me this 3 day of January, 19 42

(SEAL) Nora Williams Notary Public, residing at Wenatchee, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel M. Eelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328176

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328176
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Homedale
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Homedale
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

**3. RESIDENCE OF FATHER** (city, state) Homedale Idaho

**4. FULL NAME OF CHILD** Jerry Le Roy Jensen

5. Date of Birth of Child (Month, day, year) November 15, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Martin Jensen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Rolke (City or town) Denmark (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mattie Orr Jensen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rock Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Dr. A. F. Isham, Dec'd. — Midwife — Address — Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, [redacted] and that Elizabeth Orr (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Jensen — Signature
Caldwell Idaho — P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942.
(SEAL) Fred Lille — Notary Public, residing at Caldwell Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 10 - 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328213
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Walter Read York

5. Date of Birth of Child (Month, day, year) 6/9/1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Lem A. York
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lewiston, Maine (City or town) (State or foreign country)
14. Exact Occupation Newspaper publisher
15. Industry or Business Owyhee Avalanche

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catherine Brady
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that Dr. W. R. Hamilton (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. T. Fort — Signature
1515 N. 20th, Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 18th day of December, 1941.

(SEAL) Karl W. Bonham — Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12-1942 by Mabel H. Euler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 7 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328345
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Madison~~ (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg Fremont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

**4. FULL NAME OF CHILD** Lorimer Daniel Allen

5. Date of Birth of Child (Month, day, year) Aug 23 1902

6. Sex Male

7. Twin or Triplet XXX If so—born 1st, 2nd, 3rd XXX

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Harry Allen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation R.R. Station Agent
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Lorimer
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Corinne (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Sarah Lorimer (my mother) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Lorimer Allen Signature
Tremonton, Utah P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942.

(SEAL) James Brough Notary Public, residing at Tremonton, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My comm exp 10-5-1945

Received for filing on JAN 7 1942 by Mabel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 9 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942

328359

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

**4. FULL NAME OF CHILD** Bonny Franklin Bardsley

5. Date of Birth of Child (Month, day, year) May 13, 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John L. Bardsley
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Madison Co., Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Susan Josephine Parker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Reynolds Co. Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canoyn } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years, and that Dr. A. F. Isham (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L Bardsley
Signature

502 Blaime St. Caldwell, Idaho
P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires-10-5-45

Received for filing on JAN 12 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328360
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Lemhi (b) City: Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Lemhi
(c) City: Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Gibbonsville, Ida.

**4. FULL NAME OF CHILD** Frances Irene Bauer

5. Date of Birth of Child (Month, day, year) 3/25/02

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Bauer
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace (City or town) Bavaria (State or foreign country) Germany
14. Exact Occupation Baker
15. Industry or Business Bakery

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Theresa Stanglmayer
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace (City or town) Bavaria (State or foreign country) Germany
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 39 years, and that Mrs. George Hughes (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. R. C. Hunter Signature

Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of November, 1941

(SEAL) L. Dans Notary Public, residing at Cosmo Alameda

(Notes Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES AUG. 20, 1945

Received for filing on JAN 12 1942 by Mabel H. Eifler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1964

JAN 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-296065-386

JAN 7 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 328371
Local Reg. No.
Reg. Dist. No.

DEC 22 1941

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bannock (b) City: Pocatello
(c) Street Address or R.F.D. No. 455 So. Cleveland
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Pocatello
(d) Street Address or R.F.D. No. 455 So. Cleveland
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida

**4. FULL NAME OF CHILD** Lillian Catherine Reeves

5. Date of Birth of Child (Month, day, year) March 6, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Thomas Reeves
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Ballard County Kentucky (City or town) (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business " " "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jane (Jennie) Thurston Thomas
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Carlisle County Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 8
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 39 years, and that Dr. H B (First name) Castle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires April 9, 1943

(Mrs) Jean Glenn Shea — Signature
15 So 3rd E. Salt Lake City Utah — P. O. Address

Subscribed and sworn to before me this 12th day of December, 1941.

(SEAL) Olga R. Zottem — Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Muriel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Ida 113 207 885

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Blaine (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Colorado (b) County Teller
(c) City Victor
(d) Street Address or R.F.D. No. 615 Victor Av.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Victor, Colo

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Arthur Vernon Akin

5. Date of Birth (Month, day year) Aug. 13, 1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George W. Akin
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fayettville (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Jane Hynes
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kansas City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead No (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 12:00 A.M. on the date and at the place stated above and that personal particulars were furnished by George W. Akin (First name) (Last name), who is related to this child as Father (Mother, etc.)
26. (a) Jan 16-1942 (Date received) (b) Maud Fielder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature George W Akin (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 8th day of Jahuary, 19 42

(SEAL) ..... Notary Public, residing at Victor, Colo.

My Commission Expires April 11, 1944

JAN 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 162 122035 713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 328541
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City P.O. Lenore
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: On Farm near Lenore
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Post Office, Store, Lenore
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Lenore, Idaho

**4. FULL NAME OF CHILD** Courtney Andrew Johnston

5. Date of Birth of Child (Month, day, year) May 2nd, 1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Herbert Johnston
11. Color or Race White Eng. & Irish
12. Age at time of THIS birth 39 yrs.
13. Birthplace Boston, Mass (City or town) (State or foreign country)
14. Exact Occupation Part time mechanical engineer
15. Industry or Business and part time farmer. ~~Farming & fruit grower~~

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minie Gertrude Patterson
17. Color or Race White French & Irish
18. Age at time of THIS birth 30 yrs.
19. Birthplace Napinee, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife on farm
21. Industry or Business Housewife on farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Anna Loudge (First name) (Last name), who is not related to this child as father, mother, 2 brothers, 1 sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Now dead 20 years Date Died 1921

State of Washington, County of Spokane, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that Anna Loudge (First name) (Last name), who attended this birth been dead for 20 years (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Herbert Johnston Signature

606 S. Arthur, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 6th day of January, 19 42.

(SEAL) Bernard A. Hanson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Marvel H. Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

JAN 19 1942

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 6 years — month — days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D.No. None
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Kellogg, Idaho

**3. RESIDENCE of FATHER** (city, state) Kellogg, Idaho

**4. FULL NAME OF CHILD** Eva Mae Bingham

5. Date of Birth (Month, day year) May 23, 1902

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd None

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Charles A. Bingham
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Springfield, Missouri (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Burlen Hill & Gulch

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary E. Burden
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Moscow, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E. Bingham, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eva Mae Bingham (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. J. Fischetto (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. Bingham, Signature
Post Falls, Idaho, P. O. Address

Subscribed and sworn to before me on this 30th day of July 1941

(SEAL) [signature] Notary Public, residing at Coeur d'Alene, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

DEC 29 1941

State File No. 28639
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kooskia, Idaho

**4. FULL NAME OF CHILD** Frank Ernest Kidder

5. Date of Birth of Child (Month, day, year) October 21-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edwin E. Kidder
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Deer River (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Hope Wikoff
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Palouse (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that ~~Frank Ernest Kidder~~ (First name) E. E. Kidder (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earl Gamer Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 27 day of December, 19 41.
(SEAL) F. Clukey Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Maud H. Eelles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-112-022-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 328649
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Kenneth Earl Stephens

5. Date of Birth of Child (Month, day, year) 5/12/02

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Hyrum Smith Stephens
11. Color or Race white
12. Age at time of THIS birth 62 yrs.
13. Birthplace Nauvoo, Illinois (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Elizabeth Wardle
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Lankshire (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 13

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Joseph F. Stephens (First name) (Last name), who is related to this child as brother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Hattie Davidson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph F. Stevens — Signature
Rexburg, Idaho — P. O. Address

Subscribed and sworn to before me this 12th day of January, 1943.

(SEAL) D. O. Stanwell — Notary Public, residing at Rexburg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 1 [illegible] by Maud T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 203 028 633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328702
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Kootenai (b) City: Coeur d'Alene
(c) Street Address or R.F.D. No.: Main St.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Kootenai
(c) City: Coeur d'Alene
(d) Street Address or R.F.D. No.: Main St.
(e) How long has **MOTHER** lived in Idaho? 1 yr.

**3. RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

**4. FULL NAME OF CHILD** Hazel Mary Zilch

5. Date of Birth of Child (Month, day, year) May 3, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Fred Zilch
11. Color or Race: White
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: Manitowoc (City or town), Wisconsin (State or foreign country)
14. Exact Occupation: Painter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Otto
17. Color or Race: White
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Shawano (City or town), Wisconsin (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Do not know.

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Zilch (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Cavanaugh (First name) (Last name) who attended this birth is now deceased (~~Is now deceased~~), or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Zilch Signature
2159 W. 73 St. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942.

(SEAL) Lorne R. Brannum Notary Public, residing at 1934 W. Florence Los Angeles, Calif.

My Commission expires February 2, 1945

(Note: Perjury is punishable as a felony in Idaho, Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Marion H. Gulser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942

United States 635-211 029 (Be sure the information is as of date of birth of THIS child) State File No. 328763
Department of Commerce 253 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow.
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow.
(d) Street Address or R.F.D. No. R.F.D No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho.

**4. FULL NAME OF CHILD** Clara Otness

5. Date of Birth of Child (Month, day, year) June 11, 1902.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Robert Otness
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Christiansund, Norway. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Christina Sether
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Jackson, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Latah. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Mrs. (First name) Potter (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Otness Signature
522 S. Monroe, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 19 42.
(SEAL) Adrian Nelson ary Public, residing at Moscow, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Ic Code Annotated.)

Received for filing on JAN 12 1942 by Myrtle E. Eckelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 129040 294

328791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 140

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. P.O. Box 111
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address (For registration notice): P.O. Box 111 (Street or R.F.D.) Wallace (Postoffice) Idaho

3. RESIDENCE OF FATHER (city, state) Record

4. FULL NAME OF CHILD James Benjamin Thomas

5. DATE OF BIRTH (Month, day, year) Dec 29, 1902

6. Sex Son (male)

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Stanley Thomas

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Jone (City or Town) Nevada (State or foreign country)

14. Exact Occupation Miner

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Emilie Brunner

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Lincoln (City or Town) Nebraska (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Sophie Thomas (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan 11-42 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Mrs Cecilia McDonald M.D. (D.O., Midwife, etc.)
and address W 578 Montgomery Date Spokane.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 1 1942

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

386-119-025-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 15 1942

State File No. 328802
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City Tolo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Tolo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Dead

4. FULL NAME OF CHILD Marvin Ray Oliver Thompson
5. Date of Birth (Month, day, year) Apr. 17, 1902
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jess Baldin Thompson
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Athumwa (City or town) Iowa (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Emely Fehner
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Springfield (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 15 1942 (Date received) (b) Mord Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Silver Bow } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Malinda Emely Thompson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marvin Ray Oliver Thompson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Malinda Emely Thompson Signature
1307 Stewart Ave., Butte, Mont. P. O. Address

Subscribed and sworn to before me on this 12th day of November, 194[illegible]

(SEAL) Charles Brogan Notary Public, residing at Butte, Montana

Notary Public for the State of Montana
Residing at Butte, Montana
My Commission expires Jan. 24, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1959

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-127-028-194

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 328807
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Couer'd Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Couer'd Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Earl Oliver Sheffler

5. Date of Birth of Child (Month, day, year) Aug. 27, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jasper Ernest Scheffler
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Graceton, Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lydia J. Armstrong
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Ketterman, Missouri, Vernon Co. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmers

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 39 years, and that Dr. Frank Wenz (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia J. Sheffler ..... Signature
1407 W Second Ave., Spokane, Wash. ..... P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42

(SEAL) Frank E. Wade ..... Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Merl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1942

JAN 5 1968

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-214-025-413

328827

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home:
None. Farm home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. None.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kooskia, Idaho.

**4. FULL NAME OF CHILD** Ida Mae Sensney

5. Date of Birth of Child (Month, day, year) July 14, 1902.

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Wilford Sensney
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Nashville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mollie Maloy
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39½ years, and that Dr. Cora Alcorn (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilford Sensney — Signature
2407 W. Sharp, Spokane, Wash. — P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942.

(SEAL) E. J. Parker — Notary Public, residing at Spokane, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1973

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-121-001-389

**328841**

United States
Department of Commerce
Bureau of the Census

JAN 14 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise Ida
(c) Street Address ~~or R.F.D.~~ No. Jefferson (Don't Know)
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address ~~or R.F.D.~~ No. Jefferson-St.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Ida

**4. FULL NAME OF CHILD** Frank Child Dice

5. Date of Birth of Child (Month, day, year) Oct-21st 1902

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frank William Dice
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Topeka (City or town) Kansas-USA (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Gladys Child
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

We are

I, the undersigned, being first duly sworn, say that ~~I am~~ the Mother and Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 39 years, and that Dr W D Springer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Child Dice Frank William Dice Father Signature

P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942.

(SEAL) A. N. Larsen Notary Public, residing at Shoshone Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Maud E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-125-006-419

328844

United States Department of Commerce Bureau of Census

DEC 8 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bingham (b) City IRWIN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Place
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 40 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County Bingham
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address IRWIN

**3. RESIDENCE of FATHER** (city, state) IRWIN

**4. FULL NAME OF CHILD** Henery Enoch Butler

5. Date of Birth (Month, day year) July 25, 1902

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd 4 child

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Henery Butler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace IRWIN (City or town) South Springs (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

**MOTHER OF CHILD** Jones/Martin

16. **FULL MAIDEN NAME** Agnes
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) City Clerk (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Agnes Butler, being first duly sworn, say that I am related (Related to (or) acquainted with) to Henry Enoch Butler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth) who attended said birth (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Agnes Butler Signature
Pocatello P. O. Address

Subscribed and sworn to before me on this 1 day of December, 1941
(SEAL) Arthur Stimpson Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

FEB 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-120-235-764

United States
Department of Commerce
Bureau of the Census

DEC 23 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

JAN 15 1942

State File No. 328866
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Ilo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: none
IN **THIS** county 6 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce & Lewis
(c) City Ilo now Lenwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ilo, Idaho

**4. FULL NAME OF CHILD** William August Bovey, Jr.

5. Date of Birth of Child (Month, day, year) Aug. 20, 1902

6. Sex male

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William August Bovey
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa City (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer, stockman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ota May Poulson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Montpelier (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used at that time

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Mrs Eph Warren nurse (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ota May Bovey ..... Signature
Lenwood Idaho ..... P. O. Address

Subscribed and sworn to before me this 20 day of Dec, 1941.

(SEAL) Cargue Vaughn ..... Notary Public, residing at Lenwood Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 JAN 15 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-114-025-714

328869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO JAN 15 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Grangeville

**4. FULL NAME OF CHILD** Paul Warden

5. Date of Birth of Child (Month, day, year) March 14, '02

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Samuel Warden
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Ottumwe (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Loging (timber)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillian May Paul
17. Color or Race White
18. Age at time of THIS birth 15 yrs.
19. Birthplace Waitsburg, (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Samuel Warden — Signature
Rt. No. 3 Grangeville, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42.

(SEAL) Opal Jesse — Notary Public, residing at Grangeville, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mark E. Lodge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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986-117-029-853

328870

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO JAN 15 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. -----
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years ---months ---days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. ----------
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Juliaetta, Ida

**4. FULL NAME OF CHILD** Lester Lee Rhoads

5. Date of Birth of Child (Month, day, year) Feb. 17, 1902

6. Sex Male

7. Twin or Triplet -------- If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Chester B. Rhoads
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pilot Rock, Oregon. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Josephine Helm
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Harney } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Dr. Beck of Genesee, Ida. (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Josephine Helm Rhoads Signature
Burns Oregon P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942
(SEAL) Wm. M. Carroll, County Clerk ~~Notary Public, residing at~~ Harney County, Ore
By Curtis Smith, Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-114-040-841

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328891
Local Reg. No. 176
Reg. Dist. No. 141

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Black Cloud
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Black Cloud
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address (For registration notice):
P.O. Box 648 (Street or R. F. D.) Wallace Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pete Zanetti

5. Date of Birth (Month, day, year) Nov 14 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Pete Zanetti
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Brescia (City or Town) Italy (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Irene Quatini
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Brescia (City or Town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Irene Zanetti (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan-3-42 (Date received) (b) John A Bower (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Alice McFarren M.D. (D.O., Midwife, etc.)
and address Wallace Idaho Date Dec 30

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

MAR 3 1953

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

449-119-022255 328947 **328947**

United States
Department of Commerce
Bureau of the Census

JAN 21 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Eugene Lafayette Murphy

5. Date of Birth of Child (Month, day, year) August 19, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Herbert Lafayette Murphy
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) West Virginia (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Stella Josphine Benton
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Livesday (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Stella (First name) Murphy (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Stella Murphy M.D. Midwife Sharp Address Father Date 1/10/42

State of Idaho } ss.
County of Canyon }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert Lafayette Murphy Signature
Middleton Idaho P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942

(SEAL) A. L. Murphy Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-111-c 01-231 329009

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 329009
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No. 21 St Ridenbaugh
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No. 21 St Ridenbaugh
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Ralph Leland Paris

5. Date of Birth of Child (Month, day, year) Jun 11-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John Tillard Paris
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Murphysborough Tennessee (City or town) (State or foreign country)
14. Exact Occupation Livery & feed Stable
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Nancy Blades
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Billings Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living X

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Deceased (First name) Nancy Blades (Last name) who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Nancy Paris Signature
R.D. 4 Boise Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEAL) Florence LaDaire Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613-116-007-915

329015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 329015
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey 1 mile E
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: My own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey 1 mile east
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Elmer Waltz Fator

5. Date of Birth of Child (Month, day, year) Oct-16-1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Albert Fator
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Frostberg Md. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Edna Alice Ravenscraft
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Beatrice Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that ..... (First name) (Last name), who attended this birth Minerva Jones (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Alice Hall Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 42

(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Marvel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-117-208-344

329091

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 Months years.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Roy Edward New

5. Date of Birth of Child (Month, day, year) 9-17-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Loyd E. New
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Brown Co. Ill. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Christeany Ludrick
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ashland Co. Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Umatilla } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 39 years, and that Mrs. Bartlett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loyd E. New — Signature

Freewater, Oregon — P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942

(SEAL) E. Davis — Notary Public, residing at Freewater, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Maud F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

MAR 6 1963

MAR 24 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-116-004-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 329124
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Lincoln Street No. Number
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Lincoln Street
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

**4. FULL NAME OF CHILD** Hoover David Anderson

5. Date of Birth of Child (Month, day, year) May 16-1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** David Andrew Anderson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business Union Pacific R.R. Co.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillie Bell Ellis
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Perry County (City or town) Missouri R.F.D. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business At Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two. (b) Born alive and now living Two

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Dr C.A.Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis E Ellis Signature
454 So 9th, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Jan, 1942

(SEAL) Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my comm expires 9/19/1943

Received for filing on JAN 15 1942 by Mary E Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-993-11-8-028-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

JAN 15 1942

State File No. 329150
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lane, Idaho

**4. FULL NAME OF CHILD** Frank Riley

5. Date of Birth of Child (Month, day, year) Sept. 18, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frank H. Riley
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Montana (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Manda Martha Graf
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Rock Island (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that The Dr. (First name) (Last name), who attended this birth cannot be found (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frieda Lockinger — Signature
Nampa Idaho — P. O. Address

Subscribed and sworn to before me this 8th day of Jan., 1942

(SEAL) M. Russell — Notary Public, residing at Nampa Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-10-635-962

329175

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Lewis~~ (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~
(c) City Nez Perce Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Edward James Goda

5. Date of Birth of Child (Month, day, year) May 1, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William J. Goda
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business X

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Grace Rose
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace X (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 39 years, and that Dr. --- (First name) Cooper (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Goda Yates Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of January, 19 42

(SEAL) N. Nothnice Notary Public, residing at Grangeville-Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1937

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-108-035-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 329196
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: NezPerce (b) City: Idaho
(c) Street Address or R.F.D. No.: RFD #1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years ½ months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: NezPerce
(c) City: Gifford
(d) Street Address or R.F.D. No.: RFD #1
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**: Clarence Alvin Easter

5. Date of Birth of Child (Month, day, year): May 8m 1902

6. Sex: Male

7. Twin or Triplet: single If so—born 1st, 2nd, 3rd: 5

8. No. months of Pregnacy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME**: Levi Curtis Easter
11. Color or Race: White
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Bigelow, Missouri (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Clara Bell Brown
17. Color or Race: White
18. Age at time of THIS birth: 34 yrs.
19. Birthplace: Prairieburg, Iowa (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 39 years, and that Alice Easter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Bell Easter — Signature
Route 7, Yakima, Washington. — P. O. Address

Subscribed and sworn to before me this 12 day of January, 19 42.
(SEAL) Lorine J. Sheeley Notary Public, residing at Yakima, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-126-025-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 14 1942

State File No. 329212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Grangeville, Idaho
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Edward Thomas McClammahan
5. Date of Birth (Month, day, year) Feb. 26, 1942
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME William Martin McClammahan
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Realestate
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Sonwide
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Anna Utz (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Anna Utz Midwife. M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

**Where the birth of a child born prior to the effective date of Chapter 189, 1911 Session Laws, has not been registered, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon compliance in Chapter 2, Title 16, Code Annotated, [illegible] provided by a certificate of the attending physician [illegible] affidavits of the father or mother of the child, in [illegible] mother of the child is living or accessible, of the parent [illegible] guardian, or legal friend having direct knowledge of the premises.**

249-110-035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 329224
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Willie John Smith

5. Date of Birth of Child (Month, day, year) Nov. 10. 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Sherman Smith
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace San Luis Obispo (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eliza Lucinda Wilkes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Mrs. Wm. Eggert (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Eliza Wilkes Smith Signature
R. Box 36 A Clarkston Wash. P. O. Address

Subscribed and sworn to before me this 16 day of Jan., 1942
(SEAL) Burt C. Halsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Maurel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

SEP 9 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-114-020-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 329239
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Glenn's Ferry
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Calif. (b) County San Bernardino
(c) City Bloomington.
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Glenn's Ferry

**4. FULL NAME OF CHILD** Frank Chauncey Harmon

5. Date of Birth of Child (Month, day, year) Dec. 14, 1902

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Henry Harmon
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace La Cygne, Kansas (City or town) (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business Oregon Short Line

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mollie Denton
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Lathrop, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -0-

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 39 years, and that Not Known (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was in Glenns Ferry at the time of this birth.

Chas. D. Harmon Signature
2539 Patricia, Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me this 20 day of January, 1942

(SEAL) ..... Notary Public, residing at 10630 W Pico Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ..... Registrar.

JAN 23 1942

OCT 6 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

668-128-014-267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329245
Local Reg. No.
Reg. Dist. No.

Canyon

1. PLACE OF BIRTH
(a) County ~~Ada~~ (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 4 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County ~~ADA~~ Canyon
(c) City NAMPA
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): IDAHO

4. FULL NAME OF CHILD HENRY. B. WOYAK
5. Date of Birth (Month, day, year) MAY. 28. 1902
6. Sex MALE
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy 9
9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME BENEDIKT WOYAK
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace STEVENS. POINT (City or town) WIS. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME ALICE. BOGUSIEWICZ
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace POLAND (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Alice Woyak (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) Alice (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, x Mrs Alice Woyak, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HENRY. B. WOYAK (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. KOHLER (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs Alice Woyak ____ Signature
____ P. O. Address

Subscribed and sworn to before me on this 10 day of July 1941

(SEAL) D. W. Kurtz Notary Public, residing at Aloha Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

## [illegible] REGISTRATION [illegible]

[illegible]

Where the [illegible] of the [illegible] of [illegible] not [illegible] report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar or record in the Bureau of Vital Statistics for the purposes and uses prescribed in [illegible] Code Annotated, when [illegible] report [illegible] by a certificate of the attending physician [illegible] affidavits of the father or mother of the child, if living or responsible, of the mother, or kin or guardian, or some person having direct knowledge in the premises.

545-127.00-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 329260
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 731 E. State
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 731 E. State
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** George Harold Emerson

5. Date of Birth of Child (Month, day, year) 12/27/1902

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Albert Clawson Emerson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Delaware County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Campbell
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Newmains, Scotland (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 39 years, and that Dr. Haily (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Clawson Emerson — Signature
920 Brumback, Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942
(SEAL) Florence G. Baker — Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Maud E. Lyle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-117-836-847 JAN 27 1942 330386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330386
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at private home of parents
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years 7 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22+ yrs.

**3. RESIDENCE OF FATHER** (city, state) Samaria, Ida.

**4. FULL NAME OF CHILD** Eugene Hughes Anderson

5. Date of Birth of Child (Month, day, year) May 17, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Eugene Anderson
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wanship (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Charlotte Hughes
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address is now deceased Date

State of Idaho, County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Maria (First name) Morse (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene Anderson Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of January, 19 42

(SEAL) Edna L. Casey Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28

JUL 28 1948
MAR 30 1967
JUL 9 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-128-035-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO JAN 15 1942

State File No. 330413
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Lewis~~ Nez Perce (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Kamiah (Lewis)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state) Craigmont Idaho

**4. FULL NAME OF CHILD** Raymond Henry Seegers

**5.** Date of Birth of Child (Month, day, year) June 28 - 1902

**6.** Sex ✓ **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Carl Gregory Seegers ~~Raymond Henry Seegers~~
**11.** Color or Race W **12.** Age at time of THIS birth ..... yrs.
**13.** Birthplace Leipzig (City or town) Germany (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Agriculture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Barbara Hauch
**17.** Color or Race W **18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace San Francisco (City or town) Cal (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all his life ~~years~~, and that Mrs. James Carlisle (First name) (Last name), who attended this birth since deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Barbara Seegers Signature
Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942
(SEAL) Mae Lucille Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/13 1/12 - 040-994

330423

United States
Department of Commerce
Bureau of the Census

JAN 24 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wardner, Ida.

**4. FULL NAME OF CHILD** James Manford Matchette

5. Date of Birth of Child (Month, day, year) 1-12-02

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Franklin Pierce Matchette
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Anderson (City or town) Indiana (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Willette Zimmerly
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the step-mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Dr. Franklin P. Matchette (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rodie Grimes Signature
W 1129 Augusta Ave., Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 22 day of January, 19 42.
(SEAL) Robert N. Dunn Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Maurel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

298-220-007795

330470

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

JAN 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Blaine (b) City: Bellevue.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Blaine,
(c) City: Bellevue,
(d) Street Address or R.F.D. No.: R.FD
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho.

**4. FULL NAME OF CHILD** MARY ANNIE BRYDEN ~~[illegible]~~

5. Date of Birth of Child (Month, day, year) Feb. 20, 1902

6. Sex Female, 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John Warren Bryden
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace TIBO, Nevada. (City or town) (State or foreign country)
14. Exact Occupation Miner,
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** NAOMI ELLIS GRENFELL
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace ENGLAND (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California,
County of Los Angeles, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that Mary Davis, (First name) (Last name), who attended this birth now Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Naomi Ellis Bryden Signature
45 - Chestnut Ave Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 13 day of January, 1942

(SEAL) Ted R. Bebowes Notary Public, residing at LONG BEACH, CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Commission Expires Oct. 11, 1945

Received for filing on JAN 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

761-219-036-212

330489

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No. 189
Reg. Dist. No. 540 Oneida

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Franklin~~ (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 21 years 2 months 4 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~
(c) City Preston Oneida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Preston, Idaho

**4. FULL NAME OF CHILD** Grace Sabin Goaslind

5. Date of Birth of Child (Month, day, year) 12-19-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Goaslind
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Bar Tender
15. Industry or Business Saloon

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clara Sabin
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Preston, (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Goaslind (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Nancy Beckstead M.D. Midwife Address Preston Idaho Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 10 1942 by G. W. States, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

JUL 11 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

629-104-001-268

JAN 27 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330551
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Ada (b) City Boise, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Boise Idaho

**3. RESIDENCE of FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Joseph Henry Osier

5. Date of Birth (Month, day year) Dec. 4-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Oliver Osier
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie G. Boyer
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Metal Ag. Nos.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at — M. on the date and at the place stated above and that personal particulars were furnished by Joseph O. Osier (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 28 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John Boeck M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 1-26-42

State of ..... } ss.
County of ..... }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

JAN 27 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1971

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5°

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City or Weiser
No. E. 2nd & Commercial

JAN 27 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 330570

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frank Paul Nichols

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? X | 8. Date of birth Dec 10th 1902. (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name William Paul Nichols | 18. Full maiden name Annie Gertrude Chivrell |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Weiser | 19. Residence (usual place of abode) (If non-resident, give place and State) Weiser |
| 11. Color or race W. \| 12. Age at last birthday 30 (years) | 20. Color or race W \| 21. Age at last birthday 27 (years) |
| 13. Birthplace (city or place) (State or Country) ~~Lincoln~~ Colombus, Neb. | 22. Birthplace (city or place) (State or Country) Salt Lake City, Utah |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Man | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work 14 yrs, 19.... \| 17. Total time (years) spent in this work | 25. Date (month and year) last engaged in this work ....., 19.... \| 26. Total time (years) spent in this work |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed JAN 27 1942, 193.... [illegible]
Registrar.

Registrar.

MAR 3 1 1970

593-110-044-389

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington. } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Paul Nichols being first duly sworn says that

Frank Paul Nichols is the son (Relationship of child)* of himself

born Dec. 10th 1902 (Date of birth) at Weiser Idaho, Idaho,

whose certificate of birth is hereto attached, and that William Paul Nichols desires to have the said birth recorded under **Chapter 139—1927 Session Laws ~~of Idaho~~;** and affiant further states that the facts contained in the certificate of birth of the said Frank Paul Nichols

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife

medical attendant at the birth of said ..... and that

the said medical attendant is ..... (Now deceased (or) cannot be located)

X Name of Affiant William Paul Nichols

X P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 5 day of March, 19 41

Ter H Bunning
Notary Public.

Residing at Weiser, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

OCT 28 1944

154-130-029-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 22 1942

State File No. 330610
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. W. 3d St.
(d) Name of Hospital or Maternity Home: Deals res.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. 3 Wks.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy P.O.
(d) Street Address or R.F.D. No. 2.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Troy, (Rt. #2) Idaho
3. RESIDENCE of FATHER (city, state): Troy, Idaho.

4. FULL NAME OF CHILD Arval Lloyd Anderson
5. Date of Birth (Month, day, year) Sept. 30. 1922
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John August Anderson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace ..... (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lena M. (Mekolyn) Olsen
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Richland Co. (City or town) W. Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 22 1942 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena M. Anderson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Arval Lloyd Anderson (Name of person on certificate above) as His mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L.C. Gritman M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lena M. Anderson Signature
3315 Childs Ave Ogden Utah P. O. Address

Subscribed and sworn to before me on this 20 day of January, 19 42

(SEAL) Maurine Clifford Notary Public, residing at Ogden, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(Revised Laws, Chapter 105, Section 4)

Where the birth of a child has prior to the effective date of Chapter 104, 1911, Session Laws, not been recorded, or its name or fathers by report any birth which has occurred subsequent to such date, such report may be received and used by the local registrar for keeping in the Bureau of Vital Statistics the file prescribed in [illegible]

[illegible] of the father or mother, or if deceased, by the surviving [illegible] mother, or the child is living of competent [illegible] of the parent or guardian, or some person having direct knowledge of the [illegible]

763-120-036-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 230643
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Adelbert LeRoy Potter

5. Date of Birth of Child (Month, day, year) 2-20-1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Adelbert Leroy Potter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Ann Price
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Samaria (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that Mary Ann Reese (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ann Price P. Byington Signature
434 N. 1st West, Logan, Utah P. O. Address

Subscribed and sworn to before me this 20th day of Jnauary, 19 42
(SEAL) Leola Chester ~~Notary Public~~, residing at Soda Springs, Idah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-122-014-795 330659

United States Department of Commerce Bureau of the Census — JAN 28 1942 (Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330659
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Privet Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 1 days 18

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Emmett Ida

**4. FULL NAME OF CHILD** Jesse Taylor Green.

5. Date of Birth of Child (Month, day, year) 6-22-1902

6. Sex Male. 7. Twin or Triplet One If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Marion Green.
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Union Oregon. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Cattle Horses.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Myrtle Alice Green.
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace La Grande Oregon. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Cattle Horses.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle A. Green Harrison Signature

..... P. O. Address

Subscribed and sworn to before me this 28 day of January, 1942.

(SEAL) J. Moore Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-105 · 038-819 330667

United States JAN 29 1947
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330667
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City Near Emmett
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1213 Albany St.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Caldwell, Idaho.

**4. FULL NAME OF CHILD** Beryl Franklin Bach

5. Date of Birth of Child (Month, day, year) Dec. 5, 1902

6. Sex M

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Leo Worthington Bach
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace Near Oakley, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Sheep raising.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cora Hartkopf
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fredricktown, (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Dr. Leder (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cora H. Bach Signature
1901 Fillmore St. Caldwell, Idaho. P. O. Address

Subscribed and sworn to before me this 28th day of January, 1942
(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-12-2 44-219 330701

United States
Department of Commerce JAN 31 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330701
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born on the Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Meadows, Ida.

**4. FULL NAME OF CHILD** Henry Peter Myers

5. Date of Birth of Child (Month, day, year) May 24, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Elijah Henry Myers
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maryann Iona Karleskint
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 40 years, and that Mrs. Tommy Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Taylor Smith — Signature
425 Jefferson St., Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942.

(SEAL) Laura Martin, Jr. — Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 854-113-006-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330726
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. No. 2
(d) Name of Hospital or Maternity Home:
Don't Remember
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1½ years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Lachoneus Leon Hemenway

5. Date of Birth of Child (Month, day, year) Aug. 13, 1907

6. Sex male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Lachoneus Hemenway
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Granger (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Williams
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Greenville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for ~~40~~ 39 years, and that Marion Crawford (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celia Dance Signature
Blackfoot R.F.D. #2 P. O. Address

Subscribed and sworn to before me this [illegible] day of January, 1942
(SEAL) [illegible] Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 10 1942 281-211-007-141

330794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Blaine (b) City: Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

**3. RESIDENCE OF FATHER** (city, state) Blaine Idaho

**4. FULL NAME OF CHILD** Dorothy Elenore Shay.

5. Date of Birth of Child (Month, day, year) 6-11-1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Robert David Shay
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Cornwell (City or town) Penna. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Amelia Amalong
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Pickering (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert David Shay Signature
210 S.W. Columbia St. Portland Oregon P. O. Address

Subscribed and sworn to before me this 26 day of December, 1941

(SEAL) M. Deshaff Notary Public, residing at Portland, Or.
My Commission Expires 1/16/44

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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954-202 · 035-134

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 330806
Local Reg. No.
Reg. Dist. No.

Nez Perce JAN 20 1942

**1. PLACE OF BIRTH**
(a) County ~~Lewis~~ (b) City Craigmont
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Craigmont
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Ilo, Idaho

**3. RESIDENCE of FATHER** (city, state) Craigmont

**4. FULL NAME OF CHILD** Viletta Fay Redman

5. Date of Birth (Month, day year) April 2, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James William Redman
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Diversified Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa May Alderman
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Oskaloosa Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 20 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Oscar Brooks, being first duly sworn, say that I am a Sister (Related to (or) acquainted with) of Viletta Fay Redman (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Robison (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Oscar Brooks Signature
Jaio Front Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of January 1942

(SEAL) [signature] Notary Public, residing at Coeur d'Alene Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

SEP 28 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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635-125-029-594

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File 330861
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 335 N. Almon St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 11 months 21 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 335 N. Almon St
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho

**4. FULL NAME OF CHILD** Lester Simon Otness

**5.** Date of Birth of Child (Month, day, year) June 25, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Louis Otness
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Christiansund (City or town) Norway (State or foreign country)
**14.** Exact Occupation
**15.** Industry or Business Grain buyer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jennie Mary Eid
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Hamar (City or town) Norway (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Louis (First name) Otness (Last name), who is related to this child as Father (Mother, etc.)

**25.** Attendant's **OWN** signature Louis Otness Father ~~M.D.~~ ~~Midwife~~ Address Moscow Date Jan 23 1942 Idaho.

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Otness Signature
Moscow Idaho Box 368 P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942.
(SEAL) Ow Schroeder Notary Public, residing at Moscow, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-104-020-169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330863
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ELMORE (b) City GLENNS FERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ELMORE
(c) City GLENNS Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) GLENNS Ferry

**4. FULL NAME OF CHILD** HEMAN MORROW ROSEVEAR

5. Date of Birth of Child (Month, day, year) MAY 4 - 1902

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** WILLIAM Joseph ROSEVEAR
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace CORNWALL (City or town) England (State or foreign country)
14. Exact Occupation
15. Industry or Business HARDWARE Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Agnes Lee Morrow
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Fayetteville (City or town) ARKANSAS (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39+ years, and that Dr. W. F. Smith (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Grace Hamilton Signature
GLENNS Ferry Idaho P. O. Address

Subscribed and sworn to before me this 30 day of January, 1947
(SEAL) Leo H. Robertson Notary Public, residing at Glenns Ferry Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-128-003-766

330923

United States
Department of Commerce
Bureau of the Census

JAN 22 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. ? Second Avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello

**4. FULL NAME OF CHILD** Frank Edgar Hunter

5. Date of Birth of Child (Month, day, year) 7-28-02

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Edgar Hunter
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mexico (City or town) Missouri (State or foreign country)
14. Exact Occupation Railroad engineer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maude Lowther
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic~~ used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Dr. Castle (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude L. Hunter Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942.

(SEAL) [illegible] Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-114-035-739

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 31 1941

State File No. 330934
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D.No. Post office
(d) Name of Hospital or Maternity Home: at own home in the country.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Country
(d) Street Address or R.F.D.No. Post office
(e) How long has MOTHER lived in Idaho? 4½ yrs.
(f) Mother's mailing address Post office

3. RESIDENCE of FATHER (city, state) Nez Perce

4. FULL NAME OF CHILD Hade Hampton Hunsucker.
5. Date of Birth (Month, day year) Feb. 14-1902
6. Sex Male.
7. Twin or Triplet No. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Berten Hunsucker. | 16. FULL MAIDEN NAME Fannie Cline |
| 11. Color or Race white 12. Age at time of THIS birth 44 yrs. | 17. Color or Race white 18. Age at time of THIS birth 44 yrs |
| 13. Birthplace Newton (City or town) North Carolina (State or foreign country) | 19. Birthplace Newton (City or town) North Carolina (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housewife. |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known. Crede 1%
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) 2/14/1902 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) DEC 31 1941 (Date received) (b) Mabel [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature X G H Cooper M.D. (D.O., Midwife, etc.)
and address Grand view Ida Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E. V. Hunsucker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hade Hampton Hunsucker (Name of person on certificate above) as Older Brother (State relationship or acquainance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cooper (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

E V Hunsucker Signature
Rt. 2, Orchards, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of December, 1941.

(SEAL) Philip Weingeler Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

MAR 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

534-107-040-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330953
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

**4. FULL NAME OF CHILD** William Lee Elder

5. Date of Birth of Child (Month, day, year) Sept. 7, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel O'Connell Elder
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Kilwinning, Scotland Co. Mo. (City or town) (State or foreign country)
14. Exact Occupation farmer and dairyman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie Estella Ross
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Plains, Luzerne Co., Penn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature neighbor (unable to locate) M.D. Midwife Address Date

State of Wash. }
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Jessie E. Elder Signature

P. O. Address

Subscribed and sworn to before me this 24th day of January, 1947

(SEAL) Catherine Wilson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-208-029-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 330960
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latha (b) City: Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 30 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latha
(c) City: Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 days yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho

**4. FULL NAME OF CHILD** Maria Cecelia Monson (~~Boesel~~)

**5.** Date of Birth of Child (Month, day, year) April 8, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9 Mos

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Enoch Monson
**11.** Color or Race white **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Scandia (City or town) Kansas (State or foreign country)
**14.** Exact Occupation Common Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hulda Mathilda Nelson
**17.** Color or Race white **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Stalan, Sweden (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Kansas
County of Republic } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life years, and that Fred Petterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Enoch Monson — Signature

My Commission Expires June, 30, 1945 — Scandia, Kansas. — P. O. Address

Subscribed and sworn to before me this 21st day of January, 19 42.

(SEAL) Edgar Lindblad — Notary Public, residing at Courtland, Kansas.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-215-014-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330968
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County NCanyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nampa, Idaho

**4. FULL NAME OF CHILD** Edna Merrill Carter

5. Date of Birth of Child (Month, day, year) Jul. 15, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edward W. Carter
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace X (City or town) Wisconsin (State or foreign country)
14. Exact Occupation X Contracting
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amanda M. Catlett
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace X (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Riverside } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 39 years, and that X (First name) ..... (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. W. Carter — Signature
Elsinore Calif. — P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942
(SEAL) Lena Callison — Notary Public, residing at Elsinore Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Nov. 1, 1942

Received for filing on JAN 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-223-5414-652

Amended Feb. 9, 1955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330970
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. West Main St.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser, Idaho
   (d) Street Address or R.F.D. No. West Main St.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** MAY ELIZABETH OWENS

5. Date of Birth of Child (Month, day, year) Nov. 23, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George W. Owens
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ellen Westervelt
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Jerusalem, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that Dr. Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Dayton Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 42.

(SEAL) Fern Hansen, Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 21, 1942 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330970
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. West Main St.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser, Idaho
(d) Street Address or R.F.D. No. West Main St.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Weiser, Idaho

**3. RESIDENCE of FATHER** (city, state) Weiser, Idaho

**4. FULL NAME OF CHILD** Mary Elizabeth Owens ~~Gamber~~

**5.** Date of Birth (Month, day year) Nov. 23, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George W. Owens
**11.** Color or Race White **12.** Age at time of THIS birth 49 yrs.
**13.** Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ellen Westervelt
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Jerusalem, (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) JAN ..... (Date received) Mark H. Wilson (Registrar's signature)
**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Ellen Dayton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Elizabeth Owens ~~Gamber~~ (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shirley (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ellen Dayton Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of January, 1942
(SEAL) Iva Hamm Notary Public, residing at Weiser, Idaho

JAN 30 1942

FEB 10 1955

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Washington } ss.

Certificate No. 330970

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Elizabeth Owens (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1902 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Record (Bible Record, Insurance Policy, Etc.) prepared on Jan-14-1929 (Give Date), are:

Viewed by Div. of Vital Statistics.

| FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.) | FROM (As on Original) | TO (The Correct Facts) |
|---|---|---|
| Child's Name | Mary | May |
| | | |
| | | |

Subscribed and sworn to before me this 31st day of January, 19 55

Louise Marshee
Notary Public, residing at Forest Grove, Oregon
My commission expires 10-19-57
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Forest Grove, Oregon
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 19 55

Louise Marshee
Notary Public, residing at Forest Grove Ore
My commission expires 10-19-57
(Seal)

Signed A. M. [signature]
(Signature of Any Credible Person)
Forest Grove Oregon
(Street Address, City, State)

DPH 52-155

264-116-235-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 330996
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years ~~months~~ ~~days~~

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lenore, Ida.

**4. FULL NAME OF CHILD** Rolland George Southwick

5. Date of Birth of Child (Month, day, year) May 16, 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Harvey Southwick
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Lebette (City or town), Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Josie Jane Gilmore
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Elkins (City or town), W. Va. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Virginia Green (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harvey Southwick Signature
Lenore, Ida. P.O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Frederick C. Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH 331006

1. PLACE OF BIRTH
County of Kootenai
City of CDA
No. ..... St. JAN 26 1942
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy H. Ritchey.

3. Sex: Male
If plural births: 4. Twin, triplet, or other: Single; 5. Number, in order of birth: .....
6. Premature: ..... Full term: Yes
7. Legitimate? X
8. Date of birth: Aug. 6th 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: George Harrison Ritchey | 18. Full maiden name: Minnie May Russell |
| 10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene Idaho | 19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d' Alene, Idaho |
| 11. Color or race: W. 12. Age at last birthday: 38 (years) | 20. Color or race: W. 21. Age at last birthday: 27 (years) |
| 13. Birthplace (city or place) (State or country): Plum Creek, Illinois | 22. Birthplace (city or place) (State or country): Springfield, South Dakota |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw Mill | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home |
| 16. Date (month and year) last engaged in this work: Oct. 1919, 19.... 17. Total time (years) spent in this work: 19 yrs. | 25. Date (month and year) last engaged in this work: Sept. 1940, 19.... 26. Total time (years) spent in this work: 40 yrs. |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Second
(a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation: nil months or weeks
30. Cause of stillbirth: nil
Before labor: .....
During labor: .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed JAN 26 1942 193.... Mark Hesler Registrar.

993-106-028-942

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of California
County of Madera } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George Harrison Ritchey being first duly sworn says that he is the Father (Relationship of child)* of Roy H. Ritchey born August 6th, 1902------ (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Roy H. Ritchey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Sabin, M. D., ~~Midwife~~ was the medical attendant at the birth of said Roy H. Ritchey and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant George Harrison Ritchey

P. O. Address Rt. 1, Box 47, Chowchilla, California

Subscribed and sworn to before me this 27th day of September, 19 40

J. Eastman
Notary Public.
My Commission Expires May 2, 1943

Residing at Chowchilla, Madera County ~~Idaho~~ State of California

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 15 1942

132-126-001-791 331087

United States
Department of Commerce FEB 3 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331087
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 9th & Bannock
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 9th & Bannock
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state): Boise Idaho

**4. FULL NAME OF CHILD**: Archie Elmer Albee

5. Date of Birth of Child (Month, day, year): July 26-1902

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME**: Elmer Simeon Albee
11. Color or Race: White
12. Age at time of THIS birth: 26 yrs.
13. Birthplace: Washington Co. (City or town); Oregon (State or foreign country)
14. Exact Occupation: Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Daisy Graham
17. Color or Race: White
18. Age at time of THIS birth: 21 yrs.
19. Birthplace: Granite (City or town); Oregon (State or foreign country)
20. Exact Occupation: House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2. (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 36 years, and that Dr George P Haley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. A. Graham — Signature
1706 Ro-26 — P. O. Address

Subscribed and sworn to before me this 3 day of Feb., 1942
(SEAL) S. L. Gill — Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Maurice [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1940

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942 915 725 001-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331122
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: R.F.D. #4
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: home
IN **THIS** county years 10 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: R.F.D. #4
(e) How long has **MOTHER** lived in Idaho? About 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD** Floyd Craig Rankin

5. Date of Birth of Child (Month, day, year) 3/25/1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Edgar Rankin
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Highland (City or town) Kansas (State or foreign country)
14. Exact Occupation: Contractor
15. Industry or Business: Carpentor

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dora Ann Foster
17. Color or Race: White
18. Age at time of THIS birth: 33 yrs.
19. Birthplace: (City or town) Kansas (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: 8 (a) At time of birth and including this child: 6 (b) Born alive and now living: 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date MATERNAL Grand MOTHER - ATTENDANT and at the place stated above, and that personal particulars were furnished by DECEASED Ethel (First name) Riley (Last name), who is related to this child as Sister (Mother, etc.) RANKIN

25. Attendant's **OWN** signature M.D. Midwife Address Durham, Calif Date 12/31/41

State of California
County of Butte } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 48 years, and that Jennie (First name) Foster (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel Riley Signature
P.O. Box 24 Durham, Calif P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942
(SEAL) Clarice Hunger Notary Public, residing at Durham, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-229-029-465

**331143**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah Co. (b) City Anderson P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah Co.
(c) City Anderson P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Ruth Ellen Peterson

5. Date of Birth of Child (Month, day, year) April 29, 1902.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Swan Peterson
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bengta Monsen
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Unslunda, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 40 years, and that Mrs Swenson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bengta ~~Swenson~~ Peterson Signature

P. O. Address

Subscribed and sworn to before me this 17 day of Jan, 1942

(SEAL) F. H. Wagner Notary Public, residing at Portland Or.

MY COMMISSION EXPIRES DECEMBER 18, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Virginia Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365/27 035 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Nezperce JAN 23 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331148
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Lewis~~ (b) City Nezperce
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~
(c) City Nezperce Nez Perce
(d) Street Address or R.F.D. No. R F D
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nezperce

**4. FULL NAME OF CHILD** Forest Loyal Covey

5. Date of Birth of Child (Month, day, year) 7-27-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Henry Covey
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Grassett (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Jane Robison
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Southwest City (City or town) Mo (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Dr John Coburn (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Covey — Signature
Nezperce, Idaho — P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942.

(SEAL) [illegible] Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317-119 025-249

331155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 8 months 18 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

**3. RESIDENCE OF FATHER** (city, state) Seattle, Wash

**4. FULL NAME OF CHILD** Paul Alfred Lapp

5. Date of Birth of Child (Month, day, year) Oct. 19, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Oliver Christopher Lapp
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wheatland (City or town) Missouri (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Realestate

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Katherine Elizabeth Surridge
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mount, Idaho (City or town) Idaho (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Dr. Chas. E. Busey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine E. Lapp — Signature
5033 No. Pearl Street — P. O. Address

Subscribed and sworn to before me this 29th day of January, 19 42

(SEAL) Joel H. Downie — Notary Public, residing at Ruston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Mark H. Leffler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-107-028 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331158
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days about 5 Years.

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Everett James Lortie

**5.** Date of Birth of Child (Month, day, year) 10-7-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Henry Hector Lortie
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Montreall (City or town) Canada (State or foreign country)
**14.** Exact Occupation Carpenter & Mason
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eva Eoline Carmon
**17.** Color or Race White **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Minnesota (City or town) (State or foreign country)
**20.** Exact Occupation House wife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Malvina Armon (First name) (Last name), who is related to this child as Sister (Mother, etc.)

**25.** Attendant's **OWN** signature Deceased M.D. Midwife Address Wallowa, Oregon Date 1-29-42.

State of Oregon, County of Wallowa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 Yrs. years of age, that I have known this person for entire life years, and that Dr. Wenze (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malvina Armon Signature
Wallowa, Oregon. P. O. Address

Subscribed and sworn to before me this 29th. day of January, 19 42.
(SEAL) Rachel Lesh Notary Public, residing at Wallowa, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Mark Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires, in advance payment of fifty cents, money order or coin.

FEB 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957 203 001 367

331240

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 331240
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 1 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridan, Id.

**4. FULL NAME OF CHILD** Minnie Elizabeth Reger

**5.** Date of Birth of Child (Month, day, year) Feb 3rd 1902

**6.** Sex female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Gilbert Reger
**11.** Color or Race White
**12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Harris, (City or town) Missouri (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** lice Jane Cox
**17.** Color or Race white
**18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Boise (City or town) Idaho (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] 1% Argnos

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature — M.D. Midwife — Address — Date

State of Missouri
County of Grundy } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Mrs. Rogers, mid-wife (First name) (Last name), who attended this birth [redacted] (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Roger Simmons — Signature
Spickard, Mo. — P. O. Address

Subscribed and sworn to before me this 19th day of Jany, 19 42.

(SEAL) G. E. Finney — Notary Public, residing at Spickard, Mo.
My Commission Expires Feb. 14, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary E. Eagle, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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258-128 028-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331287
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) Cataldo, Idaho

**4. FULL NAME OF CHILD** Thomas Mathew Snyder

5. Date of Birth of Child (Month, day, year) Dec. 28-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Peter Snyder
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Alsace Lorraine (City or town) France (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary J. Powers
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Harver Straw (City or town) New York (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that Agnes (First name) Whalen (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Moore ..... Signature
Cataldo, Idaho ..... P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942

(SEAL) L. W. Butler ..... Notary Public, residing at Cataldo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

MAR 1 2 1975

## DELAYED REGISTRATION LAW

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955 704 006 236

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331293
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. country
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Country
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address 700 Casa Loma Dr.

**3. RESIDENCE of FATHER** (city, state) Bakersfield, Calif.

**4. FULL NAME OF CHILD** Louis Nathan Rees

5. Date of Birth (Month, day year) March 4, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Nathan Elmer Rees
11. Color or Race White
12. Age at time of THIS birth ....yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business (now deceased)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Missouri Scott
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....

26. (a) FEB 2 1942 (Date received) (b) Mrs. [illegible] (Mother, etc.) (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Kern } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Missouri Rees, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Nathan Rees (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Bard (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Missouri Rees Signature
700 Casa Loma Dr. Bakersfield, Calif. Address

Subscribed and sworn to before me on this 30 day of January, 1942
(SEAL) Charles R. Thornton Notary Public, residing at 1403 H Street Bakersfield, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1942

## DELAYED REGISTRATION LAW

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363-105025-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331312
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Cecil Milo Callier

5. Date of Birth of Child (Month, day, year) April 5 1942

6. Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Loyd Francis Callier
11. Color or Race White 12. Age at time of THIS birth 63 yrs.
13. Birthplace Very Ferry Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lena Elizabeth Richardson
17. Color or Race White 18. Age at time of THIS birth 4 yrs.
19. Birthplace Cottonwood (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jackson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lena E Callier Signature

P. O. Address

Subscribed and sworn to before me this 1 day Jan, 1942

(SEAL) Marion Woodfield Notary Public, residing at Jackson

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415722 003-331

United States
Department of Commerce
Bureau of the Census

FEB 2 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331316
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 706 N. 4th Ave.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 706 N. 4th Ave.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello,

**4. FULL NAME OF CHILD** Samuel Bert Davis

5. Date of Birth of Child (Month, day, year) Apr. 28, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Benjamin Davis
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Williamsburg, (City or town) Iowa (State or foreign country)
14. Exact Occupation working for railroad
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mae Estella Clark
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Griswold, (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Malheur } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 67 years of age, that I have known this person for life years, and that Dr. (First name) Bean (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mrs. Mae E. Davis — Signature
Nyssa, Oregon — P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942.

(SEAL) Thadene Jennings — Notary Public, residing at Nyssa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1953

MAY 1 5 1953

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

242-273-040-817

(Be sure the information is of date of birth of THIS child)

FEB 2 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Kellogg Idaho

4. FULL NAME OF CHILD Dorothy Christine Busby

5. Date of Birth (Month, day, year) June 13, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Isaac Montgomery Busby
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Philadelphia, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Timberman in Silver mine
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Jane Hager
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Atlanta, Georgia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum XXX
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead XX (d) Stillborn XXX

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

FEB 2 1942

26. (a) ..... (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Kitsap } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Busby, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Christine Busby (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilcox (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mary Busby Signature
622 Pennsylvania Ave. Bremerton, Wash. Address

Subscribed and sworn to before me on this 29 day of January 1942

(SEAL) [illegible] Notary Public, residing at Bremerton

MAY 17 1960

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 113 029-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331337
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latha (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latha
(c) City Southwick
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** WILLIS CURTIS BERREMAN

5. Date of Birth of Child (Month, day, year) Aug. 14, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** GEORGE OLA BERREMAN
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Toneka, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Kittie Douglas Berreman
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Osage, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Dr. Stoneburner (First name) of Leland, Ida (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kittie Douglas Berreman Signature
1835 Indiana St. Vallejo, Calif. P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 42
(SEAL) Honee Percy Notary Public, residing at Vallejo, Solano County, State of California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires November 6, 1945

Received for filing on JAN 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-229078-143

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

JAN 24 1942

State File No. 331350
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Sanders Beach
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 4 months 14 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. Sanders Beach
(e) How long has **MOTHER** lived in Idaho? 1/3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Ida.

**4. FULL NAME OF CHILD** Erma Beatrice Giles

5. Date of Birth of Child (Month, day, year) Oct. 29, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Oscar Byron Giles
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Belle Fourche, So. Dak. (City or town) (State or foreign country)
14. Exact Occupation Band leader
15. Industry or Business Fraternal

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alwine Henrietta Adler
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Montreal, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Heber R. Elderkin, M.D., (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Byron Giles
Signature

2136 S.E. 38 Ave., Portland, Ore.
P. O. Address

Subscribed and sworn to before me this 20th day of January, 19 42.

(SEAL) ..... Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Blanche Avery
My Commission expires June 24, 1945

Received for filing on JAN 24 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993 123 029-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

JAN 24 1942 STATE OF IDAHO

State File No. 331352
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 48 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** WILLIAM ALLEN RILEY

5. Date of Birth of Child (Month, day, year) MAR. 23rd 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** BARNEY RILEY
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace ~~KENDRICK~~ (City or town) OHIO (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** AMELIA T. DARR
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace CINCINNATI (City or town) GERMANY (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO
County of LATAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 39 years, and that G. ROTHWELL (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Riley Signature

KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 22nd day of Jan., 1942

(SEAL) Opal Hickey Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mabel H. Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-206001-217 331389

United States
Department of Commerce
Bureau of the Census

FEB 5 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331389
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 7 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Lavene Jensen

5. Date of Birth of Child (Month, day, year) Oct. 6, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jacob Jensen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Stock Man
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alma Margaret Saxton
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Paw Paw, (City or town) Michigan (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 39 years, and that Alma Saxton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Jensen ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 24 day of January, 1942.

(SEAL) M. E. Healy Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595 121-044-315

331422

United States
Department of Commerce
Bureau of the Census

FEB 6 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 331422
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Salubria Idaho

**4. FULL NAME OF CHILD** Ellery Otis Vreeland

5. Date of Birth of Child (Month, day, year) Oct 21 1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

**FATHER OF CHILD**

10. **FULL NAME** William Henry Vreeland
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Bell Lane
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ~~Washington~~ Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Ellen (First name) Cole (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida Bell Vreeland Signature

P. O. Address

Subscribed and sworn to before me this 31st day of January, 19 42.

(SEAL) W. A. Hobler Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1942 by Myrl B. Pafer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533122-001416

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331445
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 711 N. 7th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 711 N. 7th
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD** KEITH CAROL ELLIS

5. Date of Birth of Child (Month, day, year) Oct. 22, 1902

6. Sex: male

7. Twin or Triplet: ✓ If so—born ~~1st, 2nd, 3rd~~ ✓

8. No. months of Pregnacy: 9 mo

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Orlando Irving Ellis
11. Color or Race: white
12. Age at time of THIS birth: 43 yrs.
13. Birthplace: Ohio (City or town) (State or foreign country)
14. Exact Occupation: R.R. Postal Clerk
15. Industry or Business: "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Catharine Dawson
17. Color or Race: white
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: Illinois, Livingston Co. (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nebraska
County of Lancaster } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 39 years, and that Dr. (First name) Springer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Catharine Ellis Signature
3140 Orchard St. Lincoln, Neb. P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942.
(SEAL) Emmil R. Keller Notary Public, residing at Lincoln Nebraska
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 28, 1942 by Mel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 114022-665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO JAN 26 1942

State File No. 331517
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Madison~~ Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Madison~~ Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 10 mos. yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** WILLIAM BENONA DAVIS

5. Date of Birth of Child (Month, day, year) Mar. 14, 1902.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Benona Washington Davis
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Sawmill.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Mathilda Owens
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Dockery, (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that the midwife (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Davis Lightfoot Signature
2505 So. Hope St., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 42

(SEAL) [signature] Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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65 2 224003-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 331609
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City SODA SPRINGS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Soda Springs, Ida

**4. FULL NAME OF CHILD** Mabel May Westrom

**5.** Date of Birth of Child (Month, day, year) Jan. 24, 1898

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Louis Westrom
**11.** Color or Race white **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace (City or town) Norway (State or foreign country)
**14.** Exact Occupation Steam Shovel Engineer
**15.** Industry or Business Railroad

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie Louise Call
**17.** Color or Race white **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 a M. on the date and at the place stated above, and that personal particulars were furnished by Annie Louise Call (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature Ellis Lane Cy M.D. ~~Midwife~~ Address Soda Springs Ida Date 1-22-41

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-108-008-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 331633
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Boise (b) City: Vanwyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
neither-- At home residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county one years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Vanwyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

**3. RESIDENCE OF FATHER** (city, state) same now

**4. FULL NAME OF CHILD** Shallum Armand White

5. Date of Birth of Child (Month, day, year) Feb. 8, 1889

6. Sex male

7. Twin or Triplet no / no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Shallum Paton White
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Louisa Margret Haines
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Vernon County, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Valley } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Margret Haines Prince — Signature
McCall, Idaho — P.O. Address

Subscribed and sworn to before me this 17 day of January, 19 42.
(SEAL) W. B. Loydlin — Notary Public, residing at McCall, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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655 714 035 391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

331652

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Nez Perce

1. **PLACE OF BIRTH:**
(a) County ~~Lewis~~ (b) City Fletcher
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years 11 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County ~~Lewis~~
(c) City Flethher Nez Perce
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Fletcher, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Fletcher, Idaho

4. **FULL NAME OF CHILD** Frank Elmer Weeks

5. Date of Birth (Month, day, year) March 14, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Elmer Weeks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elva Crawford
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Dayton, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 30 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elva Weeks, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Elmer Weeks (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Robison (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elva Weeks .....Name

Route #1, Toppenish, Washington .....P. O. Address

Subscribed and sworn to before me on this 28th day of January 1942

(SEAL) [illegible] .....Notary Public, residing at Toppenish

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

OCT 24 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-220-022-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331688
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Jefferson~~ Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None--Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 8 months 27 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same (Deceased

**4. FULL NAME OF CHILD** Alta Welch

5. Date of Birth of Child (Month, day, year) 3-30-1902

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Todd Welch
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Hudson, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer-Stockman-Teacher
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ora Cure
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Grant City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Klamath } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years, and that ~~XXXXWXIXX~~ Dr. Mitchell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Ora Welch
Signature

MY COMMISSION EXPIRES MAY 11th, 1942.

1710 Oregon Ave., Klamath Falls, Ore.
Address

Subscribed and sworn to before me this 27 day of January, 1942

(SEAL) Notary Public, residing at Klamath Falls Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962.125 035-245

331690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Nez Perce (b) City: Gifford
(c) Street Address or R.F.D. No.: On farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City: Gifford
(d) Street Address or R.F.D. No.: On farm
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Joseph Herman Rosenkranz

5. Date of Birth of Child (Month, day, year): Feb. 25, 1902

6. Sex: Male

7. Twin or Triplet: If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Joe Rosenkranz
11. Color or Race: White
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Zelnitz (City or town) Austria (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Theresia Koeckler
17. Color or Race: White
18. Age at time of THIS birth: 29 yrs.
19. Birthplace: Kulm (City or town) Austria (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was: Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Mrs Bertha Liede (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresia Frieser. (Nee-Rosen Kranz) Signature
Gifford, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942
(SEAL) H. S. Lillindell Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SIS 108003-142

United States
Department of Commerce
Bureau of Census

FEB 2 1942

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331702
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Cleveland, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD John Nance

5. Date of Birth (Month, day, year) Jan. 8, 1902

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Augustus Calvin Nance | 16. FULL MAIDEN NAME Lovisa Maria Austin |
| 11. Color or Race Caucasian | 17 Color or Race Caucasian |
| 12. Age at time of THIS birth 36 yrs. | 18. Age at time of THIS birth 22 - yrs. |
| 13. Birthplace Wilksboro (City or town) North Carolina (State or foreign country) | 19. Birthplace Trenton (City or town) Utah (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housewife |
| 15. Industry or Business Farming | 21. Industry or Business Home mmaking |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive est. 3 P M. (born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Colorado
County of Conejos } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lovisa Maira Nance, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Jance (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charlotte Walton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lovisa maria nance Signature
Box 207 Manassa, Colorado P. O. Address

Subscribed and sworn before me on this 24th day of May, 1941

(SEAL) James A. Hohman Notary Public, residing at Manassa, Colorado

Conejos County, Colorado

My Commission expires Feb. 23, 1943

FEB 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497 120 029 713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 331706
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. S. Main St.
(d) Name of Hospital or Maternity Home: Gritman Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Hotel Moscow
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Ida.

**4. FULL NAME OF CHILD** Gale Lee Mix

5. Date of Birth of Child (Month, day, year) Nov. 20, 1902

6. Sex Male
7. Twin or Triplet No. If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Gainford P. Mix
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Green Island, (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maude Gale
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Thorpe (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Dr. C. L. (First name) Gritman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. P. Mix. Signature

Box 135, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this day of January, 19 42

(SEAL) Frank Stanley Notary Public, residing at Moscow Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mark Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-118-036-389

331742

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Albert K. Norris

5. Date of Birth of Child (Month, day, year) Sept 18, 1907

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Albert Norris
11. Color or Race white 12. Age at time of THIS birth 53 yrs.
13. Birthplace Albany N.Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amanda Christensen
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth~~ and ~~including this child~~ (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 39 years, and that Jane Howell (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Norris Martin Signature
636 N. 4th Pocatello Ida P. O. Address

Subscribed and sworn to before me this 29 day of Jan, 1942
(SEAL) J. Blackburn Notary Public, residing at Pocatello Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-103-04-864

331762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon Co. (b) City Caldwell
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

**4. FULL NAME OF CHILD** Fred Willard Zink

5. Date of Birth of Child (Month, day, year) May 3, 1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Zink
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Silverton, Marion Co., Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Polly Ann Hodges
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bradleyville, Tany Co., Missouri (City or town) (State or foreign country)
20. Exact Occupation lived at home
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum name not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Deschutes } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that ..... (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Polly Ann Zink Signature
P.O. Box 816, Bend, Ore. P. O. Address

Subscribed and sworn to before me this 20th day of ~~[illegible]~~ January, 1942

(SEAL) Mary E. Hansen Notary Public, residing at Bend - Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commn Expires May 18-1942

Received for filing on FEB 2 1942 by Mary E. Hansen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-231-036-231 331774

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 9 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331774
Local Reg. No. 11
Reg. Dist. No. 540

**1. PLACE OF BIRTH**
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address
**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Louise Lewis
5. Date of Birth (Month, day year) Dec 31, 1902
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**
10. **FULL NAME** Ezra Lewis
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Richland Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sarah Ann Blake
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace St George Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Lewis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7-5-42 (Date received) (b) J W States (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Ann Lewis, being first duly sworn, say that I am related (Related to (or) acquainted with) ....(Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Morgan (Name of attendant at birth), who attended said birth is Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Ann Lewis ....Signature
....P. O. Address

Subscribed and sworn to before me on this 5 day of February 19 42
(SEAL) Ellen Morgan Notary Public, residing at Preston Idaho

FEB 9 1942

FEB 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-123-007-249 331791 331791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 10 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Blaine (b) City: Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Lloyd Simpson

5. Date of Birth of Child (Month, day, year) Mch. 23, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Don Simpson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Heber, (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Melissa Smith
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hooper, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Midwife, Mrs. James Carey, dead.

25. Attendant's **OWN** signature Attendant dead M.D. No M. D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that Mrs. (First name) James Carey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Don Simpson Signature
2118 North 19th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 42

(SEAL) [illegible] Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

FEB 7 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 108-001 235

331947

FEB 11 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 331947
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. North 14th
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. North 14th
(e) How long has **MOTHER** lived in Idaho? 8 Mos. ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Edwin Louis Brassfield

5. Date of Birth of Child (Month, day, year) April 8, 1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Winter Brassfield
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ft. Dodge (City or town) Iowa (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Caroline Stewart
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above that I am now 47 years of age, that I have known this person for 39 years, and that Dr Geo Haley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Kelly Signature

1412 N 8th P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL) John Jackson
Probate Judge Ada County, Idaho
~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

JAN 14 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

FEB 2 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 331982
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Mary May Moran

5. Date of Birth of Child (Month, day, year) June 29, 1902

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Linton Moran
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oscola Mo (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Violona Beasley
17. Color or Race
18. Age at time of THIS birth 23 yrs.
19. Birthplace Middleton Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all her life years, and that Dr. Dutton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Violona Moran Signature
Boise R.F.D. 1 P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) O. M. Kaing Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331991

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 13 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331991
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Madison (b) City Archer.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ____ days.
IN **THIS** county yes years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho. (b) County Madison
(c) City Archer.
(d) Street Address or R.F.D. No. R. L.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** James William Stacey
5. Date of Birth (Month, day, year) 10-5-1902
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Edwin W. Stacey
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Charlotte Wylie Stacey
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Charlotte Davis (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Mrs Wylie (dead) M.D. (D.O., Midwife, etc.)
and address Date

State of ____
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charlotte Wylie Davis, being first duly sworn, say that I am Related to (Related to (or) acquainted with) James William Stacey (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Wylie (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charlotte Wylie Davis Signature
Thornton P. O. Address

Subscribed and sworn to before me on this 11 day of February 1942

(SEAL) Charles A. Allredge Justice Peace Notary Public, residing at Ryby Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moreland, Ida.

**4. FULL NAME OF CHILD** William Clement Baxter

5. Date of Birth of Child (Month, day, year) June 25, 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Zimri Harford Baxter Jr.
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Nephi, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Viltha Matilda Higgins
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Moroni Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 39 years, and that Dr. J. B. Davis, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Baxter ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 31st day of January, 19 42.

(SEAL) Jacob Falk Clerk of District Court ex-officio Notary Public residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 32, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 332018
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City St. Charles
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years 5 months 15 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St. Charles
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 35½ yrs.

**3. RESIDENCE OF FATHER** (city, state) St. Charles, Ida

**4. FULL NAME OF CHILD** Joseph Russell Windley

5. Date of Birth of Child (Month, day, year) Feb. 14, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9Mo

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles John Windley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace St. Charles, (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter & Farmer
15. Industry or Business Himself

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Christina Jenson
17. Color or Race White
18. Age at time of THIS birth 35½ yrs.
19. Birthplace St. Charles, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 years, and that Liggie Rich Alguire (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles J. Windley ..... Signature
St. Charles, Idaho ..... P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942

(SEAL) Lenore Romney ..... Notary Public, residing at Brigham City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Mark E. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

FEB 23 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-122-006-466

United States
Department of Commerce
Bureau of the Census Bingham

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 11 1942

State File No. 332144
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Bonneville~~ (b) City Rigby, #2
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: Residence As of above
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Rigby
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rigby, Idaho

**4. FULL NAME OF CHILD** James Parley Howard.

5. Date of Birth of Child (Month, day, year) Sept. 22, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Shelton Howard.
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Bermingham, England (City or town) (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Ann Downs.
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Derbyshire, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 39 years, and that Mrs. Hannah Coles (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert L. Howard Signature

375 IIth St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of February, 19 42

(SEAL) Nancy Bowen Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1959

FEB 4 1965

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

667-23-033-144 FEB 16 1942 332208

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 332208
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Sylvia Merilla Fogg

5. Date of Birth of Child (Month, day, year) Apr. 13, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Henry Fogg
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Saw Mill

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Merilla Judy
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hyrum (City or town) Cache co. Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Merilla Judy Fogg Signature
P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942
(SEAL) Marion E. Ow Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-111-0 01-219 332223

FEB 16 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 332223
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2½ Miles North & West of Meridian
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State ~~Illinois~~ Idaho (b) County Ada
(c) City 2½ miles N. & West Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address deceased

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** John Eugene Harritt

5. Date of Birth (Month, day year) July 11-1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Doan Harritt
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Illinos (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Florence Eugenia Barber
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 16 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Madge Harritt Allison, being first duly sworn, say that I am full sister (Related to (or) acquainted with) John Eugene Harritt (Name of person on certificate above) as full sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that deceased (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Madge Harritt Allison Signature
P. O. Address

Subscribed and sworn to before me on this 16th day of February, 1942
(SEAL) Jessie D. Walker Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-117-022-917

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 332423
FEB 6 1942
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Seven years ___ months ___ days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kilgore, Idaho

**4. FULL NAME OF CHILD** Ernest Everett Nielson

**5.** Date of Birth of Child (Month, day, year) May 17, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy Nine

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Frederick Bateman Nielson
**11.** Color or Race White
**12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Big Cottonwood (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sarah Raphaelson
**17.** Color or Race White
**18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Richfield (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Kitsap } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that Dr. (First name) Turton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick Bateman Nielson — Signature
Rolling Bay, Wash. — P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942

(SEAL) Walter Rupp — Notary Public, residing at Winslow Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel Kelsey, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 194

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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667-126-022-892 332454

United States
Department of Commerce
Bureau of the Census

FEB 17 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 332454
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. - -
(d) Name of Hospital or Maternity Home:
Home Parents
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

**4. FULL NAME OF CHILD** Thomas Vernon Fogg.

5. Date of Birth of Child (Month, day, year) Aug. 26, 1902

6. Sex Male

7. Twin or Triplet - -

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnacy -

9. Legitimate? -

**FATHER OF CHILD**

10. **FULL NAME** James Ezra Fogg
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Saw Mills and Lumber Yards

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rozetta Hibbard
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Logan, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Dr. George E. Hyde (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rozetta H. Fogg Signature
936 Diestel Road, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942.
1/30/44 (SEAL) Helen E. Murphy Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

FEB 17 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

## DELAYED REGISTRATION LAW

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864-114-016-766 332458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 332458
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: near Burley
(c) Street Address or R.F.D. No.: none then
(d) Name of Hospital or Maternity Home: at pa rents' residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: near Burley
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** George Richard Young

**5.** Date of Birth of Child (Month, day, year): May 14, 1902

**6.** Sex: male **7.** Twin or Triplet: no If so—born 1st, 2nd, 3rd: 0 **8.** No. months of Pregnacy: 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** Calvin Nathaniel Young
**11.** Color or Race: white **12.** Age at time of THIS birth: 27 yrs.
**13.** Birthplace: Kamington (City or town) Utah (State or foreign country)
**14.** Exact Occupation: general laborer
**15.** Industry or Business: livestock & misc.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Maria Powell
**17.** Color or Race: white **18.** Age at time of THIS birth: 18 (19) yrs.
**19.** Birthplace: Coal Ville (City or town) Utah (State or foreign country)
**20.** Exact Occupation: housewife
**21.** Industry or Business: housekeeping

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum:
**23.** Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 1 1x

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (Born alive, stillborn) at A. M. on the date and at the place stated above and that personal particulars were furnished by Calvin Nathaniel (First name) Young (Last name), who is related to this child as father (Mother, etc.).

**25.** Attendant's **OWN** signature: R T Storey M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~66~~ 67 years of age, that I have known this person for 39 years, and that Lillian Powell (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Calvin Nathaniel Young signature
Bellevue, Idaho P.O. Address

Subscribed and sworn to before me this 15th day of February, 19 42
(SEAL) Beach Bird Notary Public, residing at Gooding, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 17-1942 by Mabel H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

FEB 27 1942

APR 18 1945

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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532-101-014-893 332487

332487

United States
Department of Commerce
Bureau of the Census

FEB 18 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 332487
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Leonard Parents
(e) Mother's stay **BEFORE** delivery: week — 7 days IN **THIS** county Yes years months

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Lowell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Herman Hill Eckroat

5. Date of Birth of Child (Month, day, year) Jan 1 1902

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** Jesse Eckroat
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Beaver (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer + Stockraiser
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Belle Hill
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Henrietta (City or town) Texas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Mrs (First name) Perkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Eckroat Signature
Boise, Idaho, 2 Vista Ave. P. O. Address

Subscribed and sworn to before me this 15th day of February, 1942

(SEAL) Marion L. Ore Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Maurel F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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544 123 029 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** FEB 14 1942
STATE OF IDAHO

State File No. 332503
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** HAROLD C. EMMETT

5. Date of Birth of Child (Month, day, year) SEPT. 23, 1902

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** HENRY E. EMMETT
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace COLOMA (City or town) MISSOURI (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ROSE HARRISON
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace KENDRICK, (City or town) IDAHO (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LATAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 40 years, and that Dr. ROTHWELL (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James M. Emmett Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 11th day of Feb., 1942

(SEAL) Notary Public, residing at Kendrick, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

332510

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County NezPerce (b) City Orofino
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County NazPerce
(c) City Orofino
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 mos. yrs.
(f) Mother's mailing address Orofino, Idaho

3. RESIDENCE of FATHER (city, state) Orofino, I.

4. FULL NAME OF CHILD Edward Oscar Rice

5. Date of Birth (Month, day year) 12-11-02

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ervin Oscar Rice
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Osborne County, Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Casteel ~~XXXX~~
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Clay County, Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Clark } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ervin Oscar Rice and Sophia Casteel Rice, being first duly sworn, say that we are father and mother of Edward Oscar Rice (Name of person on certificate above) as (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Casteel (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ervin Oscar Rice Sophia Casteel Rice Signature

Route 2 Box 240, Camas, Wn. P. O. Address

Subscribed and sworn to before me on this 29th day of January, 1942

(SEAL) John D. Spence Notary Public, residing at Camas

FEB 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

389-103-028-659

United States
Department of Commerce
Bureau of the Census Kootenai

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 14 1942

State File No. 332539
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Boundary~~ (b) City Bonners Ferry.
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years --- months --- days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Boundry~~
(c) City Bonners Ferry Kootenai
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? One yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Leland Christy

5. Date of Birth of Child (Month, day, year) June 3, 1902.

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd ------ 8. No. months of Pregnacy 9 Mos 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** James William Christy.
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Salem, Oregon. (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Logging Industry.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Valerie Weir.
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace La Center, Washington. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Mary Edwards (Nurse) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Valerie Kathy Signature

4360 N.E. Simpson St., Portland, Oregon. P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942.

(SEAL) R. L. Jamison Notary Public, residing at Vancouver, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mark Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 202 040-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

FEB 9 1942

STATE OF IDAHO

State File No. 332562
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Clarkia Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years 2 month 9 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idg (b) County Shoshone
(c) City Clarkia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Clarkia Ida.

3. RESIDENCE of FATHER (city, state): Clarkia Ida

4. FULL NAME OF CHILD Myrtle eva Bechtel

5. Date of Birth (Month, day, year) Nov 2 1941

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Louis F Bechtel
11. Color or Race white 12. Age at time of THIS birth ..... yrs.
13. Birthplace Mechanicsburg Ill (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Christina Pearl Layton
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 9 1942 (Date received) by Opal Heldens (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louis F Bechtel, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Myrtle Eva Bechtel (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Lewis (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L F Bechtel Signature
Clarkia Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of Feb 1942

(SEAL) Opal Cavery Notary Public, residing at Clarkia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-109 006-468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO FEB 14 1942

State File No. 332563
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

**4. FULL NAME OF CHILD** Harold John Wasmund

**5.** Date of Birth of Child (Month, day, year) Jan. 9, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy nine

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Wasmund
**11.** Color or Race White
**12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace Germany (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jessie S. Mohler
**17.** Color or Race White
**18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace LaFayette, Iowa (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 40 years, and that Midwife-- name forgotten (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires June 21, 1943

Jessie Wasmund — Signature
Veradale, Washington — P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942.
(SEAL) Isabelle Smith — Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Maud Kleffner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1982

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-105-028-419

332577

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Kootenai

**1. PLACE OF BIRTH**
(a) County ~~Bonner~~ (b) City Lacede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Edward Loren Horne

**5.** Date of Birth (Month, day, year) Jan. 5-1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Chas. Henry Horne
**11.** Color or Race white
**12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Minnesota (City or town) (State or foreign country)
**14.** Exact Occupation Lumber man
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lena Mae Markham
**17** Color or Race white
**18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Oregon (City or town) (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Lena Mae Markham (First name) (Last name) who is related to this child as Mother (Mother, etc.)

**26.** (a) FEB 9 1942 (Date received) (b) [illegible] (Registrar's signature)

**27.** Given name added on ____ by ____ (Registrar's signature)

**25.** Attendant's OWN signature Midwife. Now Deceased M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Mae Horne, being first duly sworn, say that I am Related (Related to (or) acquainted with) To Edward Loren Horne (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Christina Hubvetson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lena Mae Horne — Signature
90 Virginia Pontiac Michigan — P. O. Address

Subscribed and sworn to before me on this 6th day of February 1942

(SEAL) Geraldine Keerl (Eckalbar) Notary Public, residing at Pontiac, Mich. Oakland County

My Com. exp. 4-9-43.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-220022-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 9 1942

State File No. 332615
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Marysville
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Marysville
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Marysville, Ida.

**4. FULL NAME OF CHILD** Letha Davis

5. Date of Birth of Child (Month, day, year) Aug. 20, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Abraham Davis, ~~Deceased.~~
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business General rancher

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosamond Green
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Mrs Humphrey (First name) (Last name), who attended this birth Dead Known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosamond Green Davis Williams Signature
26½ West First South St. Salt Lake Utah P. O. Address

Subscribed and sworn to before me this 31 day of January, 1942

(SEAL) P. Schulte, Notary Public, residing at Salt Lake, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-220-036-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 332626
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 41 years 11 months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad Idaho

**4. FULL NAME OF CHILD** Vilda Evans

5. Date of Birth of Child (Month, day, year) October 20, 1902

6. Sex female 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy normal. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Charles Reese Evans
11. Color or Race Caucasian 12. Age at time of THIS birth 47 yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Farming and Sheepraising
15. Industry or Business same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Jane Lusk
17. Color or Race Caucasian 18. Age at time of THIS birth 42 yrs.
19. Birthplace Wellsville, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by John L. Evans (First name) (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 39 years, and that Dr. D. C. Rich (First name) (Last name), who attended this birth ~~(Is now deceased)~~ or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Evans Signature
Downey Idaho P. O. Address

Subscribed and sworn to before me this 26 day of January, 1942.

(SEAL) A. E. GLAD Notary Public, residing at Pocatello Idaho
My Commission Expires April 24, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mark H. Gibson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254 205 025 614

332645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 9 1942

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Idaho (b) City: Mt Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1½ years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County:
(c) City: Mt Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mt Idaho Ida.

**4. FULL NAME OF CHILD** Carol Swanhilde Knutsen

5. Date of Birth of Child (Month, day, year) Apr 5 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Svan Knutsen
11. Color or Race (White) Norwegian
12. Age at time of THIS birth 35 yrs.
13. Birthplace Christiana (City or town) Norway (State or foreign country)
14. Exact Occupation Innkeeper
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Faulkner
17. Color or Race (White) Canadian
18. Age at time of THIS birth 33 yrs.
19. Birthplace Maitland (City or town), Nova Scotia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

~~State~~ of U.S.A. ~~County~~ of Territory of Alaska } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that ~~Mrs Jim Rice~~ (First name) (Last name), who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie H. Webster — Signature
Box 1255 Juneau Alaska — P. O. Address

Subscribed and sworn to ~~before~~ me this 26th day of January, 1942

(SEAL) [signature] ~~Notary Public, residing at~~ Deputy Clerk U-S Dist Court

(Note: Perjury is punishable as a felony ~~in Idaho~~, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature] Juneau Alaska, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 130023-395 332664

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 332664
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Gem (b) City: Emmett
(c) Street Address or R.F.D. No.: Gen. Delivery
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 15 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Gem
(c) City: Emmett
(d) Street Address or R.F.D. No.: Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Emmett Idaho

**4. FULL NAME OF CHILD** Ellis Marker

5. Date of Birth of Child (Month, day, year) 7-30-1902

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew Reuben Marker
11. Color or Race: White
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Manti (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: None

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ellen Lindsey
17. Color or Race: White
18. Age at time of THIS birth: 33 yrs.
19. Birthplace: Hide Green (City or town) England (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: None

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Dr. (First name) Loder (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ellen Marker ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 19 day of February, 19 42

(SEAL) ..... Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 19, 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-107-004-714

332675

United States
Department of Commerce
Bureau of the Census

FEB 19 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 332675
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bear Lake (b) City: Montpelier
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bear Lake
(c) City: Montpelier
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD:** Jesse Thomas Hansen

5. Date of Birth of Child (Month, day, year): April 7, '02

6. Sex: Male

7. Twin or Triplet: If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** James Hyrum Hansen
11. Color or Race: white
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: Bloomington, Idaho (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Rebecca Gambling
17. Color or Race: White
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: South Hampton, England (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none used

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of: Idaho
County of: Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 39 years, and that ? (First name) Hilliar (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca Hansen ..... Signature

Idaho Falls, Bonneville, Idaho ..... P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) L. Hansen ..... Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Marl E. Reed, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

JAN 5 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-106 022 355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 11 1942

State File No. 332719
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Spencer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Spencer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Ralph L. Barney

5. Date of Birth of Child (Month, day, year) 6 Jan - 1942

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Peter James Barney
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Hossus (City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Sawyers.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Lee
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tooele City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Barney Signature
471 Market Avenue, Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 9 day of February, 19 42

(SEAL) Hope Meeker Notary Public, residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mae Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942
APR 28 1942

DEC 31 1963
APR 28 1972

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

163-202-008-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 13 1942

State File No. 332742
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Boise (b) City: Boise (near)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county no years 6 months 25 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Near Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 ~~mos.~~ yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho, Boise

**4. FULL NAME OF CHILD** Edith Margaret Jolly

5. Date of Birth of Child (Month, day, year) April 2, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George David Jolly
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Mineral Point, Wis. (City or town) (State or foreign country)
14. Exact Occupation Freighting
15. Industry or Business Common Laborer.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eva Gertrude Little
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Leon, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of South Dakota
County of Pennington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that Mae (First name) Garlick (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. George Jolly Signature
915 1/2 Quincy St. Rapid City S.D. P.O. Address

Subscribed and sworn to before me this 7th day of February, 19 42
(SEAL) G. Stanington Notary Public, residing at Rapid City S.D.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Dec 16, 1943

Received for filing on FEB 13 1942 by Mark Tilden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-124 036-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO FEB 11 1942

State File No. 332765
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 66 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad Ida.

**4. FULL NAME OF CHILD** Robert Lyle Richards

5. Date of Birth of Child (Month, day, year) Jan. 24, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Parley M. Richards (M for Morgan)
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Alice Williams
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Adams (First name) (Last name), who is related to this child as cousin to father (Mother, etc.) of child.

25. Attendant's **OWN** signature SSBS Midwife Address Malad City Date Idaho

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 15 to 20 years, and that Mary Ann Adams (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Alice Richards Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 10 day of February, 1942
(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of the District Court

Received for filing on FEB 11 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-126 014 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 13 1942

State File No. 332771
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette, R F D
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (c Payette, Ida. R F D

4. **FULL NAME OF CHILD** Axel August Johnson

5. Date of Birth (Month, day, year) Jan 26, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Axel Johnson

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Sweeden
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Burkman

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Sweeden
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Axel ~~[illegible]~~ Johnson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 13 1942 (Date received) (b) Mabel Helper (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Payette, Idaho Date 2/12/42

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 18 1942

State File No. 332863
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Parker, Idaho

**4. FULL NAME OF CHILD** Albert Theodore Cooley

5. Date of Birth of Child (Month, day, year) May 1 - 1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** James Sidney Cooley
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Grantsville (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Minnetta Jepsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rochester (City or town), New York (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that Dr. Middleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Minnette Cooley Signature
R#3 Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 16 day of February, 1942
(SEAL) Marion Monk Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mark H. Hyer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 14 1942

State File No. 332880
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City (near) Cottonwood
(c) Street Address or R.F.D. No. farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Cottonwood
(d) Street Address or R.F.D. No. (farm)
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Louisa Nora Worden

5. Date of Birth of Child (Month, day, year) June 12, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Levander David Worden
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Sheewater (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Carrie Sofia Olson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Oslo (City or town), Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of [illegible] }
County of [illegible] } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 39 years, and that Annie Williams (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie L. Worden. Signature
P. O. Box 187 Willamette, Oregon P. O. Address

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 19 1942

State File No. 332965
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Idaho

**4. FULL NAME OF CHILD** Robert Clifton McBride

**5.** Date of Birth of Child (Month, day, year) June 8th, 1902

**6.** Sex male

**7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Robert Wells McBride
**11.** Color or Race White Amer. **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Grantsville (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Edith Deseret Cummins
**17.** Color or Race White Amer **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Grantsville (City or town) Utah. (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for ..... years, and that Urilda McBride (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. R. W. McBride Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942

(SEAL) S. H. Kunau Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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FEB 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 19 1942

State File No. 332968
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
At Parents home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 6 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

**3. RESIDENCE OF FATHER** (city, state) Post Falls Id

**4. FULL NAME OF CHILD** LaVerne Owen Manor

5. Date of Birth of Child (Month, day, year) 11-7-1902

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Anthony Julius Manor
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Richford, (City or town) Vermont (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business U.S.Mail

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Susan Baker
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Augusta (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum No record, eyes satisfactory now
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 39 years, and that Amelia (First name) Rusho (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ada Manor Dryden Signature
1920 W.4th., Spokane Wash. P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942.
(SEAL) [illegible] Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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FEB 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO FEB 16 1942

State File No. 333019
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ELMORE (b) City Glenns FERRY
(c) Street Address or R.F.D. No. Commercial St
(d) Name of Hospital or Maternity Home: @ Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No. Commercial
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Glenns Ferry Idaho

**4. FULL NAME OF CHILD** Harold William Raidy

5. Date of Birth of Child (Month, day, year) Sept. 24, 1902

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Charles Raidy
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Burke (City or town) New York (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business O. S. L. Railroad

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Elizabeth Wood
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Northfield (City or town) Vermont (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**— Unknown

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 38 years, and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Elizabeth Wood Raidy ..... Signature
517 W. Lander ..... P. O. Address

Subscribed and sworn to before me this 23 day of February, 1942

(SEAL) ..... Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel Helfer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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333043

United States
Department of Commerce
Bureau of the Census

FEB 21 1942

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 333043
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Oneida (b) City: Fairview
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Oneida
(c) City: Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address: Fairview Ida.

3. **RESIDENCE OF FATHER** (city, state): Fairview Ida.

4. **FULL NAME OF CHILD:** Dewey Naphtali Rawlings

5. Date of Birth (Month, day, year): Dec. 5-1902

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME:** Walter Rawlings
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Lottie Ingalet
17. Color or Race: White
18. Age at time of THIS birth: 33 years
19. Birthplace: Hyde Park (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 4
(c) Born alive and now dead: ✓ (d) Stillborn: ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... Mother

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of: Idaho
County of: Gooding } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lottie Inglet Rawlings, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dewey Naphtali Rawlings (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Swan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lottie Inglet Rawlings — Name
Hagerman Idaho — P. O. Address

Subscribed and swern to before me on this 21st day of February, 1942.

(SEAL) Gilbert Fenton — Notary Public, residing at Gooding Idaho

FEB 21 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

APR 28 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113 107 001692 FEB 2 1942 333045

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 333045

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 12th & Hays
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address 12th & Hays.

3. RESIDENCE of FATHER (city, state): Boise Ida

4. FULL NAME OF CHILD Glande Edward Jackson

5. Date of Birth (Month, day, year) 2/4/02

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Daniel Bacon Jackson
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Boise (City or town) Ida (State or foreign country)
14. Exact Occupation Sand + Gravel Contractor
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Edith Elizabeth Fisher
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Bismark N. D. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

Mary F Elder

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith E. Qualls, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Glande Edward Jackson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Haley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edith E. Qualls
Signature

P. O. Address

Subscribed and sworn to before me on this 21st day of February 1942

(SEAL) W C Hoobler Notary Public, residing at Boise, Idaho

FEB 21 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 21 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-206-022-918 333060 **333060**

United States Department of Commerce Bureau of the Census — FEB 25 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 26 ~~months~~ & 9 mo. ~~days~~

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

**3. RESIDENCE OF FATHER** (city, state) Teton City, Idaho

**4. FULL NAME OF CHILD** Norma Maude Black

**5.** Date of Birth of Child (Month, day, year) 8-6-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 8 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** John Franklin Black
**11.** Color or Race White **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Oxford (City or town), Idaho (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Maude Haywood
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Salt Lake City (City or town), Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John Franklin Black Signature
308 Strangham St Boise P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942
(SEAL) Agnes Dunn Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-120010 FEB 25 1942 333067

United States 515 (Be sure the information is as of date of birth of THIS child) State File No. 333067
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 68 yrs.
**3. RESIDENCE OF FATHER** (city, state Idaho Falls-Idaho

**4. FULL NAME OF CHILD** Alma Twitchell
5. Date of Birth of Child (Month, day, year) Sept. 20, 1902
6. Sex M
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

**FATHER OF CHILD**
10. **FULL NAME** Lorenzo Twitchell
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Rockmason
15. Industry or Business Construction

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Harriet Elizabeth Van Luven
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's **OWN** signature Dr. Wilson, deceased M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 plus years of age, that I have known this person for 39 years, and that Dr. Wilson (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Elizabeth Van Luven Twitchell Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 42
(SEAL) Nancy Wilcox Notary Public, residing at Burley, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-205-
037-655-

FEB 25 1942

333075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 333075
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1896 to 1917 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Lillah Emily Davies

**5.** Date of Birth of Child (Month, day, year) Jan. 5. 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Herbert Henry Davies
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace (City or town) England (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Elizabeth Feeny
**17.** Color or Race White **18.** Age at time of THIS birth yrs.
**19.** Birthplace Montreal (City or town) Canada (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the H.G. Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stephen Joseph Poe Signature
307 Cudahy P. O. Address
Boise Idaho

Subscribed and sworn to before me this 25th day of Feb, 1942
(SEAL) A. F. McCoarlyn Notary Public, residing at Boise Idaho
My Commission Expires June 1, 1942
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary F. Logan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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731-23-0078/4

333078

333078

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 11 1942

State File No. 333078
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Joseph Hauk Glahn

5. Date of Birth of Child (Month, day, year) June 23, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew Martin Glahn
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Westport, (City or town) Jackson Co., Mo. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mamie Hauk
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Westport, (City or town) Jackson Co., Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature R L Nourse M.D. ~~Midwife~~ Address Boise Idaho Date 2/25/42

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Dr. R. L. Nourse (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Hauk Glahn Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 42

(SEAL) Joseph W. Bull Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mark E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993 201 040 331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO FEB 17 1942

State File No. 333154
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Calder
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Calder
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Carol Amanda Rice

**5.** Date of Birth of Child (Month, day, year) 4-1-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** John D. Rice
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Belle Plainx (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Margaret Clark
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Springtown (City or town) Texas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. Chas Sims (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Rice Signature
814 8th St. Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942.
(SEAL) R. E. Lookey Notary Public, residing at Lewiston, Idah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Mark Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29 1967

FEB 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

8 12-101-014-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333192
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Canyon (b) City Nampa Idaho
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home xxx days.
In THIS county x years six month xx days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Nampa
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 6 Mo. x yrs.
(f) Mother's mailing address Nampa Idaho

3. RESIDENCE of FATHER (city, state): Nampa Idaho

4. FULL NAME OF CHILD Lewie Lenick Hastriter

5. Date of Birth (Month, day, year) April 1, 1902

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME George Elmer Hastriter
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Rubens (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Effie Kier
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Rubens (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Colorado
City and County of Denver } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Effie Hastriter, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lewie Lenick Hastriter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Agnes Odle (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Effie Hastriter Signature
4320 Wadsworth ave., Wheatridge, Colo. Address

Subscribed and sworn to before me on this 28th day of August 1941

(SEAL) Leona A. Bishop Notary Public, residing at Denver, Colorado

My Commission Expires October 28, 194[illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

736-212 028 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 333225
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Harrison

3. **RESIDENCE OF FATHER** (city, state) Harrison

4. **FULL NAME OF CHILD** Helena May Glover

5. Date of Birth (Month, day, year) Sept. 13, 1902

6. Sex F

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Glover
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Grocery clerk
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Florence May McClure
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Near Pendleton (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

26. (a) FEB 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Claudine McClure, being first duly sworn, say that I am related (Related to (or) acquainted with) Helena May Glover (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Claudine McClure ..... Name
Rt. Box 763 Portland, Ore. ..... P.O. Address

Subscribed and sworn to before ~~me~~ on this 10 day of February 1942

(SEAL) ..... ~~NOTARY PUBLIC FOR OREGON~~ Notary Public, residing at Tigard, Oregon

MY COMMISSION EXPIRES NOV. 24, 1942

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

FEB 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

447125 028 214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 20 1942

State File No. 333232
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Bonner~~ (b) City Clarks Forks
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years #3 months ___ days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~ Boundary
(c) City Clarks Forks
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 3 mon. yrs.

**3. RESIDENCE OF FATHER** (city, state) Same abov

**4. FULL NAME OF CHILD** Tom James Umphrey

5. Date of Birth of Child (Month, day, year) Feb 25 1902

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy (9 month) Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Henry Umphrey
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Deckerville Mich (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Angline Sample
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Deckerville Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name) who attended this birth no body (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Angline Sample Umphrey Signature
3825 W 111th Place Inglewood P. O. Address

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Subscribed and sworn to before me this 7 day of February, 1942

(SEAL) Mrs Maxine Blair Notary Public, residing at 3942 W 111th Pl Ing

My Commission Expires February 7 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Received for filing on FEB 20 1942 by Mark H. Leffler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-219-023-766

333268

United States FEB 26 1942 (Be sure the information is as of date of birth of THIS child) State File No. 333268
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ola, Idaho

**4. FULL NAME OF CHILD** Lora Lee Lowrey

5. Date of Birth of Child (Month, day, year) Sept. 19, 1902

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Matt Lowrey
11. Color or Race White 12. Age at time of THIS birth About 38 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eva G. Gooden
17. Color or Race White 18. Age at time of THIS birth About 25 yrs.
19. Birthplace Kirkville, Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 39 years, and that Name unknown (First name) (Last name), who attended this birth is undoubtedly deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

1119 Washington Street, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of Feb, 1942

(SEAL) Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm Exp 3/8/46

Received for filing on FEB 20 1942 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-130 035-343

333289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 333289
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Craigmont, Idaho

**4. FULL NAME OF CHILD** Cecil Earl Mabbott

5. Date of Birth of Child (Month, day, year) Dec. 30, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Ernest Charles Mabbott
11. Color or Race
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** May Tuttle
17. Color or Race
18. Age at time of THIS birth 22 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of SANTA CRUZ } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Dr. (First name) Lenz (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X May Mabbott Signature
11 Logan St., SANTA CRUZ, CALIFORNIA P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942.
(SEAL) Helene Journey Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AMENDED DECEMBER 29, 1954

867 118 025 258

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 334222
Local Reg. No.
Reg. Dist. No.

FEB 20 1942

1. **PLACE OF BIRTH** (All items at time of this birth) Grangeville
   (a) County Idaho (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: X
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ROY FRANKLIN HOGAN

5. Date of Birth of Child (Month, day, year) May 18, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Franklin Hogan
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oakland (City or town) Oregon (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Behean
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace x (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum x

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alife (Born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related as x (Mother, etc.)

25. Attendant's **OWN** signature x M.D. Midwife Address x Date x

State of Idaho
County of Idaho } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Dr. S. E. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Hogan Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 18 th day of February, 19 42

(SEAL) H. Bothwell, Notary Public, residing at Grangeville, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB. 20, 1942 by MABEL F. ELDER, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 20 1942

State File No. 334222
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

**3. RESIDENCE OF FATHER** (city, state) Grangeville Ida

**4. FULL NAME OF CHILD** Roy Franklin Hogan

5. Date of Birth of Child (Month, day, year) May 18 1903

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Franklin Hogan
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Oakland (City or town) Oregon (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business XX

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Behean
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace X (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Dr. S. E. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Hogan Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 19 42
(SEAL) [illegible] Notary Public, residing at Grangeville-Id
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DEC 30 19[illegible]

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

# AFFIDAVIT

STATE OF IDAHO )
ss
County of Idaho (

Margaret Hogan, being first duly sworn upon oath, deposes and says:

That she is the mother of Roy Franklin Hogan, and caused a delayed registration of his birth to be filed with the Department of Public Health, Bureau of Vital Statistics of the State of Idaho, on February 20, 1942, which was assigned state file No. 334222.

That in the preparation of the application and/or certificate of delayed registration of said birth, a typographical error occurred as to the year of said child's birth, to-wit: the date of birth was given as May 18, 1903, whereas the actual date of said child's birth was May 18, 1902; that all other information supplied in the application and appearing in said certificate of birth, was, and is true and correct.

That this affidavit is made for the purpose of supporting a request for amendment and correction of said certificate of birth, and to be used as evidence of the actual birth date of the said Roy Franklin Hogan.

Dated and signed this December 21, 1954.

Margaret Hogan.

Subscribed and sworn to before me this 21 day of December, 1954

Paul E. Eimers
Notary Public for Idaho, residing at

(seal) Grangeville therein

ALSO BAPTISMAL RECORD WHICH SHOWS DATE OF BAPTISM AS MAY 18, 1902 AS WELL AS THE DATE OF BIRTH BEING MAY 18, 1902.

138-112-006 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 20 1942

State File No. 334226
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Theodore R. Atha

5. Date of Birth of Child (Month, day, year) June 12, 1902

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Lee Atha
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Buchanan Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Kent
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Wexford City Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Atha Powers Signature
Murphy Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942.
(SEAL) Esther M. Donald Notary Public, residing at Salt Lake City, Ut
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) C.E. 10-5-45

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(The entire information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 20 1942

State File No. 334248
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (At time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2-1/4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

**4. FULL NAME OF CHILD** ELLA VOLPERT

5. Date of Birth of Child (Month, day, year) 10/27/02

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Morris Volpert
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Vexna (City or town) Kovno (State or foreign country) Russia
14. Exact Occupation Buyer of hides and furs
15. Industry or Business Hide & Fur Dealer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sara Eva Leibovitz
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Girtagola (City or town) Kovno (State or foreign country) Russia
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 39 years, and that XXDr. (First name) Snook (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Nathan Volpert ..... Signature
19 E. Front St. Youngstown, Ohio. ..... P. O. Address

Subscribed and sworn to before me this 14 day of Feb, 1942
[illegible] JOHNSON, Notary Public. Harriet Johnson Notary Public, residing at .....
[illegible] Dec. 22, 1941 (Punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

FEB 25 1942

SEP 16 1957

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-72-006696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

FEB 24 1942

State File No. 334317
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
at residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county yes years 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Joseph Zifer Bingham

5. Date of Birth of Child (Month, day, year) Aug. 2, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Eliijah Norman Bingham
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Frances Zifer
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Dr. Mitchell (First name) (Last name), who attended this birth is not in condition to sign. (~~Is now deceased~~) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. M. Bingham Signature
Rt. No 2 P. O. Address

Subscribed and sworn to before me this 22 day of Jan., 1942.

(SEAL) Louis Felt Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Maud Heelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1974

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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512-212007-795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334416
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Blaine (b) City
(c) Street Address or R.F.D. No. Rock Creek
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At Home
In Hosp. or Mat. Home ..... days. on Rock Creek
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City 9 miles west of Hailey on
(d) Street Address or R.F.D. No. Rock Creek
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address
**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Wanda Kathleen Eastwood
5. Date of Birth (Month, day year) July 12-1902
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8 3/4
9. Legitimate? Yes

**FATHER OF CHILD**
10. **FULL NAME** William Pegg Eastwood
11. Color or Race
12. Age at time of THIS birth ..... yrs.
13. Birthplace Lola Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Dora Preston
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Rock Creek - 9 miles from Hailey (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) FEB 27 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Retta Stevenson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wanda Kathleen Eastwood (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mercer (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Retta Stevenson Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of February 1942
(SEAL) Joseph M. Gulick Notary Public, residing at Hailey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

AUG 18 1954

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-123-033859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO** FEB 11 1942

State File No. 334429
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison (Formerly Fremont County)
(c) City Rexburg
(d) Street Address or R.F.D. No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state Rexburg, Idaho RFD

**4. FULL NAME OF CHILD** Frank Fredrick Klingler

5. Date of Birth of Child (Month, day, year) Mar. 23, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Gottfried Klingler
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sulz Hall, Wurttenberg, Germany (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Martha Heitzmann
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Gultstein Herrenberg Wurtenberg, Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11. (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 20 years, and that Annie Walz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Elizabeth Klingler Neville — Signature
Rexburg, Idaho — P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942

(SEAL) R. Dittswell — Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel H. Leeper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-215 014-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334479
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (Gem) (b) City Emmett
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Emmett, Ida.

**4. FULL NAME OF CHILD** Ina Belle Wilson

5. Date of Birth of Child (Month, day, year) Apr. 15, 1902

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Bannon Wilson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Murphysboro (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Elizabeth Will
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Springfield, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Elizabeth (First name) Mrs. Russell (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was born in Jackson Co. Ill. Dec 27 1869

Robert Bannon Wilson ..... Signature
Emmett, Idaho ..... P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942

(SEAL) J. P. Reed, Notary Public, residing at Emmett, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary H. Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-01-040-295

334538

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Fraser, Idaho

**4. FULL NAME OF CHILD** Reuben Theodore Schroder

5. Date of Birth of Child (Month, day, year) Nov. 1 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Matthais Schroder
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Elmshorn (City or town) Ger. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Louisa Kressler
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Skagit } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 years, and that Henrietta Kressler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matthias Schroder Signature
Hamilton, Washington P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL) M. Smith Notary Public, residing at Hamilton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mary E. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-104022231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO FEB 21 1942

State File No. 334549
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lyman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lyman, Idaho

**4. FULL NAME OF CHILD** Archer Theodore Martin

5. Date of Birth of Child (Month, day, year) Feb. 4, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Enoch Martin
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Derversshire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ann Stacey
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Tupton, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Charlotte A. M. Gilchrist Wiley, Midwife of Archer, Idaho. dead (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for all his life years, and that Charlottee Gilchrist Wiley (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Enoch Martin
Signature

820 West 2nd North, Salt Lake
P. O. Address

Subscribed and sworn to before me this 13 day of February, 1942

(SEAL) Roy J. Egnew Notary Public, residing at Magna, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mabel H. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595721 030-693 334591

United States Department of Commerce
Bureau of Census

MAR 1 1942 (Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 334591
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Lemhi (b) City Carmen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years 9 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Carmen, Idaho

**3. RESIDENCE of FATHER** (city, state) Carmen, Ida

**4. FULL NAME OF CHILD** Lester Henry Niemann
5. Date of Birth (Month, day year) Dec. 21, 1902
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**
10. **FULL NAME** Henry Frederick William Niemann
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wingville, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emma Louise Wittenburg
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Sumner, Fayette Co., Ill (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) MAR 1 1942 (Date received) (b) Mary F. Ed (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Henry Frederick William Niemann first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Henry Niemann (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles Kirtley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Henry Frederick William Niemann Signature
Carmen, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of February, 19 42
(SEAL) Jesse Bender Notary Public, residing at Salmon, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-212 014-464

334631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 14 1942

State File No. 334631
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Genil Del
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Genil Del
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Emmett Idaho

**4. FULL NAME OF CHILD** Dellen Lively

5. Date of Birth of Child (Month, day, year) July 12, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Huston Lively
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace near Cuba (City or town) Crawford Co. Missouri (State or foreign country)
14. Exact Occupation Carpenter & Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ettie Moulton
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Orange } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr. Loder (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Houston Lively — Signature
206 Highland Ave, Santa Ana Calif. — P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) Betty Campbell — Notary Public, residing at Santa Ana Calif.

My Commission Expires July 28, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary F. Loder, Registrar.

FEB 14 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 217 029 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334659
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Brookville Wisconsin

**4. FULL NAME OF CHILD** Ruby Elvira Pettet

**5.** Date of Birth of Child (Month, day, year) Nov. 17-1942

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Jacob Alfred Pettet
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Brookville (City or town) Wisconsin (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Florence Mary Wells
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Brookville (City or town) Wisconsin (State or foreign country)
**20.** Exact Occupation Teacher
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature Deceased M.D. Midwife Address Deceased Date

State of ~~King~~ Washington
County of King ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Christian Gritzmacher (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Mary Pettet Signature
906 No. 96th St. Seattle Wash. P.-O. Address

Subscribed and sworn to before me this 24 day of February, 1942
(SEAL) Henry A. Shalton Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459 119 040-415

334662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mullan Idaho

**4. FULL NAME OF CHILD** Francis Clair Merritt

5. Date of Birth of Child (Month, day, year) Jan. 19th 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9 Mo

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William James Merritt
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oswego (City or town) New York (State or foreign country)
14. Exact Occupation Railroad Employee
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dell Davis
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes-2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado
County of Denver } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that D. E. Keyes (First name) (Last name), who attended this birth Can not Locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Dell Davis Merritt Signature
1450 Pearl P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942
(SEAL) Arthur J. Alcorn Notary Public, residing at Denver, Colorado
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) My Commission Expires March 2, 1942

Received for filing on FEB 27 1942 by Mark H. Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 130 028 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334680
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Coeur d'Alene City
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1884 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Opie Miller Childers

5. Date of Birth of Child (Month, day, year) May 30, 1902

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Solomon Childers
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Salem (City or town) Ore. (State or foreign country)
14. Exact Occupation Printing
15. Industry or Business Newspaper

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alta Viola Miller
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Lafayette (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Alta Viola Childers (First name) (Last name) who is related to this child as: Same (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of ..... County of ..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Deceased years of age, that I have known this person for 39 years, and that Dr. Elderkin (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public for the State of Montana
Residing at Missoula, Montana
My Commission Expires August 9, 1944

Alta Viola Childers Signature
328 E. Main Missoula Mont. Address

Subscribed and sworn to before me this 24 day of Feb, 1942

(SEAL) R. T. Harlow Notary Public, residing at Missoula

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mabel Kellin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-127 022168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334682
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County FREEMONT (b) City CHESTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county No years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREEMONT
(c) City CHESTER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? A.o. yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** LAUREL CLAYTON HOWARD

5. Date of Birth of Child (Month, day, year) APR. 27-1902

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** DON CARLOS HOWARD
11. Color or Race WHITE
12. Age at time of THIS birth 46 yrs.
13. Birthplace PLEASANT GROVE, UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ANNA M. JOHNSON
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mt. PLEASANT, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

---

STATE OF CALIFORNIA
County of Los Angeles } ss. (N.Y.)

I, J. F. MORONEY, [redacted] County Clerk and Clerk of the Superior Court of the State of California, in and for said County, the same being a court of record of the aforesaid County, having by law a seal, do hereby certify that Richard P. Gardner, whose name is subscribed to the attached certificate of acknowledgment, proof or affidavit, was at the time of taking said acknowledgment, proof or affidavit, a Notary Public IN AND FOR LOS ANGELES COUNTY, duly commissioned and sworn and residing in said County, and was, as such, an officer of said State, duly authorized by the laws thereof to take and certify the same, as well as to take and certify the proof and acknowledgment of deeds and other instruments in writing to be recorded in said State, and that full faith and credit are and ought to be given to his official acts; that the impression of his official seal is not required by law to be filed in the office of the County Clerk; I further certify that I am well acquainted with his handwriting and verily believe that the signature to the attached certificate is his genuine signature, and further that the annexed instrument is executed and acknowledged according to the laws of the State of California.

**IN Witness Whereof,** I have hereunto set may hand and affixed the seal of said Superior Court this 24 day of Feb., 1942

J. F. MORONEY
[redacted]
County Clerk and Clerk of the Superior Court of the State of California, in and for the County of Los Angeles

FEB 27 1942

By E. V. Schwartz, Deputy.

Corp. Form No.9

pleting this certificate. Mail COMPLETED certificate in envelope
s, Boise, Idaho, for filing. No charge for filing. Each certified
r coin.

MAR 3 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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962-131 037 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 21 1942

State File No. 334694
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Postoffice
(c) Street Address or R.F.D. No. Hot Springs
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Postoffice, Hot Springs,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ross Clint Robertson

**5.** Date of Birth of Child (Month, day, year) Oct. 31, 1902

**6.** Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Robert Robertson
**11.** Color or Race white **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace MUDTOWN, Arkansas (City or town) (State or foreign country)
**14.** Exact Occupation Cattle Ranch Employee
**15.** Industry or Business Regular Ranch Employee

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mertie May Storie
**17.** Color or Race white **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace housewife Mudtown, Arkansas (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum ~~don't know~~

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Ross Clint Robertson (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by partents above mentioned (First name) (Last name), who is related to this child as mother and father (Mother, etc.)

**25.** Attendant's X **OWN** signature Adeline Johnston M.D. Midwife Address Castleford Date Idaho.

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ an intimate friend of the ~~child's~~ family (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that Adeline Johnston (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Davis Signature
1228 Newark Ave Monterey Park Calif P. O. Address

Subscribed and sworn to before me this 8th day of January, 1944.
(SEAL) Notary Public, residing at Huntington Park Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

SEP 9 1947

MAY 24 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895121031-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334786
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Charles William Hines

5. Date of Birth of Child (Month, day, year) July 21st, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Months Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Francis Hines
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Decatur (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Kathrine Alice Sullivan
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Decatur (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 7/ years of age, that I have known this person for since birth years, and that Doctor Coburn (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs George Hines Signature
Reg Bice, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of February, 19 42
(SEAL) Perry W Mathews Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel T Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

## DELAYED REGISTRATION LAW

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155 121-014-316

334830

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Canyon

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital of Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home Home Days
   In **THIS** county 8 years 9 months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? 8 - 9 mo yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida

4. **FULL NAME OF CHILD** Buck Lawing Owen

5. **DATE OF BIRTH** (Month, day, year) Sept 21 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Horace Benjamin Owen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ozark Missouri (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Myrtle Fanny Lawing
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Ozark Missouri (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2 gtt argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at Noon M. on the date and at the place stated above, and that personal particulars were furnished by Horace Benjamin Owen (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 28 1942 (Date received) (b) Mabel Hazlett (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J H Murray M.D. (D.O., Midwife, etc.)
    and address Nampa Ida. Date Feb 21, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

238-715001-234

334960

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. (Yes)
(d) Name of Hospital or Maternity Home: Not born at a hospital or maternity home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 15 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. (yes)
(e) How long has **MOTHER** lived in Idaho? 7½ mo.
**3. RESIDENCE OF FATHER** (city, state) Star, Idaho

**4. FULL NAME OF CHILD** Joseph Schlegel
5. Date of Birth of Child (Month, day, year) October 15 1942
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd Nil
8. No. months of Pregnacy 9
9. Legitimate? Yes

**FATHER OF CHILD**
10. **FULL NAME** William Schlegel
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Milford, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sarah Jane Stutzman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Janesville, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Agno 3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Anna Schlegel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Stutzman Schlegel Signature
Dorchester, Saline Co., Nebraska. P. O. Address

Subscribed and sworn to before me this 20 day of February, 19 42.
(SEAL) James H. Clark Notary Public, residing at Dorchester, Saline Co., Nebr.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

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189 106-040-567

334965

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Frederick Louis Ahrens

5. Date of Birth of Child (Month, day, year) July-6-1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

**FATHER OF CHILD**

10. **FULL NAME** John J. Ahrens
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Cresco, Iowa (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Mary Nopp
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace La Crosse Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Dr (First name) Machett (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chris Hanson Signature
216 S. Q. St. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942

(SEAL) Catherine Hogue Notary Public residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Merl Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795 128-022-592

334970

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 25 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Fremont (b) City: St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: St Anthony Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Lewis Anthony Pinney

**5.** Date of Birth of Child (Month, day, year): 5/28/1902

**6.** Sex: M

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME:** Elmer Ellsworth Pinney
**11.** Color or Race: White
**12.** Age at time of THIS birth: 36 yrs.
**13.** Birthplace: Wisconsin (City or town) (State or foreign country)
**14.** Exact Occupation: Sheep tender
**15.** Industry or Business: —

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Mary Jane VRBKA
**17.** Color or Race: White
**18.** Age at time of THIS birth: 32 yrs.
**19.** Birthplace: Bohemia (City or town) (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business:

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum:
**23.** Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 72 years of age, that I have known this person for 39 years, and that Dr Lewis (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Pinney ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942
(SEAL) W. L. Williams ..... Notary Public, residing at St Anthony, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel H Leffler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 0 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-128-014433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334981
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 27 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No. RFD 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** James Kent Hardin

5. Date of Birth of Child (Month, day, year) Feb. 28, 1902

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Westley Hardin
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Altoona (City or town) Polk Co., Iowa (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Julia Anna Mc. Tyghe
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Des Moines (City or town), Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Deschutes } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 42 years of age, that I have known this person for 40 years, and that Doctor (First name) Delano (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 135, 1937 Session Laws.

Kalleana J. Hayes Signature
744 Brookdury Bend Oregon Address

Subscribed and sworn to before me this 20 day of February, 1942.
(SEAL) Olive E. Hutchison Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

985 725 025 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 334999
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County IDAHO (b) City SPOKANE
(c) Street Address or R.F.D. No. FREEDOM
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City FREEDOM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** WALLACE WALTER RHETT

**5.** Date of Birth of Child (Month, day, year) SEPT. 25, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** WALTER SCOTT RHETT
**11.** Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace FREEDOM (City or town) IDAHO (State or foreign country)
**14.** Exact Occupation RANCHER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** VIOLA RICE
**17.** Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace MT. IDAHO (City or town) IDAHO (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that DR. FOSKETT (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Rice Rhett Signature
1320 N. RUBY, SPOKANE WASH. P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942
(SEAL) R. J. Bennett Notary Public residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1964

MAR 5 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279 707 022-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 25 1942

State File No. 335032
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City (Country)
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Small Ida.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Hal Alonzo Spiers

5. Date of Birth (Month, day, year) Sun. 11 Pm. Dec. 7th 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? x

**FATHER OF CHILD**

10. FULL NAME James W. Spiers
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming and
15. Industry or Business stock raising

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Hattie mae Green
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Plain City (City or town) Utah (State or foreign country)
20. Exact Occupation House Work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 Pm M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Spiers (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Calif.
County of Tulare } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Hattie mae Green, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Hal Alonzo Spiers (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucretia Robinson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hattie mae Green Name
780 College Ave. Dinuba P. O. Address

Subscribed and sworn to before me on this 6 day of Dec 1940

(SEAL) [signature] Notary Public, residing at Dinuba, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-223016-49

335061

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley Idaho

**4. FULL NAME OF CHILD** Addie Orilla McBride

5. Date of Birth of Child (Month, day, year) Jan. 23, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John James McBride
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Addie Elnora Marcus
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Baton Rouge (City or town) Louisiana (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Dr Ernest Oldham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

+ John James McBride Signature
Salt Lake City P. O. Address

Subscribed and sworn to before me this 23 day of February, 1942
(SEAL) Ed M. Shea Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 - 1942

MAR 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-113-022-219

335121

United States Department of Commerce Bureau of the Census

MAR 10 1942

Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335121
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Fremont (b) City: St. Anthony
(c) Street Address or R.F.D. No.: (Street not named)
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 9 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: St. Anthony
(d) Street Address or R.F.D. No.: (Street not named)
(e) How long has **MOTHER** lived in Idaho? ... yrs.

**3. RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.

**4. FULL NAME OF CHILD**: James Delmont Jensen

**5.** Date of Birth of Child (Month, day, year): Sept. 13, 1902

**6.** Sex: Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME**: James Jensen
**11.** Color or Race: White
**12.** Age at time of THIS birth: 30 yrs.
**13.** Birthplace: Alpine (City or town) Utah. (State or foreign country)
**14.** Exact Occupation: Storekeeper (Sporting Goods)
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**: Mary Ann Barker
**17.** Color or Race: White
**18.** Age at time of THIS birth: 29 yrs.
**19.** Birthplace: Ogden (City or town) Utah. (State or foreign country)
**20.** Exact Occupation: Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: Nitrate of Silver solution.

**23.** Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

**25.** Attendant's **OWN** signature ... M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for since born years, and that Thos Johnson & Mrs Orr (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Ann Barker Jensen Signature
1771 Locust Ave P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942
(SEAL) Stella M. Miller Notary Public, residing at Long Beach Cal
My Commission Expires Dec. 21, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary J. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-204-041-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 7 1942

State File No. 335122
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Teton Co. (b) City: Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in home of Mother & Father
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Teton
(c) City: Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. 3 mo. yrs.
**3. RESIDENCE OF FATHER** (city, state) Driggs, Idaho

**4. FULL NAME OF CHILD** Lillie Josephene Knudsen
5. Date of Birth of Child (Month, day, year) Dec 4th, 1902.
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9 mo
9. Legitimate? yes

**FATHER OF CHILD**
10. **FULL NAME** Lewis August Knudsen
11. Color or Race: White
12. Age at time of THIS birth: about 36 yrs.
13. Birthplace: unknown (City or town) (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Dorothy Gee
17. Color or Race: white
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Moroni, Sanpete Co., Utah (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Midwife (First name) Pratt (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Gee Cobbes — Signature
Jackson Wyoming — P. O. Address

My Commission Expires April 15th, 1942

Subscribed and sworn to before me this 19th day of January, 1942.

(SEAL) Mary E. Conrad — Notary Public, residing at Burbank, Los Angeles Co. California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864705010 3/4

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335257
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

**3. RESIDENCE OF FATHER** (city, state) deceased

**4. FULL NAME OF CHILD** Lealon Young

5. Date of Birth of Child (Month, day, year) Oct 5, 1902

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Lemuel Marion Young
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Kannara (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jane Campbell
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Washington, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that ALiza Jemmitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jane Campbell Young Signature
P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42.
(SEAL) G. Norman Sign Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel Hefner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 130, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses** prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-114 006-119

335305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rexburg.

**4. FULL NAME OF CHILD** Percival Glen Paul

**5.** Date of Birth of Child (Month, day, year) 2-14-1902.

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

**FATHER OF CHILD**

**10. FULL NAME** William Henry Paul.
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Salt Lake City. (City or town) Utah. (State or foreign country)
**14.** Exact Occupation Farmer.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lovina Ann Jarvis.
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Whiston. (City or town) England. (State or foreign country)
**20.** Exact Occupation House Wife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Lovina (First name) Paul (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah, County of Weber, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 40 years, and that Lovina (First name) Paul (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lovina Ann Paul Signature
268 Harrisville Rd. Ogden, Utah P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942
(SEAL) E. Raedel Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My commission expires Mar. 15, 1942

Received for filing on MAR 4 1942 by Mabel Hilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-105-038-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335338
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County PAYETTE (b) City PAYETTE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County PAYETTE
(c) City PAYETTE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) PAYETTE I[redacted]

**4. FULL NAME OF CHILD** John Wiley Miller

5. Date of Birth of Child (Month, day, year) August 5 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew Miller
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace St Joseph (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Eliza Keele
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace St Joseph (City or town) Missouri (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] at M. on the date and at the place stated above, and that personal particulars were furnished [redacted] (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for [redacted] years, and that LYDIA KEELE (First name) (Last name), who attended this birth is NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
My Commission Expires June 11, 1943.

Andrew Miller Signature
Coquille Bend, Ore. P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942
(SEAL) E. M. Stevens Notary Public residing at Coquille Bend, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Maud Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or [redacted] affidavits of the father or mother of the child, or if ne[redacted] mother of the child is living or accessible, of the nea[redacted] guardian, or some person having direct knowledge in [redacted]

266-124-008 615

335361

United States
Department of Commerce
Bureau of the Census

MAR 10 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 335361
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Frank Soward

5. Date of Birth of Child (Month, day, year) Feb. 24, 1942

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Albert E. Soward
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida May Hamshire
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ADA } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that DR. NEWELL (First name) (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Clara ~~Gosta~~ Glenmore
Signature
Crouch Idaho
P. O. Address

Subscribed and sworn to before me this 10TH day of MARCH, 1942
(SEAL) O. E. Kam Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

FEB 17 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

338-231-001-753

335388

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

MAR 11 1942

State File No. 335388
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1316 N. 6th
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 11 years 1 month 30 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1316 N. 6th
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address 1316 N 6th

**3. RESIDENCE of FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Marguerite Asarina Clyne

**5.** Date of Birth (Month, day year) July 31, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Harry Lafayette Clyne
**11.** Color or Race White
**12.** Age at time of THIS birth 46 yrs.
**13.** Birthplace Augusta, Kentucky (City or town) (State or foreign country)
**14.** Exact Occupation Painter and Paperhanger
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Cecilia Petterson
**17.** Color or Race Swedish
**18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Helsingborg, Sweden (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not known
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) MAR 11 1942 (Date received) (b) Maud Fielder (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cecilia Petterson Clyne, being first duly sworn, say that I am ..... (Related to ~~(or) acquainted with~~) Marguerite Asarina Clyne (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. ... D. Springer, who attended said birth (Name of attendant at birth) Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cecilia Petterson Clyne Signature
1316 N 6th St Boise P.O. Address

Subscribed and sworn to before me on this 6th day of March 1942
(SEAL) Myrna L Brewer Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 205-001-359 MAR 10 1942 335396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335396
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 8th & Franklin
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 8th &nFranklin
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Bertha Etta Boyd

5. Date of Birth of Child (Month, day, year) 10-5-1902

6. Sex Female

7. Twin or Triplet - -

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Marion Thomas Boyd
11. Color or Race: White
12. Age at time of THIS birth: 26 yrs.
13. Birthplace: Dexter (City or town) Iowa (State or foreign country)
14. Exact Occupation: Grocery Clerk
15. Industry or Business: Grocery

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Julia Etta Leitzke
17. Color or Race: White
18. Age at time of THIS birth: 28 yrs.
19. Birthplace: Butler County, (City or town) Kansas (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: dont know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Dr. Albert Leitzke M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Thomas Boyd Signature
Rt. 4 Boise, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 19 42
(SEAL) Mary Jackson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Maurl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1969

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-116-029-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 28 19[illegible] 555406

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Genesee
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Camp in our Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 8 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Genesee Idaho.
3. **RESIDENCE OF FATHER** (city, state) Genesee Idaho.

4. **FULL NAME OF CHILD** Carl Edward Schmauder
5. Date of Birth (Month, day, year) May 16 1902
6. Sex Male.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Charles August Schmauder
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Boesebeck (City or town) Germany (State or foreign country)
14. Exact Occupation Steam Engineer
15. Industry or Business Sawmill.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Augusta Mary Wulff.
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Glasshahn (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None given.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 1
(c) Born alive and now dead 4 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) [illegible] (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon
County of Yamhill. } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Chas. Schmauder, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl Edward Schmauder (Name of person on certificate above) as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Reams (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Chas Schmauder ..... Name
Lafayette Oregon ..... P. O. Address

Subscribed and sworn to before me this 25th day of February 1947

(SEAL) Cecil W. Stuller ..... Notary Public, residing at Lafayette, Oregon
My commission expires JAN. 22, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6 85 809-035-125

FEB 27 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 335409

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. ~~Home~~
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 18 years 3 month 6 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nasa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Nasa

3. RESIDENCE of FATHER (city, state): Nasa Idaho

4. FULL NAME OF CHILD Ray Calvin Wheatcroft

5. Date of Birth (Month, day, year) Nov. 9- 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd first

8. No. months of Pregnancy 9

9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME Samuel Wheatcroft
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Derby (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Tula May Akers
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living none
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~alive~~ born (born alive, stillborn) at 2.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Tula Akers Wheatcroft (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ____ (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Cleelum } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tula Akers Wheatcroft, being first duly sworn, say that I am Related (Related to (or) acquainted with) Ray Calvin Wheatcroft (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Tula Akers Wheatcroft Signature

Box 3 Vandale Ave Kinalchee P. O. Address

Subscribed and sworn to before me on this 4th day of May 1942

(SEAL) Peter R. Peterson Notary Public, residing at Wenatchee

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-10-1029-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 335505
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Viola, Idaho

**4. FULL NAME OF CHILD** Lewis Elmer Chaney

5. Date of Birth of Child (Month, day, year) May 4, 1902

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Lirey Jackson Chaney
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Perl Elizabeth Burcham
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Geo. Chaney (First name) (Last name), who is related to this child as ~~Mother, etc.~~ Aunt

25. Attendant's **OWN** signature W. S. Darth, M.D. ~~Midwife~~ Address Palomar Wash Date Feb. 1, 1942

State of California
County of San Diego } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Perl Elizabeth Chaney Signature
Rt. 1 Box 167 B Escondido P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942 Calif.

(SEAL) Theodora Meyer Notary Public, residing at Escondido, Calif.

NOTARY PUBLIC
In and for the County of San Diego, State of California
MY COMMISSION EXPIRES OCT. 14, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 Mabel H. Wells, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-104-010-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 33550 7
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

**4. FULL NAME OF CHILD** Elwood Leverne Keele

**5.** Date of Birth of Child (Month, day, year) Jan. 4, 1902

**6.** Sex male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Frances Marion Keele
**11.** Color or Race white **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace ? (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Butcher
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Grace Gertrude Robinson
**17.** Color or Race white **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Ada (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 0

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that Elwood Leverne Keele (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Gertrude Robinson Keele Signature
104 Derry St., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42.
(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1947

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-104029-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335546
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latah (b) City:
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Albert Ray Knight

**5.** Date of Birth of Child (Month, day, year): Feb. 4, 1902

**6.** Sex: male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** Albert Ross Knight
**11.** Color or Race: white **12.** Age at time of THIS birth: 37 yrs.
**13.** Birthplace: Waitsburg, Wash. (City or town) (State or foreign country)
**14.** Exact Occupation: farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Lena Madison
**17.** Color or Race: white **18.** Age at time of THIS birth: 29 yrs.
**19.** Birthplace: Randers, Denmark (City or town) (State or foreign country)
**20.** Exact Occupation: housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum:

**23.** Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living:

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for since birth years, and that Garner, Dr. J. H. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John B Knight — Signature
2110 N. 36 St Seattle Wash — P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 42

(SEAL) Earl Brown — Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

FEB 2 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 8 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Farmington, Wash.

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Albert Ray Knight

5. Date of Birth (Month, day year) Feb 4 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Albert Ross Knight
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Waitsburg, Wash (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lena Madison
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Randers, Denmark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Tine Jensen, being first duly sworn, say that I am friend and neighbor (Related to (or) acquainted with) Albert Ray Knight (Name of person on certificate above) as acquaintence (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J. H. Carper (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Tine Jensen Signature
Farmington, Wash. P. O. Address

Subscribed and sworn to before me on this 30th day of January, 19 42
(SEAL) Maude E. Hazlett Notary Public, residing at Farmington, Wash.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-412 036-553

335550

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 12 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mink Creek Idaho

**4. FULL NAME OF CHILD** Vern Nephi Rasmussen

5. Date of Birth of Child (Month, day, year) 11-12-02

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hans C. Rasmussen
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Nidluse (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nancy M. Nelson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyro

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 39 years, and that Marie Petersen (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Nancy Rasmussen ..... Signature
259 East 2nd South ..... P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942
(SEAL) Oscar F. Arnold Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mark H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-124-044-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 335624
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 6 months 9 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Midvale, Idaho

**4. FULL NAME OF CHILD** Clifton Sterling Hopper

**5.** Date of Birth of Child (Month, day, year) Nov. 24. 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Sterling Anderson Hopper
**11.** Color or Race White
**12.** Age at time of THIS birth 23 yrs.
**13.** Birthplace Kansas (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nannie Melissa ~~Hopper~~ Macomb
**17.** Color or Race White
**18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Albion (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Forgotten time of day M. on the date and at the place stated above, and that personal particulars were furnished by Nannie Milissa Hopper (First name) (Last name) who is related to this child as mother (Mother, etc.)

ife Address Midvale Idaho Date Feb 9-1942

The mark of Mrs. Ella Stewart X her mark

Witnessed by Mrs W R Wicks Address Midvale Idaho
Mrs L. E. Stewart Midvale Idaho

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

he (Mother, etc.) of the person whose name appears that I have known this person for years, and that this birth (Is now deceased) or (Cannot be located). I further state that knowledge, and that I desire to have this birth recorded under

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Registrar.

Use only BLACK ink or ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an adv. money order or coin.

JUN 22 1965

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-130-016-683

335630

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: Oakley
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Oakley
(d) Street Address or R.F.D. No.: —
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Idaho

**4. FULL NAME OF CHILD** Lloyd E. Critchfield

**5.** Date of Birth of Child (Month, day, year) August 30, 1902

**6.** Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Lewis A. Critchfield
**11.** Color or Race White **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Tooele (City or town) Utah (State or foreign country)
**14.** Exact Occupation Stockman and
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jane W. Wilson
**17.** Color or Race White **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Eden (City or town) Utah (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Urilda (First name) Mc Bride (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Martin Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 24 day of Feb, 1942
(SEAL) E. J. Larson Notary Public, residing at Oakley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Received for filing on FEB 27 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-21-5-35-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 335638
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Winchester, Idaho

**4. FULL NAME OF CHILD** Lena Benefiel

**5.** Date of Birth of Child (Month, day, year) Feb. 15, 1902

**6.** Sex Female

**7.** Twin or Triplet One If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ernest Wesley Benefiel
**11.** Color or Race White
**12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Polk County, Oregon (City or town) (State or foreign country)
**14.** Exact Occupation
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Christena Robertson
**17.** Color or Race White
**18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Maryland (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Nancy (First name) King (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Wesley Benefiel Signature
307 S. Roosevelt St., Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942

(SEAL) Harly W. Allen Notary Public, residing at Walla Walla, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mark Hoefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1950

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-219-022-144

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO MAR 3 1942

State File No. 335712
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County FREMONT (b) City SAINT ANTHONY
(c) Street Address or R.F.D. No. HOME
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City SAINT ANTHONY
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address 5307 2nd AVE LAC

**3. RESIDENCE of FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** VERONA ELLEN WALTER

**5.** Date of Birth (Month, day year) APRIL 19-1902

**6.** Sex FEMALE

**7.** Twin or Triplet ONE If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** MARTIN JEROME WALTER
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace KREAMER (City or town) PENNA. U.S.A. (State or foreign country)
**14.** Exact Occupation PRINTER
**15.** Industry or Business FREMONT Co. NEWS.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** HATTIE MABLE JUMP
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace INDIANNAPOLIS IOWA U.S.A. (City or town) (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business 11

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn One.

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) ..... (Date received) (b) [signature] (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martin Jerome Walter, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Verona Ellen Walter (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Middleton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

MAR 3 1942

Martin Jerome Walter Signature
5307 2nd ave So-LA. P. O. Address

Subscribed and sworn to before me on this 19th day of Feb 1942

(SEAL) E. Maulsby Notary Public, residing at 6620 So Normandie ave L.A.

My Commission Expires August 10th, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-226-019-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335753
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City near Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City near Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mackay, Idaho

**4. FULL NAME OF CHILD** Clara Mabel Bartlett

5. Date of Birth of Child (Month, day, year) Dec. 26, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jerome K. Bartlett
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grafton, (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel L. Bascom
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Galesburg, (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 39 years, and that Emily (First name) Bascom (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm Expires 3/8/46

(Mrs.) Neva B. Abbey — Signature

1206 North Fifth St., Boise — P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942.

(SEAL) Commissioner — Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel F. Geldien, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1956
NOV 27 1967
DEC 21 1971

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-116 20-265

335800

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 3 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH:**
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years 8 months days

**2. USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mo yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

**3. RESIDENCE OF FATHER** (city, state) Star Idaho

**4. FULL NAME OF CHILD** Christa Lean Minton

**5. DATE OF BIRTH** (Month, day, year) Feb. 16-1902

**6.** Sex M **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph Jefferson Minton
**11.** Color or Race W **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Cape Girardeau Mo (City or Town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry Business own farm

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Elizabeth Bontrager
**17.** Color or Race W **18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Goshen Ind (City or Town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business own home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child II (b) Born alive and now living II
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Minton (First name) (Last name), who is related to this child as Father (Mother, etc.)

**26.** (a) MAR 3 1942 (Date received) (b) [illegible] (Registrar's signature)

**25.** Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date 2-26-42

**27.** Given name added on ..... by ..... (Registrar's signature)

Send to Christa L. Minton - Boise - Idaho

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

842-102-028-145

335805

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) POST FALLS, Ida

**4. FULL NAME OF CHILD** Ralph Hubert

**5.** Date of Birth of Child (Month, day, year) June 2nd 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Emil-Carl Hubert
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Lake Mills (City or town) Wis. (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Arnell
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Clintonville (City or town) Wis. (State or foreign country)
**20.** Exact Occupation house wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 - 9 mo years, and that Mrs Kennedy (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emil Carl Hubert Signature
Post Office Box 155, Post Falls, Ida P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942
(SEAL) W F Chapin Notary Public, residing at Post Falls Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel S Colson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-409-001-217 335836 335836

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 12 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Cor. Franklin & 15th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 17 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: Franklin & 15th
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**: Albert Hall Wolfe

**5.** Date of Birth of Child (Month, day, year): Jan 9 1902

**6.** Sex: male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**: Albert Parker Wolfe
**11.** Color or Race: white **12.** Age at time of THIS birth: 37 yrs.
**13.** Birthplace: Haydenville (City or town) Ohio (State or foreign country)
**14.** Exact Occupation: Farmer & Stockman
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**: Mary Effie Bagley
**17.** Color or Race: white **18.** Age at time of THIS birth: 36 yrs.
**19.** Birthplace: Beaverstown (City or town) Ohio (State or foreign country)
**20.** Exact Occupation: School teacher & housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that Dr (First name) Bowers (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Noel P. Wolfe — Signature
Box 323 Meridian Ida — P. O. Address

Subscribed and sworn to before me this 10 day of March, 1942.
(SEAL) O. M. Mang — Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-116-014-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO MAR 4 1942

State File No. 335871
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months X days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette, Ida.

**4. FULL NAME OF CHILD** Rudolf Niclaus Brodersen

5. Date of Birth of Child (Month, day, year) July 16, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Claus Frederick Brodersen
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Grimsnis (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Fruit Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Agnes Louise Creutz
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kosel (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 39 years, and that Dr. Avey (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Belle Sur — Signature
1110-1st Ave. North — P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942.
(SEAL) Helen F. Brown — Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mark H. Lee, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 y83 · 201-482

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO MAR 4 1942

State File No. 335873
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Clinton Elmer Cofield

**5.** Date of Birth of Child (Month, day, year) 6-23-[illegible]

**6.** Sex male

**7.** Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Charles William Cofield
**11.** Color or Race white **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Minnesota (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Elizabeth Dykeman
**17.** Color or Race white **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace French Lake (City or town) Minnesota (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business farmer

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all his/life years, and that Mrs. Frazier, midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Elizabeth Cofield Signature
Payette, Idaho Rt. #2 P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42
(SEAL) W. McCune Notary Public, residing at Payette, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-123-225-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335889
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Cottonwood Ida.

**4. FULL NAME OF CHILD** Glen Ernest Harris

**5.** Date of Birth of Child (Month, day, year) July 23-1902

**6.** Sex Male.

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? yes-

**FATHER OF CHILD**

**10. FULL NAME** Frank-Ernest Harris
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Blevins (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Serena Jane Griggs
**17.** Color or Race White **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Beardstown (City or town) Illinois (State or foreign country)
**20.** Exact Occupation House wife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum —
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth Can not be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Serena Jane Harris Signature
3956 N. Kelly St. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942.
(SEAL) C. Bennett Notary Public, residing at Portland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Apr 24-1943

Received for filing on MAR 11 1942 by Mary Feeley, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-125 028954

335905

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

**3. RESIDENCE OF FATHER** (city, state) Athol, Idaho

**4. FULL NAME OF CHILD** FREDRICK EUGENE VISNAW

5. Date of Birth of Child (Month, day, year) 6/25/1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** EDWARD JOSEPH VISNAW
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bay City (City or town) Michigan (State or foreign country)
14. Exact Occupation Woods worker
15. Industry or Business Himself

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY ELIZABETH REMINGTON
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Webster City, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Dr. Frank Wentz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Visnaw Signature
West 1403 Grace, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.

(SEAL) J. P. Gordon Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mabel Fleeter, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1965

MAR 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-203035-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 335907
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City CULDESAC
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City CULDESAC
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** OLIVE EDNA MACKENZIE

**5.** Date of Birth of Child (Month, day, year) NOV-3-1902

**6.** Sex FEMALE

**7.** ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy NINE

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** Wm. Fraser McKinley

**11.** Color or Race WHITE

**12.** Age at time of ~~THIS~~ birth 26 yrs.

**13.** Birthplace Very City (City or town) (State or foreign country)

**14.** Exact Occupation Farmer

**15.** Industry or Business —

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ELLA MAY PARKS

**17.** Color or Race WHITE

**18.** Age at time of THIS birth 18 yrs.

**19.** Birthplace COLTON WASH. (City or town) (State or foreign country)

**20.** Exact Occupation HOUSEWIFE

**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

**23.** Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11, P M. on the date and at the place stated above, and that personal particulars were furnished by Fraser McKenzie (First name) (Last name), who is related to this child as father (Mother, etc.)

**25.** Attendant's **OWN** signature John H Alley M.D. Midwife Address Lewiston, Idaho, Date Mar. 4, 1942

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mabel Kelper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-128-006-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO MAR 4 1942

State File No. 335939
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 11 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont and Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

**3. RESIDENCE OF FATHER** (city, state) Shelley, Idaho

**4. FULL NAME OF CHILD** Elmer Bennett Hanson

5. Date of Birth of Child (Month, day, year) May 28, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Alfred Hanson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace State of Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Anderson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Annie Mitchell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Alfred Hanson Signature
Shelley, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 42.
(SEAL) L. Lindeusee Notary Public, residing at Shelley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 116-014 453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** FEB 25 1942
STATE OF IDAHO

State File No. 335965
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. E 4th. St
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon (Now Gem)
(c) City Emmett
(d) Street Address or R.F.D. No. E 4th. St
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Jonathan Moulton

5. Date of Birth of Child (Month, day, year) Nov. 16, 42

6. Sex Male

7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Franklin Moulton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Gentryville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business House-building

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Flora Ann Deck
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Black Foot, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Mrs. Kelley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora A. Moulton Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of February, 1942
(SEAL) [signature] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1971

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813/117022.296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336004
Local Reg. No. 4
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City CHESTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** WALTER E. HATHAWAY

**5.** Date of Birth of Child (Month, day, year) Dec 17 1902

**6.** Sex male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 8 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** JOHN ELISHA HATHAWAY
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace North Ogden (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MARY BROWN
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Pleasant View (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary B. Hathaway (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature Hettie Matson ~~M.D.~~ Midwife Address St Anthony Idaho Date Mar 2-1942

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel H. Hafer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-107 004-119

336018

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bloomington, Ida.

**4. FULL NAME OF CHILD** Claude Jarvis Wilks

5. Date of Birth of Child (Month, day, year) June 7, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas E. Wilks
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Grays, Essex, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business (Fater ~~now deceased~~)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Jarvis
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bloomington, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. W. B. (First name) West (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Jarvis Wilks Hill Signature
Bloomington, Idaho. P. O. Address

Subscribed and sworn to before me this 19th day of February, 19 42

(SEAL) Mae Steel Notary Public, residing at Paris, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mae Steel, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-121
001-419

MAR 16 1942

336099

336099

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 18th & Heron St
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 18th & Heron St
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Clarence Carroll Reedy

5. DATE OF BIRTH (Month, day, year) Apr 21 - 1902

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander G. Reedy

11. Color or Race W

12. Age at time of THIS birth 34 yrs.

13. Birthplace No. Carolina
(City or Town) (State or foreign country)

14. Exact Occupation machinist

15. Industry Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Laura Darnell

17. Color or Race W

18. Age at time of THIS birth 31 yrs.

19. Birthplace Virginia
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Annie Reedy (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature John Bock M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 3-16-42

26. (a) MAR 16 1942 (Date received) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

252-216-014-314

336124

336124

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 18 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Canyon (b) City: Notus
(c) Street Address or R.F.D. No.: None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Notus
(d) Street Address or R.F.D. No.: None
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state) Notus, Idaho

**4. FULL NAME OF CHILD** Lela Katharine Sebree

5. Date of Birth of Child (Month, day, year) Nov. 16, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Nimrod B. Sebree
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace (City or town) Owenton (State or foreign country) Kentucky
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Camp
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace (City or town) Portland (State or foreign country) Oregon
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 40 years, and that Midwife (Mrs. Nake Conway) (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Sebree
Signature

408 Bunney Bldg.
P. O. Address

Subscribed and sworn to before me this 17 day of March 1942

(SEAL) Ella O'Donovan Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Maud F. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 0 1976

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-126 029-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336140
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: Unknown
(e) Mother's stay **BEFORE** delivery: Approx. 3 years
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? deceased

**3. RESIDENCE OF FATHER** (city, state) deceased

**4. FULL NAME OF CHILD** Siegfried Cyriacus Baden

**5.** Date of Birth of Child (Month, day, year) Sept. 26, 1902

**6.** Sex Male Twin or Triplet XXXXXXX If so—born 1st, 2nd, 3rd XXXXXXX **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Wilson Baden (Sr)
**11.** Color or Race White **12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Calvert County, Maryland (City or town) (State or foreign country)
**14.** Exact Occupation College professor (Deceased)
**15.** Industry or Business Univ. of Idaho, Moscow, Ida.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Helena Louisa Frieda Schultz
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Near Berlin, Germany (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business XXXXXXXXX

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of New York } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 39 years, and that Dr. Gripman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilson Baden Signature
1 Summit Place, Malba, L.I., N.Y. P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942

(SEAL) NOTARY PUBLIC, N.Y. County Clerk's No. WESTCHESTER Reg. No. 2J107 My Commission Expires March 30, 1942 Notary Public, residing at Harmon, N.Y.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964 115-037-386

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of De Lamar
No. _____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 6 1942

# CERTIFICATE OF BIRTH

336175

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD MERRITT HAROLD RODDA.

3. Sex MALE

If plural births: 4. Twin, ~~triplet, or other~~ _____ 5. Number, in order of birth 1

6. Premature _____ Full term _____

7. Legitimate? _____

8. Date of birth 8-15, 1902 (Month, Day, Year)

FATHER

9. Full name JAMES HENRY RODDA

10. Residence (usual place of abode) (If non-resident, give place and State) DeLAMAR IDAHO

11. Color or race White | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) TAVISTOCK-DEVONSHIRE (State or Country) ENGLAND

OCCUPATION

14. Trade, ~~profession~~, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. MINE

16. Date (month and year) last engaged in this work FALL, 1903

17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name EMMA ELVIRA THOMAS

19. Residence (usual place of abode) (If non-resident, give place and State) DeLAMAR IDAHO

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) STREATOR ILLINOIS (State or Country) LA SALLE-County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.
or _____, Midwife
Address _____

Give name added from a supplemental report _____ (Date of)

Filed MAR 12 1942, 193__ Mabel Fielder Registrar.

Registrar.

MAR 17 1942

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Washington
County of Snohomish } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Iona F. Gardner being first duly sworn says that she is the Sister of Merritt Harold Rodda
(Relationship of child)*
born August 15th 1902 at De La Mar, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that the desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Merritt Harold Rodda hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Fairchild M. D. was the ~~Midwife~~ medical attendant at the birth of said Merritt Harold Rodda and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Iona F. Gardner (Sister)
P. O. Address 3915 N. E. Wistaria Dr. Portland, Ore

Subscribed and sworn to before me this 16 day of October, 1939

[illegible]
Notary Public.
Residing at Everett, Washington, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact ~~in the affidavit~~, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 7 1942

563-224-02583

336206

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) same place

**4. FULL NAME OF CHILD** Viola Victorine Volle

5. Date of Birth of Child (Month, day, year) Aug 24 1902

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Fredrick William Volle
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Antelope (City or town) California (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Victorine Catherine Volle
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Wabash Co (City or town) Illinois (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of W. Feeler } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life 40 years, and that Mrs Dave (First name) Brock (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bible record

Fred M. Volle Signature

Mitchell Oregon P. O. Address

Subscribed and sworn to before me this 16 day of Feb 1942

(SEAL) Chas A Jackson Notary Public, residing at Mitchell Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) COMMISSION EXPIRES SEPT. 11, 1945

Received for filing on MAR 6 1942 by Mark Weeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285 722 040-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336226
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Orfino
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Orfino
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Orfino, Idaho.

**4. FULL NAME OF CHILD** JAMES ALWIN SHEEHY

5. Date of Birth of Child (Month, day, year) May 22, 1902

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** WILLIAM JAMES SHEEHY
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Postville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business Lumber

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** LAURA ARULIA HUNT
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Hamilton, Ontario, Canada. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Polk } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William James Sheehy Signature
2719 Grand Ave Des Moines Iowa P. O. Address

Subscribed and sworn to before me this 3 day of March, 19 42.
(SEAL) [illegible] Notary Public, residing at Des Moines, Iowa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

MAR 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366704001238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336228
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) BOISE, IDAHO

**4. FULL NAME OF CHILD** JAMES INGRAM COON

**5.** Date of Birth of Child (Month, day, year) JUNE 4, 1902

**6.** Sex MALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** AUSTIN SUMNER COON
**11.** Color or Race WHITE **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace WISCONSIN (City or town) (State or foreign country)
**14.** Exact Occupation LABORER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MARY ELLA SCHRAM
**17.** Color or Race WHITE **18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace MINNESOTA (City or town) (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by MARY (First name) COON (Last name), who is related to this child as MOTHER (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that (MRS. GEORGE) TURNER (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Coon Signature
2136 W. RIVERSIDE - SPOKANE, WASH. P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942
(SEAL) W. H. Davis Notary Public, residing at Spokane, Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mark Hetzler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 127 035 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO MAR 4 1942

State File No. 336236
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Lenn Milton Mael

5. Date of Birth of Child (Month, day, year) April 27, 1902

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10 Mo

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Amos Oren Mael
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Nez Perce Co. (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice May Bedford
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Park Co. (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 20 years, and that Daisy (First name) Dykes (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice May Mael Signature
Albion Idaho P. O. Address

Subscribed and sworn to before me this 19 day of Feb, 1942
(SEAL) Evelyn Weeks Notary Public, residing at Pullman
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

JAN 6 - 1954

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 104 014 551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336258
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette Ida

**4. FULL NAME OF CHILD** Neal Williams

5. Date of Birth of Child (Month, day, year) April 4 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Chapman McNeal Williams
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salem (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie Elizabeth Neal
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6:4 A M. on the date and at the place stated above, and that personal particulars were furnished by Jessie E. Williams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Ida o
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 40 years, and that Ile R.F. Delano (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie E Williams Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.
(SEAL) Bernice White Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mary H. Gedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 7 1942

APR 27 1972

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-131-040-993

336272

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Silver / King
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Alvin Ernest Biddinger

5. Date of Birth of Child (Month, day, year) 12/31/1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John C. Biddinger
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace State of Kansas (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Essie Richardson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Carolina (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg, Ida Date 3/10-42

State of Wash.
County of STEVENS } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that Dr Mason (First name) (Last name), who attended this birth, has not located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Essie Lafferty Signature
P. O. Address

Subscribed and sworn to before me this 26 day of Feb, 1942
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary E. Lefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-203-007689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336278
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 60 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mtn Home Ida

**4. FULL NAME OF CHILD** Hazel Etta Brown

**5.** Date of Birth of Child (Month, day, year) Aug 3-1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9 mo **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Franklin Joseph Brown
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Waterloo Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Stock raiser
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie Laurie White
**17.** Color or Race White **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Clarmont Co. Ohio (City or town) (State or foreign country)
**20.** Exact Occupation House-wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for since 1902 years, and that Mrs Maguire (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank J. Brown Signature
Hailey Idaho P.O. Address

Subscribed and sworn to before me this 28th day of February, 1942
(SEAL) Tom Nokusen Notary Public, residing at Hailey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292 107 014 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336293
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at her home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 2 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Caldwell Ida

**4. FULL NAME OF CHILD** Edson Leroy Bishop

5. Date of Birth of Child (Month, day, year) Sept. 7, 1902.

6. Sex boy

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Bishop
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Bryant Iowa (City or town) (State or foreign country)
14. Exact Occupation Real Estate agent
15. Industry or Business Bishop Hodson & Hall

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Susie Lillian Anderson
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Carlville Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Wash.
County of Clark } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 39 years, and that Lettie Raegan (First name) (Last name), who attended this birth Whereabouts unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nell Richardson ..... Signature
935 East First Ave. Camas Wash. ..... P. O. Address

Subscribed and sworn to before me this 26th day of Feb, 1942
(SEAL) Roy H. Dobbs ..... Notary Public, residing at Camas Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [illegible] ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

JUN 17 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 718 022-572

336323

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City near Rigby Idaho
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby Idaho
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rigby Idaho

**4. FULL NAME OF CHILD** Mack Charles Bart

**5.** Date of Birth of Child (Month, day, year) Feby 18, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Jordan Bart
**11.** Color or Race White **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Vienna (City or town) Austria (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie Egbert
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Logan (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum .....

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Mrs. Margaret (First name) Clark (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Armand Signature
Rigby Rt 2 Idaho P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942.
(SEAL) Lillie M. Randel Notary Public, residing at Rigby Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-210-028-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 336334

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: At Home
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Post Falls,
3. RESIDENCE of FATHER (city, state). Post Falls Ida.

4. FULL NAME OF CHILD Florence Chisholm
5. Date of Birth (Month, day, year) April 10, 1902
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME William Dick Chisholm
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Beloit (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Isabella Cox
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Silverton (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Not Delivered)

26. (a) MAR 12 1942 (Date received) (b) (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Sadie Shafer, being first duly sworn, say that I am related (Related to (or) acquainted with) Florence Chisholm (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs A J Mason (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded, as I was present at the time of her birth.

Sadie Shafer Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of Sept, 1941

(SEAL) W. Chapin Notary Public, residing at Post Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965-729-040-366

**336358**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Fernwood, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Fernwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ralph Earl Roe

5. Date of Birth of Child (Month, day, year) July 29 1902

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Franklin Roe
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) (State or foreign country) Minnesota
14. Exact Occupation Cook
15. Industry or Business Logging Camp

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ellen Tooley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Minneapolis (State or foreign country) Minnesota
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Sanders } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since birth years, and that Mrs Roberts (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Lux Signature
Thompson Falls, Montana P. O. Address

Subscribed and sworn to before me this 21st day of February, 19 42.

(SEAL) James H. Daniels Notary Public, ~~residing~~ at Clerk of Dist Court Sanders Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-111-022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336365
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Fremont (b) City: St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents own home 1 mile south of St. Anthony
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

**4. FULL NAME OF CHILD** Ellis Leslie Thompson

5. Date of Birth of Child (Month, day, year) April 11 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Edmund Thompson Sr.
11. Color or Race: White
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: West Weber (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer and Common Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lenora Thompson
17. Color or Race: White
18. Age at time of THIS birth: 17 yrs.
19. Birthplace: Henrieville (City or town) Utah (State or foreign country)
20. Exact Occupation: House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Dr. Lewis (or Lewis) (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard F. Thompson Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942
(SEAL) Probate Judge ~~Notary Public, residing at~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mark Hetler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-126-028-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336357
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Sandpoint
(c) Street Address or R.F.D. No. — — — — — —
(d) Name of Hospital or Maternity Home: — — — — — — — — — — — —
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No. — — — — — —
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Sandpoint Ida

**4. FULL NAME OF CHILD** Roy Pearl Adsitt

**5.** Date of Birth of Child (Month, day, year) May 26, 1902

**6.** Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9 months **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Franklin Fredick Earnest Adsitt
**11.** Color or Race white **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace — — (City or town) Wisconsin (State or foreign country)
**14.** Exact Occupation Lumberman
**15.** Industry or Business Logging

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Amy May Butterfield
**17.** Color or Race white **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace — — (City or town) Wisconsin (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business — — — — —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at a M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of CHELAN } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 + years, and that Grace (First name) Benson (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy M. Adsitt — Signature
122 No. Chelan Ave. Wenatchee Wash. — P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.
(SEAL) D. W. Thornbrue — Notary Public, residing at Wenatchee
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614 727 010-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336367
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Taylorville
(c) Street Address or R.F.D. No. 3, Idaho Falls
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Taylorville (R. 3, Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

**3. RESIDENCE OF FATHER** (city, state) R. 3, Blackfoot, Idaho

**4. FULL NAME OF CHILD** Clency Lorenzo Wadsworth

5. Date of Birth of Child (Month, day, year) Nov. 27, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Francis Abiah Wadsworth
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hooper, Weber County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lydia C. Christensen
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 39 years, and that Mrs. Eliza Elliott Jimmett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia C. Wadsworth — Signature
R. F. D. 3, Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.
(SEAL) Jewell H. Chaney Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-108 022 297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336415
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Teton City

**4. FULL NAME OF CHILD** Andrew Russell Huff

**5.** Date of Birth of Child (Month, day, year) Sept. 8, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Charles Ray Huff
**11.** Color or Race White **12.** Age at time of THIS birth 23 yrs.
**13.** Birthplace Lewiston Cache Co. Utah (City or town) (State or foreign country)
**14.** Exact Occupation Labor
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Abbigail Smith Rigler
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Conner Springs Utah (City or town) (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Mary Bonney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Ray Huff Signature
221 West Young Pocatello Ida. P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) W. Healy Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213/28-022819

336512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in mother's home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

**3. RESIDENCE OF FATHER** (city, state) same as above

**4. FULL NAME OF CHILD** Alvin Orson Ball

**5.** Date of Birth of Child (Month, day, year) Nov. 28, 1902

**6.** Sex male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Orson Ball
**11.** Color or Race white
**12.** Age at time of THIS birth 23½ yrs.
**13.** Birthplace Vernon (City or town) Tooele Co. Utah (State or foreign country)
**14.** Exact Occupation Sheep man
**15.** Industry or Business Sheep man

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emily Jane Harris
**17.** Color or Race White
**18.** Age at time of THIS birth 18 yrs.
**19.** Birthplace Lewisville (City or town) Idaho (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business Same

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that Harriet De Bell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Jane Harris Ball Signature
Ucon, Idaho Box 25 P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 42.
(SEAL) Arthur R. [illegible] Notary Public, residing at Ucon Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAR 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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437-120-003-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336528
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 74 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lava Hot Springs Idaho

**4. FULL NAME OF CHILD** Francis Joseph McGinn

5. Date of Birth of Child (Month, day, year) Feb 20th 1942

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Joseph McGinn
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Lava Springs (City or town) Ireland (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Rebecca Potter
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Fairsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living four

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 39 years, and that Mrs. Lizzy Clements (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Rebecca McGinn Signature
Lava Hot Springs, Idaho R.D. No. 1 P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) M. Kasiska Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mark E. Cole, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

LMAR 2 0 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may ~~be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-124-008-263

336548

MAR 18 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336548
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pearl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pearl Idaho

**4. FULL NAME OF CHILD** Orvil Hazelton

**5.** Date of Birth of Child (Month, day, year) May 4, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Rene Hazelton
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Richmond Virginia (City or town) (State or foreign country)
**14.** Exact Occupation Hotel prop.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Susan Bothwell
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Ohio (City or town) (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature O W Hall M.D. ~~Midwife~~ Address Meridian Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Maurl F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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842-114 001 212

336570

United States
Department of Commerce
Bureau of the Census

MAR 19 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336570
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Star
(c) Street Address or R.F.D. No.: Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Star
(d) Street Address or R.F.D. No.: Rural
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Star Idaho

**4. FULL NAME OF CHILD** Wilbern Alonzo Hussey

**5.** Date of Birth of Child (Month, day, year) April 14, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** James Walter Hussey
**11.** Color or Race White
**12.** Age at time of THIS birth 52 yrs.
**13.** Birthplace Bowersville (City or town) Ohio (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Narcissa Vida Bass
**17.** Color or Race White
**18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Missouri (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Dr O. W. Hall (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Narcissa V. Hussey Signature
804 Ressiquie Boise Idaho P. O. Address

Subscribed and sworn to before me this 18 day of May, 1942.
(SEAL) Dwight L. Daniel Notary Public, residing at Boise Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary F. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-125 001942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336598
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years -- months -- days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** LEONARD BEVENS AMES

**5.** Date of Birth of Child (Month, day, year) October 25, 1902

**6.** Sex Male

**7.** Twin or Triplet --- If so—born 1st, 2nd, 3rd --

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Philip Henry Ames
**11.** Color or Race White
**12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Wellsville (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business ------

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ada Alvira Russell
**17.** Color or Race White
**18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Salina (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business -------

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum No

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ---------- (Born alive, stillborn) at ---------- M. on the date and at the place stated above, and that personal particulars were furnished by ---------- (First name) ---------- (Last name), who is related to this child as ----- (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address ---- Date ---

State of California
County of Tuolumne } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for Life years, and that (Grandma) (First name) Negal (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ada Alvira Ames Signature

Tuolumne, California P. O. Address

554 Subscribed and sworn to before me this 14th day of March, 1942

(SEAL) [signature] County Recorder Notary Public, residing at Sonora, Californi

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-207 022-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336624
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony Idaho.
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Lela Young (Crawford)

5. Date of Birth of Child (Month, day, year) 7. 7. 1902

6. Sex Female

7. Twin or Triplet Twin and Male If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Charles Young.
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Elk River, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Adrena Wilson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace St. George Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum and its twin included
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Adrena Young (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Hattie Watson M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-119-035-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336644
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City near Nezperce
(c) Street Address or R.F.D. No. on farm near Nezperce
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City on farm near Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nezperce, Idaho

**4. FULL NAME OF CHILD** Jack James Lawrence

5. Date of Birth of Child (Month, day, year) Oct. 19, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Birtan Lawrence
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fayette (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Elizabeth Kincaid
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Waha Lake, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON
County of Umatilla } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all his life years, and that Mrs. M.C. Kincaid (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James B Lawrence
Signature
P. O. Address

Subscribed and sworn to before me this 11th day of February, 19 42.

(SEAL) Jane L. Cheney Notary Public, residing at Pendleton, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 1, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mark H. Leslie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Delbert Edward Watson

**5.** Date of Birth of Child (Month, day, year) MARCH 31 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** William Henry Watson
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Raleigh (City or town) N. Carolina (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mellie Pink Watson
**17.** Color or Race White **18.** Age at time of THIS birth ° yrs.
**19.** Birthplace Eau Claire (City or town) Wisconsin (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Coos }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 39 years, and that the midwife (name unknown) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willa Stallard Signature
Powers Oregon P.O. Address

Subscribed and sworn to before me this 21 day of February, 1942
(SEAL) Lelah Bartsch Notary Public, residing at Powers Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

449 204 028 689

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. not none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 months 7 days

**3. RESIDENCE OF FATHER** (city, state) C. D'A. Idaho

**4. FULL NAME OF CHILD** Iona Francis Durgin

5. Date of Birth of Child (Month, day, year) 2-4-1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** David Henry Durgin
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bangor (City or town) Maine (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maude Estella Whitford
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Castlewood (City or town) N. Dak (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Dr. Farrell (Firrt name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Estella Burns Signature
624 E. Ermina Ave Spokane P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942

(SEAL) Lon Pope Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mark Hillier, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391130-007814

336699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO MAR 18 1942

State File No.
Local Reg. No. 20
Reg. Dist. No. 410

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Hailey, Idaho

**4. FULL NAME OF CHILD** Hugh Cramer Jr.

5. Date of Birth of Child (Month, day, year) 1-30-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hugh Cramer Sr.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Eagle Pass (City or town) Texas (State or foreign country)
14. Exact Occupation Post Master
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida May Haupt
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ely (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. C. D. Campbell (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr Plummer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C. D. Campbell Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942

(SEAL) D. W. Walker Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-15-1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-18 003-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336710
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bannock Parents residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oxford, Idaho

**4. FULL NAME OF CHILD** Clifford Lamont Beckstead

**5.** Date of Birth of Child (Month, day, year) Sept. 18, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Alexander Beckstead
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Brigham City (City or town) Utah (State or foreign country)
**14.** Exact Occupation Merchant
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eliza R. Christensen
**17.** Color or Race White **18.** Age at time of THIS birth yrs.
**19.** Birthplace Brigham City (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 39 years, and that Mrs. Olive Pratt (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Beckstead Russell Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942
(SEAL) [illegible] Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAR 18 1942

Received for filing on by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-110-028-547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336756
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Cecil Preston Cooper

5. Date of Birth of Child (Month, day, year) July 10, 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jasper Cooper
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Silverton (City or town) Oregon (State or foreign country)
14. Exact Occupation
15. Industry or Business Livery Stable Operator

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maud Empy
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Life ~~years~~, and that Dr. Sherman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Edna Sharkey Signature
Spokane Wash. P.O. Address

Subscribed and sworn to before me this 11th day of March, 1942.
(SEAL) Notary Public, residing at Spokane Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Maud E. Lofgren, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-228 033 469

336763

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH** MAR 16 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Madison (b) City Sunnydale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years -- month -- days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sunnydale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address
**3. RESIDENCE of FATHER** (city, state) Sunnydale

**4. FULL NAME OF CHILD** Edna Geneva Morgan
5. Date of Birth (Month, day year) Dec 28 1902
6. Sex Female
7. Twin or Triplet --
If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**
10. **FULL NAME** William David Morgan
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agricultural

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Fanny Kimber Morgan
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Flatchum, Berkshire, Eng. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 12
(c) Born alive and now dead 1 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ada O. Geisler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edna Geneva Morgan (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Ada O Geisler Signature
Rt. # 1, Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of March 1942

(SEAL) ..... Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417/130-014 713 MAR 21 1942 336789

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336789
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Canyon (b) City: Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county: years 6 months 24 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 Months
**3. RESIDENCE OF FATHER** (city, state) Nampa Idaho

**4. FULL NAME OF CHILD:** George Wesley Maxwell
**5. Date of Birth of Child** (Month, day, year): Dec. 30, 1902
**6. Sex:** Male
**7. Twin or Triplet** — If so—born 1st, 2nd, 3rd
**8. No. months of Pregnacy:** 9
**9. Legitimate?** yes

**FATHER OF CHILD**
10. FULL NAME: James Lee Maxwell
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Hendersonville (City or town) N. C. (State or foreign country)
14. Exact Occupation: Carpenter
15. Industry or Business

**MOTHER OF CHILD**
16. FULL MAIDEN NAME: Annie Cornelia Patton
17. Color or Race: White
18. Age at time of THIS birth: 28 yrs.
19. Birthplace: Hendersonville (City or town) N. C. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Annie C. Maxwell (First name) (Last name), who is related to this child as mother (Mother, ~~[illegible]~~)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho, County of Owyhee } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Dr. Kohler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie C. Maxwell — Signature
Marsing — P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942
(SEAL) Marsau D. Stafford — Notary Public, residing at Marsing
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Maurl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618712-016-319

336813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 23 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336813
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: Oakley
(c) Street Address or R.F.D. No.: R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Oakley
(d) Street Address or R.F.D. No.: R.F.D.
(e) How long has **MOTHER** lived in Idaho? <3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Ida.

**4. FULL NAME OF CHILD** Carl Hector Wahlstrom

**5.** Date of Birth of Child (Month, day, year) June 12, 1902

**6.** Sex: Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Reinhold Wahlstrom
**11.** Color or Race: White **12.** Age at time of THIS birth: 38 yrs.
**13.** Birthplace: Vingaker (City or town) Sweden (State or foreign country)
**14.** Exact Occupation: Farmer & Stockman
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Amelia Christina Carlson
**17.** Color or Race: White **18.** Age at time of THIS birth: 36 yrs.
**19.** Birthplace: Norrkoping (City or town) Sweden (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that Mrs. (First name) Clark (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Wahlstrom — Signature
424-5th Ave So. Nampa, Idaho — P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL) Ralph Reile — Notary Public, residing at Nampa, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Maurl Reed, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-212-003-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336819
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home, no hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Grace Helen Johnson

5. Date of Birth of Child (Month, day, year) Dec. 12, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William R. Johnson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Railroad
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eliza (Lida) Schanlaub
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Newton County, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Indiana
County of Wabash } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that (do not remember) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Schanlaub Johnson Signature
N. Manchester, Indiana P. O. Address

Subscribed and sworn to before me this 3 day of March, 1942.
my Comm. 1-31-46 (SEAL) Sarah Kelton Olive Notary Public, residing at N. Manchester, Wabash Co., Ind

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary F. Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-118-003-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336823
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. S. 2cd Ave.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years * months * days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 235 S. 2cd
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state Pocatella, Ida.

**4. FULL NAME OF CHILD** William Hoffman Conwell

5. Date of Birth of Child (Month, day, year) Nov. 18, 1902

6. Sex Male
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnacy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Vincent Paul Conwell
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace St. Augustine (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business None

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Hoffman
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Caverna, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana
County of Deer Lodge } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Dr. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Conwell Signature
423 Elm Anaconda, Montana P. O. Address

Subscribed and sworn to before me this 9 day of March, 19 42

(SEAL) Phil Bennis Notary Public residing at Anaconda
Notary Public for the State of Montana
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Marie [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 118-003-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336824
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. S. 2cd Ave.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years * months * days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 235 S. 2cd
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Id.

**4. FULL NAME OF CHILD** Willard Hoffman Conwell

**5.** Date of Birth of Child (Month, day, year) Nov. 18, 1902

**6.** Sex male **7.** Twin or Triplet twin If so—born 1st, 2nd, 3rd 2cd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Vincent Paul Conwell
**11.** Color or Race white **12.** Age at time of THIS birth 21 yrs.
**13.** Birthplace St. Augustine, Illinois (City or town) (State or foreign country)
**14.** Exact Occupation carpenter
**15.** Industry or Business none

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Hoffman
**17.** Color or Race white **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Caverna (City or town) Missouri (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business none

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Deer Lodge } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Dr. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Conwell Signature
423 Elm, Anaconda, Montana P. O. Address

Subscribed and sworn to before me this 9 day of March, 19 47
(SEAL) Mel Kalvet Notary Public, residing at Anaconda

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel F. Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-103-021 331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **336834**
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At the House
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Thomas Newell Carter

5. Date of Birth of Child (Month, day, year) July 3 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

**FATHER OF CHILD**

10. **FULL NAME** Thomas J. Carter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Nephi (City or town) Utah (State or foreign country)
14. Exact Occupation Grader
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Luda Ethel Clayton
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child No. 1. (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Thomas Newell Carter (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas J. Carter Signature
2162 Reeves Ave Ogden P. O. Address

Subscribed and sworn to before me this 7 day of March, 1941

(SEAL) Henry Seeger Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Maud Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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MAR 13 1942

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 10 month 3 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Enaville

**3. RESIDENCE of FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Walter Bernhardt Jarvey

5. Date of Birth (Month, day year) April 18th 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Bernhart Mummejarvi
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kauhajoki (City or town) Finland (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hilma Gustave Pakkala
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Vetali (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel Kelly (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Hilma Isaacson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Bernhardt Jarvey (Name of person on certificate above) as as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Eva Roori (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mrs Hilma Isaacson Signature
Enaville Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of Febr. 19 42
(SEAL) Mary M. Stout Notary Public, residing at Kellogg Ida
Commission expires July 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336867
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Butte (b) City: Clyde
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Butte
(c) City: Clyde
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state) Clyde, Idaho

**4. FULL NAME OF CHILD** Patrick Orville McKinley

5. Date of Birth of Child (Month, day, year) Feb. 13, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Thomas McKinley
11. Color or Race: White
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: GreenRiver (City or town) Wyoming (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rose Larsen
17. Color or Race: White
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Camas, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Butte } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Emily Bassinger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rose McKinley — Signature
Arco, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942
(SEAL) J. S. Martin — Notary Public, residing at Arco, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home birth
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Emmett, Idaho

**4. FULL NAME OF CHILD** Arthur Benjamin Cayford

**5. Date of Birth of Child** (Month, day, year) May 12-1902

**6. Sex** Male **7. Twin or Triplet** no **If so—born 1st, 2nd, 3rd** **8. No. months of Pregnacy** **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Fred Cayford
**11. Color or Race** White **12. Age at time of THIS birth** 40 plus yrs.
**13. Birthplace** Maine, U.S.A. (City or town) (State or foreign country)
**14. Exact Occupation** Transfer man
**15. Industry or Business** Transfer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Lutze
**17. Color or Race** White **18. Age at time of THIS birth** 38 2 yrs.
**19. Birthplace** Denver, Colorado (City or town) (State or foreign country)
**20. Exact Occupation** Housewife
**21. Industry or Business** Housekeeping

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of County of Snohomish } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for ..... years, and that Dr. Leader (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Benjamin Signature
R.2 Snohomish, Wash. P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942.
(SEAL) ..... Notary Public, residing at Snohomish
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336872
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Ida

**4. FULL NAME OF CHILD** Harry Fred Jewett

5. Date of Birth of Child (Month, day, year) Mch 13, 1902

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd no 8. No. months of Pregnacy 9 mo 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Henry Jewett
11. Color or Race white 12. Age at time of THIS birth 63 yrs.
13. Birthplace Vermont (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ellen Yates
17. Color or Race White 18. Age at time of THIS birth 46 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucinda McMillin (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ Address Date

State of Idaho
County of Owyhee } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 57 years, and that Dr. Waterhouse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mrs Lucinda Jewett McMillin Signature
Grand View, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 19 42
(SEAL) Clara Jenkins Notary Public, residing at Grand View

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336884
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City PAYETTE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 3 months 14 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City PAYETTE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state) PAYETTE, IDAHO

**4. FULL NAME OF CHILD** HOWARD EARL ROE

**5.** Date of Birth of Child (Month, day, year) SEPT. 24, 1902

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** JASPER NEWTON ROE
**11.** Color or Race WHITE **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace CLAY (City or town) MISSOURI (State or foreign country)
**14.** Exact Occupation FARM HAND
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** DOLLIE ANN RINGER
**17.** Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace INDIAN GROVE (City or town) MISSOURI (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that CORNELIA (First name) RINGER (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dollie Ann Roe Signature
Payette Idaho Star rt. P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942
(SEAL) W. R. McCune Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mabel Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1964

JUN 5 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

738-123-022-794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AMENDED

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Mar. 17, 1948

State File No. 336900
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Floyd William Pryne

5. Date of Birth of Child (Month, day, year) Dec. 23, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick William Pryne
11. Color or Race W
12. Age at time of THIS birth 24 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation Head Miller
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alvina M. Granli
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Oslo, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Benewah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick William Pryne Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942.

(SEAL) Fred D. Elwell, Probate Judge, Notary Public, residing at St. Maries, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 14, 1942 by Mabel F. Elder, Registrar

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336900

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

**3. RESIDENCE OF FATHER** (city, state) Troy, Idaho

**4. FULL NAME OF CHILD** Floyd William Pryne

5. Date of Birth of Child (Month, day, year) December 23, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy

9. ~~Legitimate~~?

**FATHER OF CHILD**

10. **FULL NAME** Frederick William Pryne
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation Head Miller
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Rachel Richard
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Kalamazoo, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living all

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick William Pryne Signature
St Maries Idaho P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942

(SEAL) Fred Shull Probate Judge ~~Notary Public,~~ residing at St Maries Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of St Maries Idaho

Certificate No. 336900

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth ~~or Death~~)
for Floyd William Payne (Name on Original Certificate) who ..... (Was Born ~~or Died~~) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

| FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.) | FROM (As on Original) | TO (The Correct Facts) |
|---|---|---|
| Mother's Name | Alice Rachel Richard | Alvina M. Granli |
| Mother's birthplace | Kalamazoo, Michigan | Oslo, Norway |
| Mother's age | 40 | 22 |

Subscribed and sworn to before me this 2 day of March 1948
Fred Russell Probate Judge
~~Notary Public~~, residing at St Maries Idaho.
My commission expires .....
(Seal)

Signed Fred W. Payne
(Signature of parent ~~or attendant~~ if correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record; or other credible person~~.)
St Maries Idaho R-4
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March 1948
Fred Russell Probate Judge
~~Notary Public~~, residing at St Maries Idaho.
My commission expires .....
(Seal)

Signed Alvina M Payne
(Signature of Any Credible Person) Mother
Vancouver Washington
(Street Address, City, State)

MAR 18 1948

863-220 028-386

MAR 11 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 336907
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home - days. IN **THIS** county 4 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Blanchard, Idaho

**3. RESIDENCE of FATHER** (city, state) Blanchard, I

**4. FULL NAME OF CHILD** Edith Velma Hockett

5. Date of Birth (Month, day year) April 20 1902

6. Sex Female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy -

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Hockett
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Allen County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Logging

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clarice Ethel Thompson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Albion, Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead - (d) Stillborn -
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Clarice Ethel Hockett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Matilda Barnes (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Clarice Ethe Hockett, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Edith-Velma Perry (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mother (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and Clarice this birth has not been previously recorded.

Mrs. Ethel Hockett Signature
Blanchard, Idaho. P. O. Address

Subscribed and sworn to before me on this 7 day of March 1942
(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693:12 2003:453

MAR 14 1942

336913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 650 So. GRANT AVE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days. AT HOME
In THIS county 11 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 650 So. GRANT AVE
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address 650 So. GRANT AVE

3. RESIDENCE of FATHER (city, state): POCATELLO, IDAHO

4. FULL NAME OF CHILD CLAUDIES SEYMOR WILLIAMS
5. Date of Birth (Month, day, year) July 22, 1902
6. Sex MALE
7. Twin or Triplet X
If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9
9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME JAMES THOMAS WILLIAMS
11. Color or Race WHITE
12. Age at time of THIS birth 31 1/12 yrs.
13. Birthplace SPRINGVILLE, (City or town) UTAH (State or foreign country)
14. Exact Occupation DRAYING & HAULING
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME HANNAH DETTON
17. Color or Race WHITE
18. Age at time of THIS birth 28 11/12 yrs.
19. Birthplace BRIGHAM CITY, (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum CARBOLIC ACID SOLUTION
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MRS. HANNAH WILLIAMS, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) CLAUDIES SEYMOR WILLIAMS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. CHRISTINA HIGGINSON (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Hannah Williams Signature
5811 HAROLD WAY, HOLLYWOOD CALIF. P. O. Address

Subscribed and sworn to before me on this 2nd day of March, 1942

(SEAL) [signature] Notary Public, residing at ____
My Commission Expires Nov. 17, 1945 In and for the County of Los Angeles State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1967

MAR 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-12-016-439

336968

United States
Department of Commerce
Bureau of the Census

MAR 23 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 336968
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth) RFD Oakley
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin ( via ) Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

**3. RESIDENCE OF FATHER** (city, state) Basin, Idaho

**4. FULL NAME OF CHILD** Solomon Wayne Fairchild

5. Date of Birth of Child (Month, day, year) Jan. 21, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Reg. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John H. Fairchild
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Louisiana McIntosh
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Jennettie Dayley (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisiana McIntosh Fairchild Signature
Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 19 42
(SEAL) Henry W. Luke Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Maurice E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 210026 79

336996

United States
Department of Commerce
Bureau of the Census

MAR 24 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

MAR

State File No. 336996
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. R.F.D. 1 Lorenzo, Ida
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No. RFD 1 - Lorenzo
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Annis, Ida

**4. FULL NAME OF CHILD** Cara Isabell Hall

**5.** Date of Birth of Child (Month, day, year) 8/10/1902

**6.** Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

**FATHER OF CHILD**

**10. FULL NAME** Ira Amos Hall
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Lynn, Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lucy Vilate Park.
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Clarkston, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None to my Knowledge
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature Dead M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all her life years, and that Lucinda Risher (First name) (Last name), who attended this birth is Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Vilate Hall Signature
Lorenzo Idaho RFD-1 P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942
(SEAL) Percy Grover Notary Public, residing at Rigby Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Maurel H. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 '52

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

953-101-014-154

337023

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 24 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 337023
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) New Plymouth

**4. FULL NAME OF CHILD** George Adelbert Relyea

**5.** Date of Birth of Child (Month, day, year) Dec. 1-1902

**6.** Sex Male

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Sylvester Relyea
**11.** Color or Race White **12.** Age at time of THIS birth 22 yrs.
**13.** Birthplace Jackson Mich. (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Idaho Lillie Anderson
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Pioneerville Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for Lifetime years, and that Mrs Amanda Relyea (First name) (Last name), who attended this birth as husband is dead (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Idaho Lillie Relyea Signature
R #5 Boise Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942
(SEAL) Conrad A Lee Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm Exp 7/8/46

Received for filing on MAR 24 1942 by Maurl F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892-115-10 YD-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338004
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wardner, Idaho.

**4. FULL NAME OF CHILD** Hamilton James Hibbard

5. Date of Birth of Child (Month, day, year) July 15, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Nathan Hibbard
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Franklin Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business Harness Maker

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie E. Horn
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ridgefield, (City or town) Clark Co., (State or foreign country) Washington
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie E. Horn Hibbard (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg, Ida Date 3/16-42

State of Washington
County of Clark } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for over 39 years, and that Dr. Mason (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. Hibbard Signature
Ridgefield, Washington P. O. Address

Subscribed and sworn to before me this 23rd day of February, 19 42

(SEAL) H. C. Connell Notary Public, residing at Ridgefield, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 9 1967

MAR

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-101-001-255

338059

United States
Department of Commerce
Bureau of the Census

MAR 27 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338059
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City Rockville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rockville, Ore

**4. FULL NAME OF CHILD** Norman Hugh MacKenzie

**5.** Date of Birth of Child (Month, day, year) Nov. 1, 1902

**6.** Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Finlay MacKenzie
**11.** Color or Race White **12.** Age at time of THIS birth 51 yrs.
**13.** Birthplace Morfitt, Scotland (City or town) (State or foreign country)
**14.** Exact Occupation Sheepman
**15.** Industry or Business Sheepman

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anne Marie Keenan
**17.** Color or Race White **18.** Age at time of THIS birth 41 yrs.
**19.** Birthplace Hastings, Ontario, Canada (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that Dr. Lucien P. McCalla (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Theresa Scott Signature
1612 Bannock Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942
(SEAL) ____ Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary E. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-103 096-813 338096

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338096
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Joseph Verlin Steers

**5.** Date of Birth of Child (Month, day, year) July 23, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** William Edmon Steers
**11.** Color or Race white **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Franklin Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Juila Hall
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Fairview Idaho (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family (First name) record (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Nell (First name) Morgan (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jenkins Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 42
(SEAL) Merle Pettingill Notary Public, residing at Preston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-217-036-695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

MAR 20 1942

State File No. 338251
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address as above

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Florence Eliza Manning

5. Date of Birth (Month, day, year) January 17th 1902

6. Sex Female 7. Twin or Triplet One If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Alma Taylor Manning
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Elizabeth Winn
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Adamsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home attendance

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mary Bedford Midwife
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as Mother (Father, etc.)

26. (a) ____ (Date received) (b) John Heeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Mary Elizabeth Manning M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Manning, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Florence Eliza Manning (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Elizabeth Manning Signature
10628 Avalon Los Angeles Calif. P. O. Address

**Subscribed** and sworn to before me on this 7th day of February 1942

(SEAL) George C Stone Notary Public, residing at Los Angeles California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-122-529-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338301
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 20 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow Idaho

**4. FULL NAME OF CHILD** Theodore VeTreace Brown

5. Date of Birth of Child (Month, day, year) Dec. 22-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Vetreace Brown
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Hardyville (City or town) Ky. (State or foreign country)
14. Exact Occupation Brick Maker
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Marie Williams
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace La Cygne (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Dr Adair (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma M. Brown — Signature
Kamiah Idaho — P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942.
(SEAL) J. E. Weld — Notary Public, residing at Kamiah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary Ebeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1968

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-102-016-132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338316
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County CASSIA (b) City ALBION
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At parents home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City ALBION
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) ALBION IDAHO

**4. FULL NAME OF CHILD** GEORGE ELLIOTT HOWELL

**5.** Date of Birth of Child (Month, day, year) APRIL 2, 1902

**6.** Sex MALE

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? YES.

**FATHER OF CHILD**

**10. FULL NAME** RALPH NATHANIAL HOWELL
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Springville, (City or town) Utah. (State or foreign country)
**14.** Exact Occupation FARMING.
**15.** Industry or Business Farming.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** EVA ALBERTSON.
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Albion, (City or town) Idaho. (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business " "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 39 years, and that Louisa E. Elliott, (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia G. Somerford Signature
801 4th. St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 25 day of Feb., 19 42.
(SEAL) Paul J. Fabrick Notary Public, residing at Rupert, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mary Hayden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-21110354 33

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338343
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Farm Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) Melrose Idaho

**4. FULL NAME OF CHILD** Mina Mildred ~~Huffman~~ Berry

**5.** Date of Birth of Child (Month, day, year) Oct 17 - 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Henry Berry
**11.** Color or Race White **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Decab-Co. (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Louise Marie Altmiller
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Tehama (City or town) California (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not known

**23.** Number of children ~~of this mother:~~ (a) ~~At time of birth~~ and including this child 0 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Mrs. Mildred Garner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H Berry Signature
Melrose, Idaho. P. O. Address

Subscribed and sworn to before me this 24 day of Feb., 1942
(SEAL) [illegible] Notary Public, residing at Culdesac, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

69 S-108 (4/4-819)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO MAR 21 1942

State File No. 338363
Local Reg. No. 782
Reg. Dist. No. 300

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Henry Winkler.

**5.** Date of Birth of Child (Month, day, year) April.8.1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George Maddux Winkler.
**11.** Color or Race White **12.** Age at time of THIS birth 46 yrs.
**13.** Birthplace Sandyville. (City or town) West Virginia (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Louesa Harp.
**17.** Color or Race White **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace Berryville, (City or town) Arkansas. (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 40 years, and that Mrs J.D.Poynor. (First name) (Last name), who attended this birth Is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Winkler Signature
Council, Adams Co. Idaho. P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942.
(SEAL) Ew Ellington Notary Public, residing at Council Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3/19/42 by Alma J. Hunt Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 7 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817-119-040-429

338399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one year yrs.

**3. RESIDENCE OF FATHER** (city, state) same place

**4. FULL NAME OF CHILD** Vernon Theodore Haggard

5. Date of Birth of Child (Month, day, year) May 19, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John William Haggard
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mae Usrey
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Chas. R. Maberry M.D. Midwife Address Spokane Date 3/15/42

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-118-040-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338411
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Floyd Helphenstine

5. Date of Birth of Child (Month, day, year) Oct. 18, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Oliver Helphenstine
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Farm Indiana (City or town) (State or foreign country) July 7-1878
14. Exact Occupation Miner
15. Industry or Business Standard & Hecla Mines Mace Burke

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clara Wells
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Farm Near Marysville Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39-3 mo years of age, that I have known this person for all his life years, and that all people are dead (First name) (Last name), who attended this birth is no longer (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Helphenstine Signature
1400 Webster St. Oakland Calif. P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942
(SEAL) Frank Masuto Notary Public, residing at Oakland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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714-106-001-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338447
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Star, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ida
(c) City: Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mos. ~~years~~

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Clay Garrett

5. Date of Birth of Child (Month, day, year): March 6, 1902

6. Sex: M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME:** Thomas M. Garrett
11. Color or Race: W.
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Lebanon (City or town), Mo. (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Margaret Elizabeth Young
17. Color or Race: W.
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Hartville (City or town), Mo. (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of: Mo
County of: Laclede } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas M. Garrett — Signature
Margaret Elizabeth Garrett — P. O. Address

Subscribed and sworn to before me this ..... day of March, 1942.
(SEAL)
Edward A. Lee — Notary Public, residing at Lebanon Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on: MAR 21 1942 by Mairl L. Leffler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

616-217 222- [redacted] 243

338479

United States Department of Commerce Bureau of the Census

([redacted] the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Fremont (b) City: Sunnydell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Midwife
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bingham
(c) City: Irwin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

**3. RESIDENCE OF FATHER** (city, state) Irwin Idaho

**4. FULL NAME OF CHILD** Mary Thelma Fawson

5. Date of Birth of Child (Month, day, year) 17 Nov 1902

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John William Fawson
11. Color or Race: White
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: Graysville (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Ann Butler
17. Color or Race: White
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation: Homewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY that I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since birth years, and that Mrs. (First name) Wiley-mid wife (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah A. Fawson — Signature

My Commission Expires June 10, 1943

1775 Molino, Long Beach, Calif. — P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942.

(SEAL) Nelda L. Myers — Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Sectio

Where the birth of a child born prior to the e
Chapter 191, 1911 Session Laws, has not been record
failure to report any birth which has occurred sub
date, such report may be received and filed by the lo
record in the Bureau of Vital Statistics for the pu
prescribed in Chapter 2, Title 38, Idaho Code Annot
report is accompanied by a certificate of the attend
midwife, or by affidavits of the father or mother o
neither father or mother of the child is living or a
nearest of kin or guardian, or some person having
in the premises.

556-225-006-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338498
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Milo
(c) ~~Street Address or~~ R.F.D. No. 2 Rigby
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Milo
(d) ~~Street Address or~~ R.F.D. No. 2 Rigby
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Milo Idaho

**4. FULL NAME OF CHILD** Thora Newman

**5.** Date of Birth of Child (Month, day, year) 12-25-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Albert Samuel Newman
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Peoa (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sarah Julia Anderson
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Goshen (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Newman (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Christina Anderson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Newman Signature
Route #1 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942.
(SEAL) Bertha Bowman CLERK OF THE DISTRICT COURT ~~Notary Public~~, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mark H. Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-120-016-358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338511
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth secured in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** JOHN ROLLA HANSON

5. Date of Birth of Child (Month, day, year) May 20, 1902

6. Sex Male

7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Hanson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Swan Lake (City or town) South Dakota (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Alice Leytham
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Portsmouth, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of NEBRASKA
County of Loup } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Mrs. Parish (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Alice Hanson Signature
Almeria, Nebraska P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942.
(SEAL) A. F. Alder Notary Public, residing at Taylor, Nebraska
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-225-006-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338521
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? app. 53 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Annie Vera Poulsen

5. Date of Birth of Child (Month, day, year) Dec. 25, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Christian Peter Poulsen
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Elizabeth Allen
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for years, and that Josephine Thomson, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Annie Elizabeth Allen Poulsen Signature
121 N. W. Temple Salt Lake P.O. Address

Subscribed and sworn to before me this 20th day of March, 1942.
(SEAL) A. Anderson Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-121-001-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338525
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Grand Avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: Grand Ave.
(e) How long has **MOTHER** lived in Idaho? 14 mos.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Frederick Orie Crang

**5.** Date of Birth of Child (Month, day, year): June 21, 1902

**6.** Sex: male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME:** Edwin James Crang
**11.** Color or Race: white
**12.** Age at time of THIS birth: 28 yrs.
**13.** Birthplace: Kahoka (City or town), Missouri (State or foreign country)
**14.** Exact Occupation: Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Mary Elizabeth Simler
**17.** Color or Race: white
**18.** Age at time of THIS birth: 27 yrs.
**19.** Birthplace: Dayton (City or town), Oregon (State or foreign country)
**20.** Exact Occupation: housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

**23.** Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living: 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Clatsop } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin James Crang — Signature
442 - 17th Street, Astoria, Ore. — O. Address

Subscribed and sworn to before me this 18th day of March, 1942

(SEAL) ..... Notary Public, residing at Astoria, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1947

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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693-115-009-493

**338540**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonners (b) City Sandpoint
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 29 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonners
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Charles Martin Wilcox

5. Date of Birth of Child (Month, day, year) May 15, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Thomas Wilcox
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Wood (City or town) County, Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Christana Mickelsen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Colfax (City or town) County, Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Charles T Wilcox (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that none on attendance (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles T Wilcox Signature
3820-N-Washington Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942.

(SEAL) Winnifred McPherson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mrs. Jenkins

246-222-230-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338549
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Lemhi (b) City: Ulysses
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Lemhi
(c) City: Ulysses
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Alta Ruth Smout

**5.** Date of Birth of Child (Month, day, year) Oct. 22, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Wingslow T. Smout
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Ogden (City or town) Utah (State or foreign country)
**14.** Exact Occupation Teamster
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lydia Annie Martin
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Ogden (City or town) Utah (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Mrs. (First name) Brown (Last name), who attended this birth location unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Annie Martin Smout Signature
1205 South 1st ave Kelso Washington P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942

(SEAL) A. H. McKay Notary Public, residing at Kelso

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-11-016-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338567
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 1 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

**3. RESIDENCE OF FATHER** (city, state) Albion, Ida.

**4. FULL NAME OF CHILD** Paul Baden Powell

5. Date of Birth of Child (Month, day, year) Apr. 11. 1902

6. Sex male

7. Twin or Triplet single If so, born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Walter Richard Powell
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Brill (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie Alvaretta Winterburn
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mt. Jay, (City or town) Ohio (State or foreign country)
20. Exact Occupation School teacher.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Do not know what was used at that time.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Both dead. } M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 40 years, and that Dr. Richard T. Story (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie A. Winterburn Powell Signature
106 S. Miller, Burley, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942

(SEAL) Jeannette Y. Chambers Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary Kreider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125-116-039-354

United States
Department of Commerce
Bureau of the Census Power

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338570
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Bannock~~ (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Bannock~~ Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

**3. RESIDENCE OF FATHER** (city, state American Falls Ida.

**4. FULL NAME OF CHILD** Lafayette Abercrombie

**5.** Date of Birth of Child (Month, day, year) Apr. 16, 1902

**6.** Sex M **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Johnathan Lafayette Abercrombie
**11.** Color or Race White **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Springville, Arkansas (City or town) (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eliza Van Leuven
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Richfield, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr. R. O. Jones (First name) (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johnathan L. Abercrombie Signature
301 W. 17th ST P. O. Address
Idaho Falls, Idaho

Subscribed and sworn to before me this 11 day of March 1942
(SEAL) W. L. Barnett Notary Public, residing at Idaho Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mark Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6 85-103-029-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338584
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Daniel Mitchell Wheelock

**5.** Date of Birth of Child (Month, day, year) Jan 3rd 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Arthur Mitchell Wheelock
**11.** Color or Race white **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Clarksville (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Harness maker
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Catherine Tyrrell
**17.** Color or Race white **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Blooming (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) Catherine Wheelock of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Ellen Stephenson (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Catherine Wheelock ..... Signature
Corvallis Ore ..... P. O. Address

Subscribed and sworn to before me this 20th day of March, 194[illegible]
(SEAL) Ralph P. Schindler Municipal Judge Notary Public, residing at Corvallis, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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555-201-244-897

**338603**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family home
(e) Mother's stay BEFORE delivery: IN THIS county 9 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 44 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Alice Agnes Hamilton (Maiden name Neeley)

**5.** Date of Birth of Child (Month, day, year) Oct 1-1902

**6.** Sex girl **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John C. Neeley
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Scott (City or town) County Va. (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lorena Nelson
**17.** Color or Race White **18.** Age at time of THIS birth yrs.
**19.** Birthplace Stafton (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum ✓

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, Stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lorena Neeley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's OWN signature - Midwife Address Weiser Idaho Date 3/4/42

State of Idaho
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 39 years, and that Dr C. B. Shirley (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorena Neeley Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942
(SEAL) [illegible] Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1967

MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-14-014-

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338627
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 12 years 1 months 14 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 26 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette, Idaho

**4. FULL NAME OF CHILD** Norman Leonard Williams

**5.** Date of Birth of Child (Month, day, year) Feb. 14-1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Thomas Nelson Williams
**11.** Color or Race White
**12.** Age at time of THIS birth 42 yrs.
**13.** Birthplace Raleigh (City or town) North Carolina (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ellen Cobb.
**17.** Color or Race White
**18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Texas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to ~~Prevent Ophthalmia Neonatorum~~

**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

**25.** Attendant's OWN signature — M.D. / Midwife — Address — Date

State of Oregon
County of Jackson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 40 years, and that J. C. Woodward M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Williams Newby — Signature
172 Mountain Ave. Ashland Ore. — P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942 Ashland Ore.
(SEAL) Notary Public, residing at Notary Public for Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Feb. 3, 1945

Received for filing on MAR 23 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Se

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t of kin or guardian, or some person havi ge
premises.

113-110-029-381

338634 338634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Benjamin Franklin Jackson

5. Date of Birth of Child (Month, day, year) Nov 10, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Benjamin Franklin Jackson SR,
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Marquam (City or town), Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nancy Serena Chambers
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Waitsburg (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Shasta } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 39 years, and that Dr. Peter Beck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Serena Jackson Signature
6625 Camden St Oakland Calif. O. Address

Subscribed and sworn to before me this 28th day of March, 1942.

(SEAL) R D Stimmel Notary Public, residing at Redding, Shasta County, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

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JAN 17 1952

613-132-235-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338654

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Wilbur E. Watson | | 2. Date Of Birth (month) December (day) 30, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: NezPerce (now Lewis) | b. City or Town of Birth: Fletcher (now Craigmont) |
| **FATHER** | 6. Full Name of Father: Hugh Evermon Watson | | 7. State or Country of Father's Birth: Oregon | |
| **MOTHER** | 8. Full Maiden Name of Mother: Jenny Shockley | | 9. State or Country of Mother's Birth: Alabama | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Wilbur E Watson | 11. Present Address of Registrant: Craigmont, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 8 1966 | 12. Signature of Notary: Robert Strom | 13. Notary Commission expires: Oct. 17, 1968 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: application for Insurance | | By whom issued and signed: Great Northwest Life Ins. Co. #13430, Spokane, Wn. | Date Issued: April 25, 1942 | Date Orig. Entry: April 25, 1942 |
| | Date of Birth: Dec. 30, 1902 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth Certificate | | By whom issued and signed: on File Idaho #148151 | Date Issued: --- | Date Orig. Entry: child born Dec 4, 1926 |
| | Date of Birth: Age 23 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Record | | By whom issued and signed: Sister Mary Mildred, O.S.B. St. Mary's Hospital | Date Issued: May 10 1962 | Date Orig. Entry: admitted Sept.4, 1942 |
| | Date of Birth: Dec.30 1902 | Birth Place: Fletcher Craigmont, Idaho | Full Name of Mother: Jenny Shockley | Name of Father: Hugh Evermon Watson | |

**QUALIFYING INFORMATION**

Statement regarding Voting Registration issued by W. R. Emerson, Clerk Dist. Court, Lewis County, Idaho on Sept 22, 1961. Time of Registration June 26, 1926, age given as 23 and birthplace as Idaho.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W Benson | bf Florence Curtright | Feb.10,1966 |

FORM BH 56067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338654
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Lewis (b) City: Nitcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Lewis
(c) City: Nitcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nitcher, Ida

**4. FULL NAME OF CHILD** WILBUR E WATSON

5. Date of Birth of Child (Month, day, year) Dec 31 1903

6. Sex: male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy: 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Hugh Everman Watson
11. Color or Race: White
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: Independence (City or town) Oregon (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business:

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jenny Shockley
17. Color or Race: White
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: Alabama (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hugh Everman Watson — Signature
Myrtle Idaho — P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942.
(SEAL) — Notary Public residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

0 1942
JAN 8 1943
DEC 23 1966 FEB 10 1966
DEC 23 1955

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-114-089-396

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO MAR 21 1942

State File No. 338690
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days.
IN **THIS** county 6 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Roy Wilbur Gentry

5. Date of Birth (Month, day year) 8-14-1902

6. Sex Male

7. Twin or Triplet Twin If so—born ~~1st~~, (2nd) 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Richard Gentry
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Georgia Crockett
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace St. Joseph (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Adams } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lena Green, being first duly sworn, say that I am a sister related (Related to (or) acquainted with) to Roy Wilbur Gentry (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Green Signature
Washtucna Washington P. O. Address

Subscribed and sworn to before me on this 19th day of March 1942
(SEAL) Edna Green Notary Public, residing at Pullman

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

31K-131-088-000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338712
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Personal Home
(e) Mother's stay BEFORE delivery: IN THIS county 49 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 49 yrs.

**3. RESIDENCE OF FATHER** (city, state) DeSmet, Idaho

**4. FULL NAME OF CHILD** BAZIL CAMPBELL

5. Date of Birth of Child (Month, day, year) August, 30, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD** ~~[illegible]~~

10. FULL NAME Peter Gideon Campbell
11. Color or Race Indian
12. Age at time of THIS birth 50 yrs.
13. Birthplace Cataldo (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and Cattle Raiser
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Pauline (Last name unknown)
17. Color or Race Indian
18. Age at time of THIS birth 49 yrs.
19. Birthplace Cataldo (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Benewah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 39 years, and that Peter Gideon Campbell (First name) (Last name) who attended this birth is now dec[illegible] (Is now deceased) or (Ca[illegible] I further state that the facts on the certificate above are true to the best of my knowledge, and that I desi[illegible] recorded under Chapter 139, 1937 Session Laws.

Witnesses to mark
George M. Fadden
Thelma Beptime

Mary Pauline Campbel[illegible] Signature
Plummer, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 194[illegible]

(SEAL) George M. Fadden Notary Public, residing at Plummer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Id[illegible] Code Annotated.)

Received for filing on MAR 25 1942 by Mabel Fielden Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 19

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-205-044-2-13

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338733
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County WASHINGTON (b) City COUNTRY
(c) Street Address or R.F.D. No. ROUTE NO. 2
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

**3. RESIDENCE OF FATHER** (city, state) 30 yrs.

**4. FULL NAME OF CHILD** BEULAH DELIA LOLLEY (~~Boy~~)

**5.** Date of Birth of Child (Month, day, year) MARCH 5 1902

**6.** Sex FEMALE

**7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy

**9.** Legitimate? ✓

**FATHER OF CHILD**

**10. FULL NAME** JOHN EDWIN LOLLEY
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 47 yrs.
**13.** Birthplace MISSOURI (City or town) (State or foreign country)
**14.** Exact Occupation FARMING
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ROSETTA SALING
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace NEBRASKA (City or town) (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at HOME M. on the date and at the place stated above, and that personal particulars were furnished by MRS KATE ADAMS (First name) (Last name), who is related to this child as AUNT (Mother, etc.)

**25.** Attendant's **OWN** signature DECEASED ~~M.D.~~ Midwife ✓ Address Date

State of Pennsylvania
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 72 years, and that Mrs Kate Adams (First name) (Last name), who attended this birth Sister (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES MARCH 28, 1943 Rosetta Lolley McKenzie Signature
2708 Geneva Ave S.E. Pgh. P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942
(SEAL) Howard R. Brown Notary Public, residing at Bay Shore Pa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel H. Gulp, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed~~ by the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-221-022-635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338780
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Fremont (b) City: St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Eunice Hanna Fletcher

**5.** Date of Birth of Child (Month, day, year) 1902-11-21

**6.** Sex: Girl

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Paul Fletcher
**11.** Color or Race: White **12.** Age at time of THIS birth: 26 yrs.
**13.** Birthplace: Iowa City (City or town) Iowa (State or foreign country)
**14.** Exact Occupation: Roofing
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eunice Parks Fletcher
**17.** Color or Race: White **18.** Age at time of THIS birth: 21 yrs.
**19.** Birthplace: Salt Lake City (City or town) Utah (State or foreign country)
**20.** Exact Occupation: House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Dr. Middleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul F. Fletcher Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942

(SEAL) [illegible] Notary Public, residing at St. Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mark Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-127-028-193 338830

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 30 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338830
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 23 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mo 23 days ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) Rathdrum, Idaho

**4. FULL NAME OF CHILD** Walter Warren Peters

5. Date of Birth of Child (Month, day, year) August 27 1902

6. Sex male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** James Walter Peters
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Millegeville (City or town) Illinois (State or foreign country)
14. Exact Occupation carpenter & plasterer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Ashley
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 39 years, and that Rhoda E. Taylor (First name) (Last name), who attended this birth is incapacitated (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. C. Peters Signature
1113 E Main Puyallup Wash. P. O. Address

Subscribed and sworn to before me this 21st day of March, 19 42
(SEAL) John F. Porter Notary Public, residing at Puyallup
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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457-109-035-294

338835

United States
Department of Commerce
Bureau of the Census

MAR 30 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338835
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same.

**4. FULL NAME OF CHILD** Clarence Armenius Megenity.

5. Date of Birth of Child (Month, day, year) Oct 9.1902

6. Sex Male.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Armenius R Megenity.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace North Platte (City or town) Nebraska. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Etha Alice Simmons.
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Indianola (City or town) Iowa. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business Same.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4 AM M. on the date and at the place stated above, and that personal particulars were furnished by Lucinda Jackson (First name) (Last name), who is related to this child as Great Aunt. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Craigmont Idaho. Date 3/16.1942

State of Idaho. County of ~~Nezperce~~ Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Great Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 39 years, and that Dr. Leach (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda R. Jackson Signature
Craigmont, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.
(SEAL) F. K. Dammarell Notary Public, residing at Craigmont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-126-04-412 30 338838

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338838
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) New Plymouth State Ida

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Henry Sundles

5. DATE OF BIRTH (Month, day, year) May 26, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Archie Henry Sundles

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Dalton (City or Town) Ohio (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Clara Elizabeth Masteller

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Mt. Vernon, (City or Town) Ohio (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Clara Elizabeth Masteller (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E R Wineman M.D. (D.O., Midwife, etc.)
and address Payette, Idaho Date 3/28/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 30 1947

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

289-109-022-695 338861 **338861**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO** MAR 17 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Sunnydell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sunnydell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Irvin Louis Byrne

5. Date of Birth of Child (Month, day, year) 6-9-1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Moses Louis Byrne
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lena May Winters
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Phoenix (City or town) Arizona (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Dr. Lorin F. Rich (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena May Byrne Signature
Thornton, RFD #1, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of Dec., 1941

(SEAL) [signature] Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Maurel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

JUL 8 1958

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-12540 09-152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338916
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county yes 3 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

**3. RESIDENCE OF FATHER** (city, state) Priest River Idaho

**4. FULL NAME OF CHILD** Michael Angelo Rose

**5.** Date of Birth of Child (Month, day, year) Mar 25 1902

**6.** Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy Nines **9.** Legitimate? Legal

**FATHER OF CHILD**

**10. FULL NAME** James Vincent Rose
**11.** Color or Race Italian **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Italy (City or town) (State or foreign country)
**14.** Exact Occupation Common Labor
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Asunta Anselmo
**17.** Color or Race Italian **18.** Age at time of THIS birth 18 yrs.
**19.** Birthplace Italy (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 40 years, and that Elizabeth Kruger (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annetta Roff Signature
Priest River Ida. P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942.
(SEAL) Rieka M. Kean Notary Public, residing at Priest River
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. Exp. May 15-43

Received for filing on MAR 30 1942 by Mabel T. Geisler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

MAR 4 1969

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-216-029-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338922
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho

**4. FULL NAME OF CHILD** Vivian Ester Quist

**5.** Date of Birth of Child (Month, day, year) Nov. 16, 1902

**6.** Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Quist
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Sweden (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Augusta Erickson
**17.** Color or Race white **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Sweden (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living six

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Midwife, Mrs. Turreld is now dead) Address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 years, and that Midwife, Mrs. Turrela (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Quist Signature
Palouse, Washington P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 42
(SEAL) Mary Quist Notary Public, residing at Palouse, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel Phelps, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-217-044-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338936
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Midvale, Idaho

**4. FULL NAME OF CHILD** Alice Geneva Fletcher

5. Date of Birth of Child (Month, day, year) Dec. 17, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward T. Fletcher
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Princeton, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Laura Linder
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Mateo } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Grif Keithley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 169, 1937 Session Laws.

Anna Laura Linder Signature
Aromas, California P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) Earl D. Tolman Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

EARL D. TOLMAN, NOTARY PUBLIC in and for the County of San Mateo, State of California
MY COMMISSION EXPIRES MAY 27, 1943

Received for filing on MAR 30 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-123-031-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 338961
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. 2 R F D
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nezperce, Idaho.

**4. FULL NAME OF CHILD** VANWELL FRANKLIN GRANT

5. Date of Birth of Child (Month, day, year) APRIL 23, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Sherman Grant
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace X (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillie May Porter
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace X (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Dr Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Grant
Signature

Nezperce, Idaho
P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 42

(SEAL) Pauline Mickle
Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1967

APR 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-112-014-919

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338965
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No. Emmett, Idaho.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No. Emmett, Idaho.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** George Chester Kesgard

5. Date of Birth of Child (Month, day, year) 8/12/1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Andrew Kesgard
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ada County, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer and stockraiser
15. Industry or Business farming and stockraising

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Elizabeth Gardner
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Centerville, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Gem, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Doctor (First name) Loder (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Kesgard — Signature
Emmett, Idaho. — P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942.

(SEAL) J. P. Reed — Notary Public, residing at Emmett, Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary E. Leper, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-101-030-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 338971
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Salmon, Idaho

**4. FULL NAME OF CHILD** Lawrence Melvin Manfull

5. Date of Birth of Child (Month, day, year) Dec. 1, 1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Manfull
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Winona County, Minn. (City or town) (State or foreign country)
14. Exact Occupation ranching - nothing now.
15. Industry or Business none

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maud Currier
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salmon, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none (now deceased)

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Clara Bates (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barnes Manfull — Signature
Wocus, Klamath Falls, Oregon — P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.
(SEAL) W. Lamar Lawrence — Notary Public, residing at Klamath Falls, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-221-028-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 339064
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Athol Ida

**4. FULL NAME OF CHILD** April Frances Cummett

**5.** Date of Birth of Child (Month, day, year) June 21-1942

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** William L Cummett
**11.** Color or Race White **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace Cole County Mo (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sarah Frances Holt
**17.** Color or Race White **18.** Age at time of THIS birth 42 yrs.
**19.** Birthplace Hamilton Ill (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Madonna Mrs Hayes (First name) (Last name) who attended this birth no Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank D Cummett Jr. Signature
2518 Broadway Everett P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) Sarah Mathisson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-114-035-434

339110

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Gifford Ida

**4. FULL NAME OF CHILD** Cecil Albert Glasby

**5.** Date of Birth of Child (Month, day, year) 9-14-1902

**6.** Sex M **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George S Glasby
**11.** Color or Race W **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Missouri (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business "

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Leola Maude McDowell
**17.** Color or Race W **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Missouri (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by George S Glasby (First name) (Last name), who is related to this child as father (Mother, etc.)

**25.** Attendant's **OWN** signature E. E. Watts M.D. ~~Midwife~~ Address Gifford Ida Date 3-24-1942

State of.....
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.)of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL) .....Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

## DELAYED REGISTRATION LAW

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689-111-009-431

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339113
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. near N.P. depot
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years 6 months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Post Office
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state)
Father is dead

**4. FULL NAME OF CHILD** James Malachi White

**5.** Date of Birth of Child (Month, day, year) Nov. 11th. 1902

**6.** Sex male

**7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Henry White
**11.** Color or Race white
**12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace North Burgess, Ont. Canada (City or town) (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business Blacksmith

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Catherine McAuliffe
**17.** Color or Race White
**18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Huntly Ont, Canada (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Omus F. Page (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Catherine White Signature
Pacific Hotel, Spokane, Wash. P. O. Address

Subscribed and sworn to before this 24th. day of March, 19 42

(SEAL) Robt. E. McFarlane Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mabel W. Gilfillan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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244-128-235-466

339116

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No. no
(e) How long has MOTHER lived in Idaho? 6yr yrs.

**3. RESIDENCE OF FATHER** (city, state) Melrose Ida

**4. FULL NAME OF CHILD** Kenneth Leroy Summers

**5.** Date of Birth of Child (Month, day, year) 7-28-1902

**6.** Sex male

**7.** Twin or Triplet 1 If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Lee Summers
**11.** Color or Race white **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Metz (City or town) Missouri (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Dowell
**17.** Color or Race white **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Buffalo (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business housewife

**22.** Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ no

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item ~~4, above~~, that I am now 58 years of age, that I have known this person for ~~XX~~ 39 years, and that Dr. (First name) Le Pard (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139, 1937~~ Session Laws.

Elizabeth Summers Signature
Myrtle Idaho P. O. Address

~~Subscribed~~ and sworn to before me this 24th day of March, 19 42

(SEAL) C. P. Hinkle Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

## DELAYED REGISTRATION LAW

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395-115-019-430

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339238
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Custer (b) City: Mac Kay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Hotel Mac Kay
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 15 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: ~~Custer~~ Idaho (b) County: Custer
(c) City: Mac Kay
(d) Street Address or R.F.D. No.: Hotel Mac Kay
(e) How long has **MOTHER** lived in Idaho? 5 month ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) Mac Kay Idaho

**4. FULL NAME OF CHILD** Carl Albert Tindale

**5.** Date of Birth of Child (Month, day, year) 10-15-1902

**6.** Sex: male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Albert Tindale
**11.** Color or Race: white **12.** Age at time of THIS birth: 22 yrs.
**13.** Birthplace: Malton (City or town) Canada (State or foreign country)
**14.** Exact Occupation: Hotel Chef
**15.** Industry or Business:

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Flora McDougall
**17.** Color or Race: white **18.** Age at time of THIS birth: 23 yrs.
**19.** Birthplace: Alvinston (City or town) Canada (State or foreign country)
**20.** Exact Occupation: House wife
**21.** Industry or Business:

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of: California
County of: Santa Cruz } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Dr. Ward (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Flora McDougall Tindale — Signature
RC 1 Box 614 A Santa Cruz Calif — P. O. Address

Subscribed and sworn to before me this 27th day of March 1948

(SEAL) Pearl Wendell Murray — Notary Public, residing at Santa Cruz, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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753-129-007-795

339284

United States
Department of Commerce
Bureau of the Census

APR 2 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 339284
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City Soldier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: PRIVATE RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

**3. RESIDENCE OF FATHER** (city, state) (SAME)

**4. FULL NAME OF CHILD** Richard Christopher Peterson

**5.** Date of Birth of Child (Month, day, year) 11/29/1902

**6.** Sex MALE

**7.** Twin or Triplet No

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Richard Thomas Peterson
**11.** Color or Race White
**12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Homepark (City or town) Montana (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Catherine Ellen Gieske
**17.** Color or Race White
**18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Weak Salt Water

**23.** Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Kate (First name) Finch (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of CAMAS } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Mrs. Lee (First name) Mink (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Finch Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mark F. Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1976

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-223022-439 337296 339296

United States
Department of Commerce
Bureau of the Census

APR 3 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 1 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 months ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Alice Ruth Adams

**5.** Date of Birth of Child (Month, day, year) May 23, 1902

**6.** Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 6th **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Hyrum Bunker Adams
**11.** Color or Race White **12.** Age at time of THIS birth 45 yrs.
**13.** Birthplace Salt Lake City Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice McReynolds
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Kansas City Kans (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice Pease Signature
Route #3 - Nampa Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942.
(SEAL) Winston M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-108016-613

339300 339300

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339300
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Calvin Gray

5. Date of Birth of Child (Month, day, year) December 8, 1902

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd First 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Calvin Melvin Gray
11. Color or Race Wh 12. Age at time of THIS birth 21 yrs.
13. Birthplace Albion, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Helen Walton
17. Color or Race Wh 18. Age at time of THIS birth 16 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 40 years, and that Dr. Storey (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Helen Mecum Signature
618 No 3rd ave Yakima Wn. P.O. Address

Subscribed and sworn to before me this 20th day of April, 19 42
(SEAL) S. H. Schramm Notary Public, residing at Yakima Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary H. Keefer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A.

CALVIN TWIN 1
CAL TWIN 2

dup of 1902-291002

DELAYED

231-128-020453

339311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 4 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339311
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ELMORE (b) City MOUNTIAN HOME
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City MOUNTIAN HOME
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** GEORGE HARRISON BLACK

5. Date of Birth of Child (Month, day, year) MAR. 28-1942

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** JOHN S. BLACK
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace CAMBRIDGE (City or town) OHIO (State or foreign country)
14. Exact Occupation STOCKMAN
15. Industry or Business STOCK RAISING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ALICE GERTRUDE-LOVERIDGE
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace MOUNTIAN CITY (City or town) NAV. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Alice Gertrude Black Signature
1249 S. Plymouth Blvd P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942

(SEAL) Jane T. Sullivan Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mary F. Eckman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-225-014-434

339340

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 7 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339340
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 824 Chicago St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 824 Chicago St.
(e) How long has **MOTHER** lived in Idaho.....yrs.
(f) Mother's mailing address 7/20/1920

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** MARY THOMPSON

5. Date of Birth (Month, day, year) 7/25/1942

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James M. Thompson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Butler Co. (City or town) Penna (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Louella M McMichael
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Clarion Co. (City or town) Penna (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) APR 7 1942 (Date received) (b) Mark F Eder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James M. Thompson, being first duly sworn, say that I am the father (Related to (or) acquainted with) MARY THOMPSON (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James M. Thompson Name

P. O. Address

Subscribed and sworn to before me on this 27th day of January, 1942

(SEAL) R M Korkonen Notary Public, residing at Portland Oregon

Commission Expires January 24, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1962

OCT 17

NOV 5 1971

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

632-106-040-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339403
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 120 Bank St.
(d) Name of Hospital or Maternity Home: In my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 120 Bank St.
(e) How long has **MOTHER** lived in Idaho? 10 yrs. yrs.

**3. RESIDENCE OF FATHER** (city, state) Wallace, Ida

**4. FULL NAME OF CHILD** Frank Howard Olson

**5.** Date of Birth of Child (Month, day, year) Aug 6, 1902

**6.** Sex male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Ole D. Olson
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Christson (City or town) Norway (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business Mining

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mable Gray
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Kansas City (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business X

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum X

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for all his life years, and that ..... (First name) ..... (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ole B. Olson Signature

Burke, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 19 42.

(SEAL) Geo. H. Haller Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 APR 1 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

55/-130-008-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339414
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Van Wyck, Ida

**4. FULL NAME OF CHILD** Ivan Lee Evans

5. Date of Birth of Child (Month, day, year) 10/30/1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew Evans
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hickory County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dora Stockam
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Joplin, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Andrew Evans (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Valley } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years, and that Mrs. Thayer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Evans Signature
Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of March, 19 42

(SEAL) Forest Thayer Notary Public, residing at Cascade, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of District Court

Received for filing on APR 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-119-035-381

339473

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Bliss Ford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Bliss Ford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Bliss Ford

**4. FULL NAME OF CHILD** Pearl Marx McAllister

**5.** Date of Birth of Child (Month, day, year) 12-19-02

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9 mo.

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Edmond McAllister
**11.** Color or Race White
**12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace (City or town) Clayton (State or foreign country) Illinois
**14.** Exact Occupation Carman
**15.** Industry or Business Rail Road

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Wynona Mae Chaney
**17.** Color or Race White
**18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace (City or town) Flat (State or foreign country) Illinois
**20.** Exact Occupation Housewife
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4 yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years years, and that Guy Burke (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wynona Mae McAllister Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 29 day of March, 1942

(SEAL) Guy H. Wheeler Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mark Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-215-006-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 339486

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In this county ____ years ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Idaho Falls, Ida.
3. RESIDENCE of FATHER (city, state) Idaho Falls, Id.

4. FULL NAME OF CHILD Mary Emilie Coffin
5. Date of Birth (Month, day, year) July 15, 1902
6. Sex Female
7. Twin or Triplet ____ If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Mark Ainsworth Coffin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace De Kalb Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Supt. for Edison Co.
15. Industry or Business Volmer. farms New Sweden

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Alice Pelot
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Ovide or Bingham Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 1 1942 (Date received) (b) [signature] (Registrar's signature)

28. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Calif
County of San Diego } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Coffin, being first duly sworn, say that I am ____ (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. La Rue (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary A. Coffin — Signature
Carlsbad, Calif. — P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1942

(SEAL) [signature] Notary Public, residing at Carlsbad, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

622-122-022-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339525
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Fremont (b) City: Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ashton, Idaho

**4. FULL NAME OF CHILD** Ray Henry Osborne

**5.** Date of Birth of Child (Month, day, year) Nov 22, 1902

**6.** Sex Male

**7.** Twin or Triplet 0 If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** George Henry Osborne
**11.** Color or Race White
**12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Tunbridge Wells (City or town) England (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hannah Christina Nielsen
**17.** Color or Race White
**18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Presto Amt, Denmark (City or town) (State or foreign country)
**20.** Exact Occupation Home Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for ..... years, and that Mrs Fenbum (First name) (Last name), who attended this birth no now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Christina Osborne Signature
P. O. Address

Subscribed and sworn to before me this 28th day of Mar, 1942
(SEAL) Vern Fuller Notary Public, residing at Ashton, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Maud Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-129-232-556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 339569
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Shoshone, Idaho

**4. FULL NAME OF CHILD** Marquis Carl Moody

**5.** Date of Birth of Child (Month, day, year) April 29, 1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Marquis LaFayette Moody
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Texas (City or town) (State or foreign country)
**14.** Exact Occupation Foreman
**15.** Industry or Business Sheep

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hannah Adella Newman
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Corinne, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business --

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person ~~for~~ since birth years, and that Dr. Emerson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hannah Moody Signature
615 N. 12th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42.
(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-11810 01-791

339576

339576

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339576
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Robert W. Newton

**5.** Date of Birth of Child (Month, day, year) Jan. 18, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Samuel L. Newton
**11.** Color or Race Wh
**12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Canada (City or town) (State or foreign country)
**14.** Exact Occupation Oregon Short Line
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Augusta F. Granholm
**17.** Color or Race Wh
**18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace New York State (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that attending physician (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Samuel L. Newton — Signature
1103 N. 6th — P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) Marion E. Ore — Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mabel Hilton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 19

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

797-114-040-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339579
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. R-1
(d) Name of Hospital or Maternity Home: Eighteen years
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. R-1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) IDAHO FALLS

**4. FULL NAME OF CHILD** HEBER PITMAN

**5.** Date of Birth of Child (Month, day, year) 10-14-1902

**6.** Sex M **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy NINE **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** SIDNEY PITMAN
**11.** Color or Race WHITE **12.** Age at time of THIS birth 52 yrs.
**13.** Birthplace NEWPORT (City or town) WALES (State or foreign country)
**14.** Exact Occupation FARMING
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ELIZABETH ANN BILLMAN
**17.** Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace COTTONWOOD (City or town) UTAH (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child TEN (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Skagit } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 39 years, and that Josephine Pittman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sidney Pittman Signature
Route 5 Mt Vernon P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942

(SEAL) Chas. J. Lederer Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mark H. Gedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-201-21b 864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 339613
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 3 months 20 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Mary Marie Barker (~~Youngblood~~)

**5.** Date of Birth of Child (Month, day, year) Nov. 1, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Samuel Henry Barker
**11.** Color or Race White
**12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Wallsville (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer & Stockman.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Susan Eliza Homer
**17.** Color or Race White
**18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace Smithfield (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 40 years, and that Martha Paish (First name) ..... (Last name), who attended this birth, dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Henry Barker — Signature
Elba Idaho — P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 42.

(SEAL) Henry W. Lukes — Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mark Kaufman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-103-028-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 339696
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Springston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 2 months 21 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Springston
(d) Street Address or R.F.D. No. 21 da
(e) How long has **MOTHER** lived in Idaho? 2mo. / yrs.

**3. RESIDENCE OF FATHER** (city, state) Same as mother

**4. FULL NAME OF CHILD** Rex Hess

**5.** Date of Birth of Child (Month, day, year) October 3, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George Washington Hess
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Birchtree (City or town) Mo. (State or foreign country)
**14.** Exact Occupation Stationary Engineer
**15.** Industry or Business Sawmill

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Evelene Ernestine Richardson
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace West Planes, (City or town) Mo. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Wasco } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother & father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 and / 68 respectively years of age, that I have known this person for 39 plus years, and that Dr. (First name) Busby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelene E. Hess George W. Hess Signature
305 E. 14th St., The Dalles, Ore. P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942.

(SEAL) Malcolm E. Wilkinson Notary Public, residing at The Dalles, Ore
My Com Exp. 10/10/45

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-013-040-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339704
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Helena Montana

**4. FULL NAME OF CHILD** Alice Lucille Jefferson

5. Date of Birth of Child (Month, day, year) Nov. 13/ 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** William Leslie Jefferson
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Helena Montana (City or town) (State or foreign country)
14. Exact Occupation Retired Ry Conductor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Samuels
17. Color or Race white
18. Age at time of THIS birth ..... yrs.
19. Birthplace Placerville California (City or town) (State or foreign country)
20. Exact Occupation House wife-died a[illegible]
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now li[illegible] 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. o[illegible]
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name)
related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Lewis & Clark } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Leslie Jefferson Signature

1503 Lyndale Ave Helena Montana P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) L. L. Henry Notary Public, residing at Helena Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1965

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-215-007-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339744
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

**3. RESIDENCE OF FATHER** (city, state) Carey, Idaho

**4. FULL NAME OF CHILD** Neva Maude Ivie

**5.** Date of Birth of Child (Month, day, year) Feb. 15, 1902

**6.** Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ray Ivie
**11.** Color or Race White **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer & Stock Raiser
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Maude Ellen Ainsworth
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Sublet (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Mary Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Ivie Signature
Carey, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942
(SEAL) Alice A. York Notary Public, residing at Carey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-273-031-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 339748
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Gray (b) City Declling
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Declling
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Gladys Issie Simon-Martin

**5.** Date of Birth of Child (Month, day, year) Oct. 23, 1902

**6.** Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Charley Wesley Martin
**11.** Color or Race White **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Missouri (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Maude Susie Sullivan
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Missouri (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business None

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:04 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maud (First name) Martin (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature Deceased. M.D. Midwife Address Date

State of Kansas
County of Cherokee } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Fiona (First name) McClure (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Maud Martin - mother
Signature
Baxter Springs Kan Route 1
P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL) Jos. P. Smith Notary Public, residing at Baxter Springs, Kan.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-207-029-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 339806
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latah (b) City: near Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: near Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Flora Morton Sisk

**5.** Date of Birth of Child (Month, day, year) June 7, 1902

**6.** Sex: female

**7.** Twin or Triplet: none If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Lewis Sisk
**11.** Color or Race: white
**12.** Age at time of THIS birth: 48 yrs.
**13.** Birthplace: Knoxville (City or town), Tennessee (State or foreign country)
**14.** Exact Occupation: farmer
**15.** Industry or Business: farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Cora May Morton
**17.** Color or Race: white
**18.** Age at time of THIS birth: 38 yrs.
**19.** Birthplace: Milwaukee (City or town), Wisconsin (State or foreign country)
**20.** Exact Occupation: housewife
**21.** Industry or Business: same

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: none

**23.** Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that Mrs. (First name) Skiland (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora May Sisk, Signature
Palouse, Washington P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL) [signature] Notary Public, residing at Palouse, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 194

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 - 2202 APR 10 1942 253

339887 339887

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Washington street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Washington street
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Charlett May Kelly

5. Date of Birth of Child (Month, day, year) March 20 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Stillman Edwin Kelly
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Myrtle Kelly
17. Color or Race 18. Age at time of THIS birth 20 yrs.
19. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. Haley (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah Myrtle Kelly, Signature
P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942
(SEAL) Marion E. Ore Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Marion E. Ore, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-224008-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340114
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 5 months 24 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho City - Ida.

**4. FULL NAME OF CHILD** Blanche Louise Hufferty

5. Date of Birth of Child (Month, day, year) 9-24-1902

6. Sex White 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mos. 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Ernest Gerard Hufferty
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Placerville (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Eliza Kennedy
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~two~~ ~~(b) Born alive and now living~~ 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 3 years, and that Mrs Warren Taylor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Kennedy Graham Signature
4th P. O. Address

Subscribed and sworn to before me this 6th day of April 1942

(SEAL) Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 727 003-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 340136
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Marsh Center
(c) Street Address or R.F.D. No. Oneida St. Idaho
(d) Name of Hospital or Maternity Home Post Office
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 5 months 27 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Marsh Center,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Marsh Center, Idaho

**4. FULL NAME OF CHILD** Daniel Kleinman

**5.** Date of Birth of Child (Month, day, year) Oct. 27, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Conrad Moroni Kleinman
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Lehi (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eliza Bethula Bringhurst
**17.** Color or Race White **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Toquerville (City or town) Utah (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 39 years, and that Neighbor Lady, unknown (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Bethula Kleinman Signature
Toquerville, Utah P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942
(SEAL) Martin Anderson Notary Public, residing at Toquerville, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Ex. Jan 19, 1945

Received for filing on APR 9 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1952

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-127001-364

340163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. Yoman
(d) Name of Hospital or Maternity Home: SAINT ALPHONSUS HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. YOMAN APT.
(e) How long has **MOTHER** lived in Idaho? 3 Mo. ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) Boise IDAHO

**4. FULL NAME OF CHILD** GEORGE SIMMONS WOOTTEN

**5.** Date of Birth of Child (Month, day, year) SEPT 27, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** GEORGE WASHINGTON WOOTTEN
**11.** Color or Race White
**12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Philadelphia (City or town) Pennsylvania (State or foreign country)
**14.** Exact Occupation BOOKKEEPER Telephone Co.
**15.** Industry or Business ✓

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ELIZABETH COUGHLIN
**17.** Color or Race White
**18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace Chicago (City or town) Illinois (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Illinois
County of Cook } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that DR. William (First name) Massie (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs.) Elizabeth C. Wootten — Signature
1457 ARTHUR AVE Chicago Ill. — P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942.
(SEAL) Henry Lindblag — Notary Public, residing at 1932 Maple Ave.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-123-044-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340279
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County ~~Bonner~~ (b) City Council
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 1 years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Council
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 1 2/12 yrs.
(f) Mother's mailing address 115 E. 52 st. Los Angeles Calif.

3. RESIDENCE of FATHER (city, state): deceased

4. FULL NAME OF CHILD Cecil Lewis Shaw

5. Date of Birth (Month, day, year) Oct. 23-1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Jess E. Shaw
11. Color or Race white
12. Age at time of THIS birth ____ yrs.
13. Birthplace ____ (City or town) ____ (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Aleta Day
17. Color or Race white
18. Age at time of THIS birth ____ yrs.
19. Birthplace ____ (City or town) ____ (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) ____ who is related to this child as ____ (Mother, etc.)

26. (a) APR 10 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Aleta Day Foster M.D. (D.O., Midwife, etc.) and address 3133 Cedar ave Lynwood Calif. Date 2-24-1942

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, aleta day foster, being first duly sworn, say that I am Mother Related (Related to (or) acquainted with) Cecil Lewis Shaw. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Shearer (Name of attendant at birth) was the attendant said birth is deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Aleta Day Signature
3133 Cedar Ave Lynwood Calif. Address

Subscribed and sworn to before me on this 24th day of Mar, 1942

(SEAL) G. C. Green NOTARY PUBLIC Notary Public residing at Los Angeles
in and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959 106 006 753

340317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340317
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? approx 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

**4. FULL NAME OF CHILD** Orie Parl Ivie

5. Date of Birth of Child (Month, day, year) Sep. 6-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Parley P. Ivie
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Pound Valley (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida May Peck
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Pound Valley (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Elmore } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for over 39 years, and that Hanna Maria Ivie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Ivie — Signature

P. O. Address

Subscribed and sworn to before me this 9 day of April, 1942

(SEAL) Justice of the Peace ~~Notary Public~~, residing at Atlanta, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Mary H Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

622-107035319

340352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Nez Perce (b) City:
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City:
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) 2

**4. FULL NAME OF CHILD:** JOHN ELMER OSBORN

**5.** Date of Birth of Child (Month, day, year): Aug. 7, 1902

**6.** Sex: Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** John Elmer Osborn
**11.** Color or Race: White
**12.** Age at time of THIS birth: 32 yrs.
**13.** Birthplace: Oregon (City or town) (State or foreign country)
**14.** Exact Occupation: Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Dolly Cary
**17.** Color or Race: White
**18.** Age at time of THIS birth: 20 yrs.
**19.** Birthplace: The Dalles (City or town) Oregon (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum:

**23.** Number of children of this mother: (a) At time of birth and including this child: 1st (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Thurston } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dolly Osborn
Signature
Olympia
P. O. Address

Subscribed and sworn to before me this 21 day of March 1942

(SEAL) Corinne Willon
Notary Public, residing at

(Note: Perjury is punishable under Idaho Code; see Sec. 17-914, Idaho Code Annotated.)

Deputy Auditor Thurston Co., Wash.

Received for filing on APR 11 1942 by Mary H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 '42

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 230 040-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340407
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shonone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr I L Magee hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Whitman
(c) City Palouse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10days ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Lelia Kathleen Gritman

5. Date of Birth of Child (Month, day, year) Oct. 30, 1902

6. Sex F

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Harvey L. Gritman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Illionis (City or town) (State or foreign country)
14. Exact Occupation Grain warehouseman
15. Industry or Business Grain warehouse

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida L. Bond
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Eugene Ore (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr. I L Magee, now deceased M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Dr. I. L. Magee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida L Gritman Signature
Palouse, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942
(SEAL) Ellen Sampsure Notary Public, residing at Palouse, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 209 031-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340413
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LEWIS (b) City KAMIAH
(c) Street Address or R.F.D. No. FARM
(d) Name of Hospital or Maternity Home:
— NONE —
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county — years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LEWIS
(c) City KAMIAH
(d) Street Address or R.F.D. No. ? (FARM)
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) DECEASED

**4. FULL NAME OF CHILD** ELSIE BENJESTORF

**5.** Date of Birth of Child (Month, day, year) 5-9-1902

**6.** Sex FEMALE

**7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy TERM

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** HENRY BENJESTORF
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace ST LOUIS (City or town), MISSURI (State or foreign country)
**14.** Exact Occupation CARPENTER
**15.** Industry or Business SAME

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** LOUISA - WENDT
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace ODER BERGH (City or town), GERMANY (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business OWN HOME

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Neighbor acted as midwife (First name) name - forgotten (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Benjestorf Jaar ks Signature
Long Beach, California P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942
(SEAL) Ferne Criswell Notary Public, residing at Long Beach, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel E. Glover, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 22 1975

APR 15 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-101-035-354

340420

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? five yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Emil Glenn Wilson

**5.** Date of Birth of Child (Month, day, year) 6-1-1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Edward Breckon Wilson
**11.** Color or Race white **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Jacksonville (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Viola Virginia Templin
**17.** Color or Race white **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Pala (City or town) Michigan (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that — (First name) — (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Viola Virginia Wilson Signature
4600 Orchard Ave. Los Angeles P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL) T. L. Hoff Notary Public, residing at Los Angeles Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691 228 028 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 340441
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Kootenai (b) City: Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Kootenai
(c) City: Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Maude Franz

5. Date of Birth of Child (Month, day, year) Oct 28, 1902

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Franz
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Stoy
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) ~~Born~~ alive and ~~now~~ living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Franz ..... Signature
Rockford, Wash ..... P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42.
(SEAL) Carl W. McDowell Notary Public, residing at Rockford
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel Thompson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-206-035-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340451
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County (b) City Ahsahka
(c) Street Address or R F D No. at home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 4 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County
(c) City Ahsahka
(d) Street Address or R.F.D. No. Homestead
(e) How long has MOTHER lived in Idaho? 4 7 yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state) Ahsahka, I

4. FULL NAME OF CHILD Myrtle Grace Carlson
5. Date of Birth (Month, day, year) April 6, 1942
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Petery Charles Carlson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) (State or foreign country) Denmark
14. Exact Occupation Proving up homestead
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Matilda Hansen
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country) Norway
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 10 1942 (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whatcom } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Peter Charles Carlson, being first duly sworn, say that I am related (Related to (or) acquainted with) Myrtle Grace Carlson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that do not remember (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Peter Charles Carlson Name
Blaine, Wash. P. O. Address

Subscribed and sworn to before me on this 30th day of October 1940

(SEAL) Robt. A. Lynch Notary Public, residing at Blaine, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-119 028-154

340491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City None
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City None
(d) Street Address or R.F.D. No. Route 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state Kootenai Idaho

**4. FULL NAME OF CHILD** Albert James Peterson

**5.** Date of Birth of Child (Month, day, year) 2-19-1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 5th **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Albert Peterson
**11.** Color or Race White **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Vingaker (City or town) Sweden (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Matilda Anderson
**17.** Color or Race White **18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Vingaker (City or town) Sweden (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Anna (First name) Benson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Nelson ..... Signature
Coeur d'Alene, Idaho ..... P. O. Address

Subscribed and sworn to before me this 8th day of January, 1942

(SEAL) Harold S. Grady ..... Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3014, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-219 010-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340493
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. RFD #3
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years 1 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No. RFD #3
(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Falls, Id

**4. FULL NAME OF CHILD** Pearl Vounette Hartert

**5.** Date of Birth of Child (Month, day, year) Aug. 19, 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Louis Albert Hartert
**11.** Color or Race white **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Delmar (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Real Estate & farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Pheobe Amanda Swanson
**17.** Color or Race white **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Westpoint (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum not known
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Midwife, name unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Albert Hartert
Signature
205 S. Ridge, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42.
(SEAL) Bruce Boyle Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-118 022.154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340501
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Farnum, Ida.

**4. FULL NAME OF CHILD** James Andrew Hanson

**5.** Date of Birth of Child (Month, day, year) 9/18/02

**6.** Sex Male

**7.** Twin or Triplet No — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Niels Christian Hanson
**11.** Color or Race White
**12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Copenhagen, Denmark. (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Anderson
**17.** Color or Race White
**18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Copenhagen, Denmark. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the stepmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 38 years, and that Emily Lambert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice Hanson — Signature
St. Anthony, Idaho, — P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42.
(SEAL) Louise Pfeffer — Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Idaho alls, Idaho,
April 7,1942.

Bureau of Vital Statistics,

Boise, Idaho.

Dear Sir:

As you did not enclose a new blank I have filled in the Birthdate and am returning this certificate to you.

According to the Registration Law on the reverse side of the certificate it seems as though it is permissable for a stepmother to sign it, either as the nearest kin, guardian or as a person having direct knowledge. My Father and Mother are both deceased and I was their only child. My Stepmother raised me from the time I was nine months old. I do not have any Uncles or Aunts or Grandparents living,nor any other blood relative who could sign it.

Yours truly,

James A Hanson

APR 1 1 1942

APR 15 1942

349-128 001-451

340540

United States
Department of Commerce
Buréau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise Idaho
(c) Street Address or R.F.D. No. 316 Bannock st.
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County.....
(c) City Boise
(d) Street Address or R.F.D. No. 316 Bannock st
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD** George Otis Curtis

**5.** Date of Birth of Child (Month, day, year) Jan 28-1902-

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph Milton Curtis
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Quincy (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Building contractor
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Christine Maria Deardorff
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Franklin Grove (City or town) Illinois (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Maternal Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 37 years, and that name Unknown (not known) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Stella K Marlenee Signature
5322½ Fountain Ave Los Angeles Calif Address

Subscribed and sworn to before me this 7th day of April, 1942.

(SEAL) Irene Gould Notary Public, residing at Los Angeles California
My Commission Expires February 22, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-125-044-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340575
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Ida.

**4. FULL NAME OF CHILD** Eugene Roosevelt Sprinkle

5. Date of Birth of Child (Month, day, year) May 25, 1902

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Rufus Sprinkle
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nancy Viola Adams
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Golden City, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Washington, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that Mrs. (First name) Arlidge (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora E. Sprinkle Signature
Weiser Idaho, P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942.

(SEAL) Lou I. Gallagher Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1967

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APR 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 223 035 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 340625
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County NESPERZE (b) City LENORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NESPERZE
(c) City LENORE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same.

**4. FULL NAME OF CHILD** RUBY ANN KERNS

5. Date of Birth of Child (Month, day, year) July 23, 1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** JACOB NEWTON KERNS
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace BAYFIELD (City or town) MISSIURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** JOSIE EVELYNE WILLIAMS
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace Springfield, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 10:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that AMILDA (First name) DOWDELL (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie Evelyne Church (Kerns) Signature
Rte. 5 Box 232, Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942.
(SEAL) Harry S. Porter Notary Public, residing at Vancouver, therein.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mark Kelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-223-040-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340650
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ..... (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wallace, Idaho

**4. FULL NAME OF CHILD** Lorena Lucille Tharp

5. Date of Birth of Child (Month, day, year) Jan. 23-1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Beverly Tharp
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Greenup (City or town) Ill. (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie Alvina Personette
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Arapahoe (City or town) Neb. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr — Himmerg (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Alvina Tharp ..... Signature
360 West 91 Pl. Los Angeles, Calif. ..... P. O. Address

Subscribed and sworn to before me this 3 day of February, 1942

(SEAL) R. Hurley ..... Notary Public, residing at Los Angeles Calif.
My Commission Expires May 9, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

## DELAYED REGISTRATION LAW

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115-117-035-243

**340673**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Russell P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county six years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Russell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho 18 yrs

**4. FULL NAME OF CHILD** Bernie Dell Jaenke.

5. Date of Birth of Child (Month, day, year) Feb. 17-1902

6. Sex male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. 9. Legitimate? YES.

**FATHER OF CHILD**

10. **FULL NAME** August Henry L. Jaenke.
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Hamburg (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ione Ett Butler.
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Darien. (City or town) New York. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

August H. L. Jaenke Signature
4114 N. Madison St., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 14th day of April, 19 42.

(SEAL) Lorraine D. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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791 715 031 799

340678

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months 17 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nezperce, Ida.

**4. FULL NAME OF CHILD** Erven Lee Graham

5. Date of Birth of Child (Month, day, year) Sept. 15, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Blake Graham
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Springdale (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Naomi Katherine Price
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Springdale (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Naomi (First name) Graham (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Selah, Wash. Date

State of Wash.
County of Yakima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 39 years, and that Dr. (First name) Cooper (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Naomi Katherine Graham Signature

P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42

(SEAL) Harold Fingrey Notary Public, residing at Selah, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Maud H. Lufen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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381 119 014 381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340766
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: At Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 8 months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

**3. RESIDENCE OF FATHER** (city, state) Middleton Ida.

**4. FULL NAME OF CHILD** John Samuel Chaney

**5.** Date of Birth of Child (Month, day, year) Oct 19 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Frederick Oscar Chaney
**11.** Color or Race White **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Middleton (City or town) Idaho (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business Stock Raising

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Amelia Agatha Thomas
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Boise (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Farming
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Customary prophylactic used at time
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Dr. Ed. Maxey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Agatha Chaney Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942.
(SEAL) Lura H. Stark Notary Public, residing at Middleton, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR APR 16 1942 by Mabel Kreider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-223 001 911

340789 **340789**

United States APR 18 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 409 Jefferson St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 409 Jefferson St
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Karen Marie Kieldsen

5. Date of Birth of Child (Month, day, year) June 23, 1902

6. Sex Female 7. Twin or Triplet 3d If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Louis P. Kieldsen
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Raaen
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of..... } ss.
County of..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis P. Kieldsen Signature
409 W. Jefferson St. Boise, Ida. P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942
(SEAL) Wm. S. Dunbar Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-211-035-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340873
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No. (Rural)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron
(d) Street Address or R.F.D. No. (Rural)
(e) How long has **MOTHER** lived in Idaho? 1 11/12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Cameron, Ida.

**4. FULL NAME OF CHILD** ETTA LAVINA WENDT

**5.** Date of Birth of Child (Month, day, year) May 11 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Fred August Wendt
**11.** Color or Race White
**12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Germany (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bernice Luella Tichenor
**17.** Color or Race White
**18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Muir (City or town) Michigan (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 63 years of age, that I have known this person for 39 11/12 years, and that Dr. Stonebarger (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bernice L. Darling Signature
1127 West Providence Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42.

(SEAL) Lorene D. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 340885
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.: West 6th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 1 months 16 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Moscow
(d) Street Address or R.F.D. No.: West 6th St
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow Idaho

**4. FULL NAME OF CHILD** Ted Kitley

**5.** Date of Birth of Child (Month, day, year) Feb 20 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Louis Miller Kitley
**11.** Color or Race White **12.** Age at time of THIS birth 23 yrs.
**13.** Birthplace Elma (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Butcher
**15.** Industry or Business Butcher

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Grace Pearl Tritt
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Russell (City or town) Kansas (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Ventura } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr. Chas L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Pearl Kitley Signature
403 West Simpson St. Ventura P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942.
(SEAL) Fred H. Zander Notary Public, residing at Ventura Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC, in and for the County of Ventura, State of California.

Received for filing on APR 16 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 340921
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: at own Home
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Chester Idaho

**4. FULL NAME OF CHILD** Percival Alma White

**5.** Date of Birth of Child (Month, day, year) NOV-4-1902

**6.** Sex MALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Robert Alma White
**11.** Color or Race WHITE **12.** Age at time of THIS birth 21 yrs.
**13.** Birthplace Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bertha Godfrey
**17.** Color or Race WHITE **18.** Age at time of THIS birth 18½ yrs.
**19.** Birthplace Park City (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Do Not Know

**23.** Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57½ years of age, that I have known this person for 39½ years, and that Mrs Orr – (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha Kline Signature
4256 – 7th ave P. O. Address

Subscribed and sworn to before me this 13th day of April, 194[illegible]
(SEAL) Notary Public, residing at Los Angeles Cal
(Note: Perjury is punishable as a felony in Idaho, see Sec. 18-914, Idaho Code Annotated.)

NOTARY PUBLIC in and for the County of Los Angeles, State of California
My Commission Expires Feb. 21, 1944

Received for filing on APR 18 1942 by Mabel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 340984
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Harry Louis Harrington

**5.** Date of Birth of Child (Month, day, year) Sept 8th 1902

**6.** Sex

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Robert Goddock Harrington
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Wyandotte (City or town) Kansas (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lillie Montgomery
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Northwest Ore (City or town) (State or foreign country)
**20.** Exact Occupation housework
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his life years, and that Martha A. Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 1942
(SEAL) Matilda Moser Clerk District Court Notary Public, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mark Phillips, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Parents residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Georgetown Ida.

**4. FULL NAME OF CHILD** Maud Pecora

5. Date of Birth of Child (Month, day, year) Feb. 5. 1902

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Franklin Pecora
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Naples (City or town) Italy (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Jeanette Sorensen
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Alice J. Tippets, (First name) (Last name), who attended this birth Now Deseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Jeanette Pecora Signature

P. O. Address

Subscribed and sworn to before me this 21, day of April, 19 42

(SEAL) Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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APR 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 341020

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Sublett
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Minnie Leora Abercrombie

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 23, 1942 (Month, Day, Year)

FATHER

9. Full name John David Abercrombie

10. Residence (usual place of abode) (If non-resident, give place and State) Arkansas

11. Color or race ..... | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Alice Mary Dennis

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Knoxville Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) ....., M. D.

or ....., Midwife

Address .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed APR 23 1942, 193 Maud F. Felder

Registrar.

The child at birth a separate return must be made for each, and the number of each, in order of birth stated.

DELAYED

125-223-016 454

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Gooding } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alice M. Parks being first duly sworn says that she is the mother of Minnie Leora Abercrombie
(Relationship of child)*
born May 23, 1902 at Shoshone, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Minnie Leora Abercrombie hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Minnie Christopherson ~~M. D.~~ was the Midwife medical attendant at the birth of said Minnie Leora Abercrombie and that the said medical attendant is deceased –
(Now deceased (or) cannot be located)

Name of Affiant Alice Mary Parks
P. O. Address Hagerman Idaho

Subscribed and sworn to before me this 11th day of April, 1942

[illegible]
Notary Public.
Residing at Hagerman Ida., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

341042

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 341042
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Vera Mae Beasley

5. Date of Birth of Child (Month, day, year) Mar. 8, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Allen Arthur Beasley
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cairo (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sara Clark
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Springfield, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO, County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that Margaret (First name) Henderlider (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Beasley — Signature
Route 2, Nampa, Idaho — P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 42

(SEAL) [signature] Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 4 1965

APR 2 4

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-209 029 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 341082
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Juliaetta Idaho

**4. FULL NAME OF CHILD** Ida May Pickens

**5.** Date of Birth of Child (Month, day, year) August 9. 1905

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Alvah M. Pickens
**11.** Color or Race white **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Buncom Co (City or town) No. Carolina (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Victoria McLean
**17.** Color or Race white **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Buncom County (City or town) No. Carolina (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 39 years, and that Robert (First name) Foster (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AL. S. KELLER
*Commission Expires Jan. 7, 1946*

Hannah Pickens Woody Signature
4285 Camellia Ave No Hollywood Calif P. O. Address

Subscribed and sworn to before me this 16 day of April, 19 42.
(SEAL) Al Sam Notary Public, residing at 1111 N Magnolia No. Hollywood Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341093
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. - - - - - - -
(d) Name of Hospital or Maternity Home:
Born at Home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia.
(c) City Oakley.
(d) Street Address or R.F.D. No. - - - - - -
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley Idaho.

**4. FULL NAME OF CHILD** Zory L. Blankenship

5. Date of Birth of Child (Month, day, year) August 26- 1902. A:M.

6. Sex White

7. Twin or Triplet - - - - - If so—born 1st, 2nd, 3rd - - - - -

8. No. months of Pregnacy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Josephus Blankenship.
11. Color or Race White
12. Age at time of THIS birth 46. yrs.
13. Birthplace Rosehill (City or town) Lee Co/ Virginia. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farmer.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** May Standerfer
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rosehill (City or town) Lee Co/ Virginia. (State or foreign country)
20. Exact Occupation House Wife & Home maker.
21. Industry or Business - - - - - - - - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum - - - - - - - - - - - - - - - -

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at A:M: M. on the date and at the place stated above, and that personal particulars were furnished by Me Josephus Blankenship (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature now deseased ~~M.D.~~ ~~Midwife~~ Address Date

State of California
County of Los Angeles. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 39 years, and that Dr. Peterson (First name) (Last name), who attended this birth is now deseased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephus Blankenship Signature

My Commission Expires July 14, 1945 Twin Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 14 day of Aprol, 1942

(SEAL) J. F. Ward Notary Public, residing at 1745 Roosevelt Ave Los Angeles. Californ

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341120
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 ~~months~~ ~~years~~

**3. RESIDENCE OF FATHER** (city, state) Blackfoot Ida

**4. FULL NAME OF CHILD** Anna Wildred Foote

**5.** Date of Birth of Child (Month, day, year) Oct 24 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James Lindsey Foote
**11.** Color or Race white **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Greeley (City or town), Colorado (State or foreign country)
**14.** Exact Occupation Livery Stable proprietor
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nellie Irma Workman
**17.** Color or Race white **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace West Grove (City or town), Iowa (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum unknown

**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Nellie I. Foote (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty two years of age, that I have known this person for 39 years, and that Dr. Mc. Atee (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie I. Foote Signature
1539 Shenandoah St. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942.
(SEAL) M. Alice White Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires August 17, 1943

Received for filing on APR 20 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341127
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 53 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello

**4. FULL NAME OF CHILD** George Ritchie Stanger

5. Date of Birth of Child (Month, day, year) Mar. 17, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Stanger
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sarah Ritchie
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for all his life years, and that a Mrs. Bird (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Stanger Crofts. Signature
Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 42.
(SEAL) L. Swensen Notary Public, residing at Shelley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Maud Fielding, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341135
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur'd Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm home (Blue Creek)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur'd Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same as Mother

**4. FULL NAME OF CHILD** Carl Thomas Sorenson

5. Date of Birth of Child (Month, day, year) November 25, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jess Sorenson
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Kern
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 40 years, and that Unknown to me (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ethel May Stingley Signature
Nyachet, Wash P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) Albert Cohen Notary Public, residing at Naches

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel H. Wilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714 102 040-763

341146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Osborne
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Osborne
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** David Albert Gamble

**5.** Date of Birth of Child (Month, day, year) 3-2-02

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Albert David Gamble
**11.** Color or Race White **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Portage (City or town) Wisconsin (State or foreign country)
**14.** Exact Occupation Foreman on Construction
**15.** Industry or Business Construction work

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bessie Mary Golden
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Drimacs, Mayo Co., Ireland (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Mrs. (First name) Scott (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie M Gamble Signature
924-8th Ave, San Diego, Calif. P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942
(SEAL) V. C. Gamble Notary Public, residing at San Diego Calif.
My commission expires 7-24-1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mark H. Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

992-209 022 483.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341164
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Glenwood (b) County Mills
(c) City Iowa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.

**3. RESIDENCE OF FATHER** (city, state) Glenwood Iowa

**4. FULL NAME OF CHILD** Myrtle Juanita Irby

**5.** Date of Birth of Child (Month, day, year) Oct 9 1902

**6.** Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** William Wesley Irby
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Glenwood (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Every Day labor
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eliza Olivia Mylar
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Logan (City or town) Cache Valley Utah (State or foreign country)
**20.** Exact Occupation Home maker
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Mills } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for ..... years, and that Mrs Bryan (First name) ..... (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Olivia Mylar Irby Signature
Glenwood, Iowa P. O. Address

Subscribed and sworn to before me this 15 day of April 1942, 19.....
(SEAL) Alzada Nevada Notary Public, residing at Glenwood, Ia.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1947

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 105035 214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341179
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. MAIN ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No. MAIN ST
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** EDWARD WILLIAM THOMPSON

**5.** Date of Birth of Child (Month, day, year) JAN 5 1902

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** WILLIAM LEONARD THOMPSON
**11.** Color or Race WHITE **12.** Age at time of THIS birth 23 yrs.
**13.** Birthplace CLAYTON (City or town) WISCONSIN (State or foreign country)
**14.** Exact Occupation SALMON PACKER
**15.** Industry or Business COLUMBIA RIVER PACKERS ASSN

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ALLETTA BAUMEISTER
**17.** Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace WALLA WALLA (City or town) WASH (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business do do

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of CLATSOP } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that DR SHAFF (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Aletta B Thompson Signature
C/o RRPA ASTORIA ORE P. O. Address

Subscribed and sworn to before me this 13 day of APRIL, 19 42
(SEAL) Notary Public, residing at Astoria, Oreg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

OCT 24 1946

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

532-113040-193

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341182
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Weippe
(c) Street Address or R.F.D. No. Rural section
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Weippe
(d) Street Address or R.F.D. No. Rural section
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weippe, Idaho

**4. FULL NAME OF CHILD** Arthur Elben

5. Date of Birth of Child (Month, day, year) Mch. 13, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Elben
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Newark (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bertha Van Artsdalen
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Columbus (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Santa Clara } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Louise (First name) Cresler (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Elben. Signature

No. 15 South 22nd Str. San Jose, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42

(SEAL) George R. West Notary Public residing at San Jose, Calif.

NOTARY PUBLIC IN AND FOR THE COUNTY OF SANTA CLARA, STATE OF CALIFORNIA

My Commission Expires Nov. 11, 1942

(Perjury is a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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811-230 044-358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341253
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser Ida

**4. FULL NAME OF CHILD** ROSTHIE Haas

5. Date of Birth of Child (Month, day, year) Nov 30 1902

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Bernard Haas
11. Color or Race Jewish 12. Age at time of THIS birth 42 yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation AT TIME OF BIRTH
15. Industry or Business owned Hardware Store

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ELLA Lehman
17. Color or Race Jewish 18. Age at time of THIS birth 24 yrs.
19. Birthplace Meridian (City or town) Mississippi (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California, County of Orange, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that DR (First name) SHIRLEY (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Lehman Haas Signature

920 N. Olive St., Santa Ana, California, P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 42,

(SEAL) Noreta Chen Notary Public, residing at Orange, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1954

SEP 24 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341290
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Labelle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: at Home
IN **THIS** county 17 years 7 months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Labelle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) Labelle Idaho

**4. FULL NAME OF CHILD** Ray Irving Browning

**5.** Date of Birth of Child (Month, day, year) May 21, 1942

**6.** Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Green Browning
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Ogden (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Printer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Amanda Vilate Elmer
**17.** Color or Race White **18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace Ogden (City or town) Utah (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Amanda (First name) Browning (Last name) and that I am related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 years, and that Mina (First name) Stephens (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cassandra Browning Signature
P. O. Address

Subscribed and sworn to before me this 18 day of April 1942.
(SEAL) Frank J Fewkes Notary Public, residing at Idaho Falls Idaho
My Commission Expires March 9, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 21 1942 by Mary E Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-105-028-364

341325

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Inica
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Inica
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs 9 mo yrs.

**3. RESIDENCE OF FATHER** (city, state) Inica Idaho

**4. FULL NAME OF CHILD** Terence Victor Terhune

**5.** Date of Birth of Child (Month, day, year) 12 4 mo 5 1942

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Victor Chalmers Terhune
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace unknown (City or town) Indiana (State or foreign country)
**14.** Exact Occupation Laborer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma May Compton
**17.** Color or Race white **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Cuba (City or town) Indiana (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum unknown

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. County of Santa Cruz } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Ina Hagen (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES JAN. 17, 1945

Emma Terhune Faust Signature
Freedom Calif. P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942

(SEAL) Mary C. Tierney Notary Public, residing at Freedom Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mark Hutchins, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-130029 318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341327
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Troy, Idaho

**4. FULL NAME OF CHILD** Arden Earl Proctor

5. Date of Birth of Child (Month, day, year) 4-30-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Arthur Carlton Proctor
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Carson City, Michigan (City or town) (State or foreign country)
14. Exact Occupation Liveryman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nora May Taylor
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Troy, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Michigan
County of Missaukee } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Doctor Hinkle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Carlton Proctor Signature
Lake City, Michigan P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42

(SEAL) Mat Gillis My Commission Expires 2-3-1945 Notary Public, residing at Lake City, Mich.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mat Gillis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 19[illegible]

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 227 028 464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341348
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Harrison, Ida.

**4. FULL NAME OF CHILD** Helen Clare Laumeister

5. Date of Birth of Child (Month, day, year) Jan. 27, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Herman A. Laumeister
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Stockton, California (City or town) (State or foreign country)
14. Exact Occupation Foreman, Cameron Lbr. Co.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Carrie Dodty
17. Color or Race white
18. Age at time of THIS birth so not know yrs.
19. Birthplace do not know (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 40 years, and that Dr. John (First name) Busby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Herman A. Laumeister Signature
Box 299, Coeur d' Alene, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942
(SEAL) Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

JUN 10 1975

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967120 007465

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341350
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Blaine (b) City farm
(c) Street Address or R.F.D.No. Lost River, P O
(d) Name of Hospital or Maternity Home:
none- at farm home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 25 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Lost River, Post Office
(d) Street Address or R.F.D.No. farm
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Lost River, Ida

**3. RESIDENCE of FATHER** (city, state) same

**4. FULL NAME OF CHILD** Jean Edward Rogers

5. Date of Birth (Month, day year) May 20, 1902

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Rogers
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillian Alice Moe-Rogers
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Cherokee, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 21 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Minidoka } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriett M Harger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jean Edward Rogers (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Tom Ferguson (Name of attendant at birth), who attended said birth is deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.; that I was present in home at time of birth and was then 37 years of age

Harriett M Harger Signature

Minidoka, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of April, 19 42

(SEAL) W B Baker Notary Public, residing at Rupert. Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

SEP 14 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka

Certificate No. 341350

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jean Edward Rogers (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1904 (Date of Event)
in Lost River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family record and recollection of relatives (Bible Record, Insurance Policy, Etc.) prepared on May 23, 1904 (Give Date), are:

| FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.) | FROM (As on Original) | TO (The Correct Facts) |
|---|---|---|
| Date | May 20, 1902 | May 23, 1904 |
| | | |
| | | |

Subscribed and sworn to before me this 18th day of July, 19 42

Notary Public, residing at Rupert, Idaho

My commission expires April 4, 1946
(Seal)

Signed Harriett M. Harger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Minidoka, Idaho
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Duchesne

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 19 42

Notary Public, residing at Roosevelt, Utah

My commission expires May 11, 1944
(Seal)

Signed Mary Orser
(Signature of Any Credible Person Other Than Previous Year)

Roosevelt, Utah
(Street Address, City, State)

SEP 14 1942

SEP 14 1

113-215 044 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 341355
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Payette R.F.D. No 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Payette R.F.D. No 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser Idaho

**4. FULL NAME OF CHILD** Osee Estella Jackson

5. Date of Birth of Child (Month, day, year) May 15 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Alvin Jackson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Payette (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Estella Blanche Mills
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bartlet (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all her life years, and that Charles Skipper (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvin Jackson Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) W. A. McClure Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary Erickson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1952

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-231-022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342451
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Minnie Elissa Sanderson

**5.** Date of Birth of Child (Month, day, year) January 21-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Henry Christopher Sanderson
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Denmark (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Caroline Martina Anderson
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Ogden, Utah (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4-P- M. on the date and at the place stated above, and that personal particulars were furnished by Caroline Sanderson (First name) (Last name), who is related to this child as Brother (Mother, etc.)

**25.** ~~Attendant's~~ **OWN** signature Caroline Martin Anderson M.D. Midwife Address Rt-1 Box 297D Date apl-14 1942

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of San Diego }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942
(SEAL) Henry E. Miller Notary Public, residing at Lemula Vista
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires March 26, 1948.

Received for filing on APR 22 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1966

APR 25 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-219-014-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342490
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 24 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** ENID ILA OLSEN

5. Date of Birth of Child (Month, day, year) APRIL 17th 1902

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** WILLIAM ALVIN OLSEN
11. Color or Race WHITE 12. Age at time of THIS birth 26 yrs.
13. Birthplace GREEN BAY (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business CATTLE

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** CHRISTINA SMITH MUIR
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace HOOPER (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of SONOMA } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth, ~~cannot be located~~ (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Alvin Olsen Signature
1821 West Ave Santa Rosa Calif. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) Geo Gothang Notary Public, residing at Santa Rosa Sonoma Co. Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-207-029-435

342502

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City GENESEE
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAM
(c) City GENESEE
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) GENESEE, IDAHO.

**4. FULL NAME OF CHILD** MARY HELEN SWANK

5. Date of Birth of Child (Month, day, year) FEB. 7, 1902.

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN SWANK
11. Color or Race WHITE
12. Age at time of THIS birth 60 yrs.
13. Birthplace CORYDON, (City or town) INDIANA (State or foreign country)
14. Exact Occupation RETIRED STOCKMAN
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY ELIZABETH McNEIL
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace PULASKI, (City or town) TENNESSEE (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of TEXAS
County of KERR } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the HALF-SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. Carrol Connat Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. Opie Strauch ..... Signature

Kerrville, Texas. ..... P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942.

(SEAL) Jes R. Leavell ..... Co. Clerk ~~Notary Public~~, residing at Kerrville, Texas.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mabel Weldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 4 1942

DEC 3 1975

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-117-009-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342518
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Clare Maynard La Vigne

**5.** Date of Birth of Child (Month, day, year) November 17, 1942

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mos. **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George M. La Vigne
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Mosinee (City or town) Wisconsin (State or foreign country)
**14.** Exact Occupation Band Sawyer
**15.** Industry or Business Lumber

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lily May Parker
**17.** Color or Race white **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Harrisville (City or town) Wisconsin (State or foreign country)
**20.** Exact Occupation house wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

**25.** Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Life ~~years~~, and that Mrs. Hal Pole (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Lily May La Vigne Signature
5224 N Madison St, Spokane Wash. P. O. Address

Subscribed and sworn to before this 20th day of April, 1942.
(SEAL) Mary E. Kennessey Notary Public, residing at Spokane, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mary E. Kennessey, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1970

APR 24 19

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-23-0037959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 342598
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 636 N. Grant Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 13 years ~~13~~ months 12 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 636 N. Grant
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida

**4. FULL NAME OF CHILD** ODA MARY WOREL

**5.** Date of Birth of Child (Month, day, year) Oct 31, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Albert Worel
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Iowa City, Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Musician
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eleanor Frances Perfield
**17.** Color or Race White **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Camden County, N.J. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for life years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Albert Worel Signature
636 North Grant Ave., Pocatello. P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942
(SEAL) Mrs. McCarl Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 [illegible]

FEB 14 [illegible]

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-126-010-685

342622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Coltman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Coltman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

**3. RESIDENCE OF FATHER** (city, state) Coltman, Idaho

**4. FULL NAME OF CHILD** Andrew J. Millard

5. Date of Birth of Child (Month, day, year) Mar. 26, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Albert Millard
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bradford (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Wheeler
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Slaterville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all his life ~~years~~, and that a Mrs. Peterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Wheeler Millard — Signature
Shelley, Idaho — P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942, [redacted].

(SEAL) L. Swensen — Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-225-035-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342673
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Southwick, Ida

**4. FULL NAME OF CHILD** Zola Gladys Keller

**5.** Date of Birth of Child (Month, day, year) Sept., 25, 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Lester Henry Keller
**11.** Color or Race white **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Mankota (City or town) Minnesota (State or foreign country)
**14.** Exact Occupation sawmill operator
**15.** Industry or Business sawmill lumber business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jennie Lerman
**17.** Color or Race White **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Attica (City or town) Michigan (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum not known if any

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years, and that Dr. J. W. Stoneburner (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Lerman Keller Signature

P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42

(SEAL) Ann Dickman Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel Schelter, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1967

APR 27 '62

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-109-031-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342701
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Orval Leo Langhoff

5. Date of Birth of Child (Month, day, year) Sept. 9-1902

6. Sex male

7. Twin or Triplet — If so, born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Charles Langhoff
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rebecca Ann Hilton
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr. Lenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora M. Parker Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) John L. Shelley Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel Walker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1946

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-103-022-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342703
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Teton City Ida.

**4. FULL NAME OF CHILD** Lathon Jay Marler

**5.** Date of Birth of Child (Month, day, year) May 3 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Allen Green Marler
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Harrisville (City or town) Utah (State or foreign country)
**14.** Exact Occupation Merchant
**15.** Industry or Business Furniture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mahala Allen
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Lewistown (City or town) Utah (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mahala (First name) Allen Marler (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Arizona
County of Maricopa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Mrs. Mary Sorenson (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mahala A Marler Signature
56 So. Hibbert St Mesa, Arizona P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942
(SEAL) G. S. Hayes Notary Public, residing at Mesa, Ariz.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel Hughes, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 19[illegible]

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-207029-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342768
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latah (b) City: Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Genesee Ida.

**4. FULL NAME OF CHILD** Amelia Frances Schubach

5. Date of Birth of Child (Month, day, year) Oct. 7 1902

6. Sex Feminine 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Joseph Schubach
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Germantown Wis. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Pauline Fessler
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 40 years, and that Lena Fleischman (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Schubach Signature
Clarkston Wash. P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942
(SEAL) A. N. Rognstad Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary E. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-206-007695

342780

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City SOLDIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City SOLDIER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) SOLDIER, IDAHO

**4. FULL NAME OF CHILD** MYRNA GREY LIGHTFOOT

5. Date of Birth of Child (Month, day, year) MAY 6 - 1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN HENRY LIGHTFOOT
11. Color or Race WHITE
12. Age at time of THIS birth 46 yrs.
13. Birthplace NEAR OWENSBORO (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** JEANNETTE LAIRD FINCH
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace SANTA QUIN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that DR. A. A. HIGGS (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Booth — Signature

P. O. Address

Subscribed and sworn to before me this 27th day of March 1942

(SEAL) Eva A Barton Notary Public, residing at Glendale, Calif.

NOTARY PUBLIC
My Commission Expires Sept. 15, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 14 1942 by Mary Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 8 1942

OCT 1 1957

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-212-525-755

342810

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In **THIS county** 21 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address (For registration notice):
Kooskia Idaho
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Elizabeth Miles

5. **DATE OF BIRTH** (Month, day, year) Feb. 12, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Miles

11. Color or Race Indian

12. Age at time of THIS birth 20 yrs.

13. Birthplace Lapwai Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Engineer

15. Industry Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Penney

17. Color or Race Indian

18. Age at time of THIS birth 21 yrs.

19. Birthplace Kooskia Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Wilson (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) 4/22 - '42 (Date received) (b) Buelah Brown (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

APR 24 1942

25. Attendant's **OWN signature** Elizabeth Wilson ~~M.D.~~ (D.O., Midwife, etc.)
and address Kamiah Idaho Date 4/22-'42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

## LOCAL REGISTRATION OF BIRTHS

JAN 17 1961

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

219-220-019.497.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 342822
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Custer (b) City: Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Custer
(c) City: Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mackay, Idaho

**4. FULL NAME OF CHILD** Dollie Eva Fisher ~~Barrett~~

**5.** Date of Birth of Child (Month, day, year) 12/20/02

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph Fisher
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Billings (City or town) Montana (State or foreign country)
**14.** Exact Occupation General Laborer
**15.** Industry or Business General Laborer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Jane Dixon
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Richland Co. (City or town) Illinois (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Fisher (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 39 years, and that Dr. (First name) Woods (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Jane Dixon Fisher Collier Signature
Mrs. E. J. Collier
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 42
(SEAL) [signature] Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1968

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-231-001-281

342827

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: R.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: R.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho.

**4. FULL NAME OF CHILD** Bessie Rosetta Smith (Garrett)

5. Date of Birth of Child (Month, day, year) Aug 31 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** William Booker Smith
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Independence (City or town) Jackson Co Missouri (State or foreign country)
14. Exact Occupation Retired Drugless Dr.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Ora Shawver Smith
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace America City (City or town) Nemaha Co Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Ventura } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Bessie Rosetta Smith (First name) (Last name), who attended this birth Dr Spaulding Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Elizabeth Shawver Whitlock Signature
176 E. Barnett Ventura Calif. P. O. Address

My Commission Expires July 2, 1942

Subscribed and sworn to before me this 23rd day of April, 1942
(SEAL) Wesley E. Hale Notary Public, residing at Ventura Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of [illegible] has not been recorded, or in case of [illegible] has occurred subsequent to such [illegible] and filed by the local registrar for [illegible] statistics for the purposes and uses [illegible] 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-210-028-399

342834

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Mary Margaret Tindall

**5.** Date of Birth of Child (Month, day, year) Aug. 10, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Tindall
**11.** Color or Race White **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace State of Utah (City or town) (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business Carpenter

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Clara Tripp
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace State of Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Dr. Watts (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Tindall Crawford Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 24 day of Sept., 1942
(SEAL) John L. O'Kelley Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

523-109-004-216

342872

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Back Street
(d) Name of Hospital or Maternity Home: In Own Home.
(e) Mother's stay **BEFORE** delivery: IN THIS county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Back Street.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier Ida

**4. FULL NAME OF CHILD** Carl Verner Esterholt.

5. Date of Birth of Child (Month, day, year) April 9. 1942

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Nels Christian Esterholt
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Blacksmith.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Carlina Bjorklund.
17. Color or Race White. 18. Age at time of THIS birth 39 yrs.
19. Birthplace Frebro Sweden. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 39 years, and that "Grandma" Hillard (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Emma Stricker Signature
1309 Greenleafsle Compton Cal. P. O. Address

Subscribed and sworn to before me this 24 day of April, 1947

(SEAL) Olive Lee Hays Notary Public, residing at Compton, Cal.

Comm. exp. 4/24/46

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel Hellison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-231-033-819

342995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 342995
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Sugar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ethel Lois Winmill

**5.** Date of Birth of Child (Month, day, year) December 31, 1902

**6.** Sex Female **7.** Twin or Triplet neither If so—born 1st, 2nd, 3rd 3 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Richard William Winmill
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Parley's Canyon (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Tacy Lois Hardy
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Parleys Canyon, Utah (City or town) (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business House Wife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum not known
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 12

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Not known (First name) (Last name), who attended this birth Not known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tacy Lois Winmill Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942
(SEAL) [illegible] Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9142.117002.993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343114
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Elmer James Russell

**5.** Date of Birth of Child (Month, day, year) March 17 1902

**6.** Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** George Talton Russell
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Ottal Co. Neb. (City or town) United States (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** mrs. mary alice Ireland.
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Baker City (City or town) Oregon (State or foreign country)
**20.** Exact Occupation House Wife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 o'clock A.M. March 17 1902 on the date and at the place stated above, and that personal particulars were furnished by Mary Russell (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature Died. M.D. Midwife Address Date

State of ..... } ss.
County of .....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for ..... years, and that Mrs. Ada Shearer (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice Russell. Signature
McCall Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942

(SEAL) Herman [illegible] Notary Public, residing at McCall Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242.106 007 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343121
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** William Richard Bush

**5.** Date of Birth of Child (Month, day, year) Aug. 6th 1942

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Daniel D Bush
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Clover (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ada Rice
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Farmington (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Tooele } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Mrs James Carey (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel D Bush Signature
Clover Utah P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942
(SEAL) Melba Bowen Notary Public, residing at Tooele, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. May 2, 1943

Received for filing on APR 23 1942 by Mark Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

571112-028 453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343138
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Birth Occurred At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bonners Ferry Ida

**4. FULL NAME OF CHILD** James William Egan

5. Date of Birth of Child (Month, day, year) July 12, 1942

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd First 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James William Egan Sr.
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Bellaghaderreen County Wexford, Ireland (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Julia Alice Delehanty
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Kilkenny, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 39 years, and that Mrs. Rider (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W Egan Sr. Signature

Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of April, 1943

(SEAL) E B Schultz Probate Judge Notary Public, residing at BONNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-22 20 38 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343174
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City Payette
(c) ~~[illegible]~~ R.F.D. No. 2.
(d) Name of Hospital or Maternity Home: Farm Home 2½ miles Northeast of Payette.
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years 1 months -- days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Payette.
(c) City Payette.
(d) ~~[illegible]~~ R.F.D. No. 2.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette, Idaho.

**4. FULL NAME OF CHILD** Anna Emilie Peutz.

**5.** Date of Birth of Child (Month, day, year) May 22, 1902.

**6.** Sex Female **7.** Twin or Triplet --- If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 9. **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Henry Peutz.
**11.** Color or Race White. **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Gundelsby, (City or town) Germany. (State or foreign country)
**14.** Exact Occupation Farmer.
**15.** Industry or Business Farming.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Katie Michelsen.
**17.** Color or Race White. **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Copenhagen, (City or town) Denmark. (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business Housekeeping.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not known.
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho. County of Payette. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. O. H. Avey, M.D., (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Peutz
Signature
R.F.D. #2, Payette, Idaho.
P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.
(SEAL) W. R. McClure Notary Public, residing at Payette, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1963

APR 30 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-209 022-135

343200

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Chester
**3. RESIDENCE of FATHER** (city, state) Chester Idaho

**4. FULL NAME OF CHILD** Eunice Leonora Brown
**5.** Date of Birth (Month, day year) Jan. 9, 1902
**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**
**10. FULL NAME** Hyrum Brown
**11.** Color or Race White **12.** Age at time of THIS birth 47 yrs.
**13.** Birthplace Little Cotton Wood, Utah (City or town) (State of foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Jasmitta Jane Alvord
**17.** Color or Race white **18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace Springville, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 p. M. on the date and at the place stated above, and that personal particulars were furnished by Jasmitta Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**26.** (a) APR 28 1942 (Date received) (b) [illegible] (Registrar's signature)
**27.** Given name added on by (Registrar's signature)

**25.** Attendant's **OWN** signature Hattie Watson M.D. (D.O., Midwife, etc.)
and address Ashton Anthony Ida Date April 22, 1942

State of } ss.
County of }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-127029 168

343248 343248

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latah (b) City: Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Mother's Home
(e) Mother's stay BEFORE delivery: IN THIS county 10 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Harold Portfors Robinson

**5.** Date of Birth of Child (Month, day, year): Aug. 27, 1902

**6.** Sex: Male **7.** Twin or Triplet: No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME: Daniel Herbert Robinson
11. Color or Race: White 12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Severn Bridge, Ont. Can. (City or town) (State or foreign country)
14. Exact Occupation: Timber Cruiser
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME: Maud Ellen Johnston
17. Color or Race: White 18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Shelbina Mo. (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 (61) years of age, that I have known this person for ~~12~~ 39 years, and that Dr. C. K. Hinkel (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Ellen Robinson Signature
Lakeview Oregon P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942.
(SEAL) Viola Buchan Notary Public, residing at Lakeview Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Maud Hedlin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

JUL 11 1945

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-130-001-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343296
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2 miles from town
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) ~~Street~~ Address or R.F.D. No. 2 miles from town
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** WILLIAM EDGAR PFOST

5. Date of Birth of Child (Month, day, year) May 30, 1902

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** WILLIAM ALEXANDER PFOST
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bates Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ROSE ELLA VENABLE
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Itaska, Hill Co. (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to my knowledge

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Beck M.D. Midwife Address Boise Ida Date 4-29-42

State of California
County of Santa Clara } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for about 2 years and that DR. JOHN BECK (First name) (Last name), who attended this birth, I believe Dr. Beck is still alive (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Rose Ella Venable Pfost Signature
81 Pierce Ave. San Jose, Cal. P. O. Address

Subscribed and sworn to before me this 22nd day of April, 19 42

(SEAL) Irene A. Barney Notary Public, residing at San Jose, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel Hellier, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

JUN 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-117-028-793

343308

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Hildore Curtiss Lyon

**5.** Date of Birth of Child (Month, day, year) May-17-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Darwin Sibe Lyon
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Cant-Know- (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Book-Keeper
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ora May Gill
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Little Rock (City or town) Arkansas (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 years, and that Mrs. Foote, Midwife (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora May Lyon Signature
Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 19 42
(SEAL) [illegible] Notary Public, residing at Rathdrum, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343363
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Paris Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Paris, Ida.

**4. FULL NAME OF CHILD** James Ray Hymas

**5.** Date of Birth of Child (Month, day, year) Dec. 27, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Arthur James Hymas
**11.** Color or Race white **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Liberty (City or town) Idaho (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Cordelia Davis
**17.** Color or Race white **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace San Juan (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Dr. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cordelia Hymas Signature
Cedar City Utah P. O. Address

Subscribed and sworn to before me this 4th day of MAY, 1942.
(SEAL) Roberta Rundall Notary Public, residing at Oakley Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark F. Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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669-131-006-132

343398

United States
Department of Commerce
Bureau of the Census

MAY 7 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343398
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months 21 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Blackfoot Ida

**4. FULL NAME OF CHILD** James Percival Worden

**5.** Date of Birth of Child (Month, day, year) Dec. 31 1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George C. Worden
**11.** Color or Race White **12.** Age at time of THIS birth 22 yrs.
**13.** Birthplace Eden Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hilda Ackerman
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Hyrum Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate -- Normal Saline
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9 A M. on the date and at the place stated above and that personal particulars were furnished by Hilda Worden (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 39 years, and that Dr. Snooks (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Worden Signature
Blackfoot Idaho R#1 P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942.
(SEAL) Louis Fell Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343530
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 657 so. Main St.
(d) Name of Hospital or Maternity Home: Born at her home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 657 So. Main
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello Ida.

**4. FULL NAME OF CHILD** Jessie Wilhelmina Keyes

5. Date of Birth of Child (Month, day, year) April 27 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Lee Keyes
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Railroad Fireman ( O.S.L.
15. Industry or Business Union Pacific Railroad

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nina Rachel Holmes
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Trenton (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. James H. Bean (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Rachel Holmes Keyes Signature
Box 64, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL) [signature] Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 108 035 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343610
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Farm home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? four yrs.

**3. RESIDENCE OF FATHER** (city, state) Nez Perce Ida

**4. FULL NAME OF CHILD** David Bernard Johns

**5.** Date of Birth of Child (Month, day, year) Aug. 8, 1902.

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** David Edgar Johns
**11.** Color or Race white **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace New Town (City or town) Pa. (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Cora Johnson
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Waynesburg (City or town) Pa. (State or foreign country)
**20.** Exact Occupation ~~Waynesburg~~ farm girl
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Elizabeth (First name) Johnson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Cora Johnson Johns Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.
(SEAL) Nora Nelson Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-128-035 221

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343617
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City T/a
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City T/a
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Vance Lasale Thomason

**5.** Date of Birth of Child (Month, day, year) Jan-28-1902

**6.** Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Lewis Milton Thomason
**11.** Color or Race White **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Benton Co. Arkansas (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business —

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hannah E. Skaggs
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace — Texas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) (Last name), who is related to this child as ✓ (Mother, etc.)

**25.** Attendant's **OWN** signature ✓ M.D. Midwife Address ✓ Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Rebecca A Howard (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X J H Seay Signature
Grangeville-Idaho P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942
(SEAL) T T Rothwell Notary Public, residing at Grangeville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1961

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 131 029-796

**343650**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 3 month 29 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. RFD 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Palouse Washington

**3. RESIDENCE of FATHER** (city, state) Viola Idaho

**4. FULL NAME OF CHILD** Arthur Robert Williams

**5.** Date of Birth (Month, day year) Oct 31-1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy none **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Franklin Williams
**11.** Color or Race white **12.** Age at time of THIS birth 50 yrs.
**13.** Birthplace Montgomery Co. (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ida Proctor
**17.** Color or Race white **18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace Proctorville (City or town) Missouri (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn none

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) ..... (Date received) (b) Mrs Helen (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John F. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Robert Williams (Name of person on certificate above) as cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lue Williams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John F. Anderson Signature
RFD Palouse, Wn P. O. Address

Subscribed and sworn to before me on this 23 day of April, 19 42
(SEAL) Allan Lamp Reg Notary Public, residing at Palouse

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-112 035 - 317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343662
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** RUDOLPH RAY WARREN

**5.** Date of Birth of Child (Month, day, year) Oct. 12, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Grant Warren
**11.** Color or Race White
**12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Curry County, Oregon (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Gertrude M. Taplin
**17.** Color or Race White
**18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Wawtoma, Wisconsin (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of ASOTIN } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41+ years, and that Mrs. Flinn (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grant Warren — Signature
Asotin, Washington, — P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.
(SEAL) A. P. Wormell COURT COMMISSIONER Notary Public, residing at Asotin, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 4 1942 by Mabel Wagner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-105036-162

343668

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Stone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Stone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Francis J. Goodliffe

**5.** Date of Birth of Child (Month, day, year) Mar 5 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Henry Arbon Goodliffe
**11.** Color or Race white **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace London (City or town) England (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Shoe repairer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Jane Josephson
**17.** Color or Race white **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace St John (City or town) Oneida Co Idaho (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna Goodliffe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr. Arbon (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J. Goodliffe Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 7 day of May, 1942.
(SEAL) L. W. Howell Notary Public, residing at Rexburg
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary E. [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343670
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Soda Springs Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Wanda Ariell Bens

5. Date of Birth of Child (Month, day, year) Oct. 13, 1902

6. Sex F

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Louis Phillip Bens
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace Piedmont (City or town) France (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Lerry Bens
17. Color or Race J
18. Age at time of THIS birth yrs.
19. Birthplace Uinta (City or town) Utah (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Bens (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kack Jr. M.D. ~~Midwife~~ Address Soda Springs Idaho Date 5-4-48

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lora [illegible] ..... Signature
Soda Springs ..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1948 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843 208 037-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343693
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bruneau

**4. FULL NAME OF CHILD** Florence Jannet Hutchison

**5.** Date of Birth of Child (Month, day, year) Oct 8, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Hutchison
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace North Fork Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ella Hutchison
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Neva City, Missouri (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Emma Hampton (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Hutchison Signature
Bruneau Idaho P. O. Address

Subscribed and sworn to before me this 30 day of April, 19 42
(SEAL) George R. Fouts Notary Public, residing at Bruneau
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel Hutchison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-222 001 219

343 727

343727

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343727
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 612 So. 16th St.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Ida (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 612 S. 16th St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Ida

**4. FULL NAME OF CHILD** Margaret Henderlider

**5.** Date of Birth of Child (Month, day, year) Aug. 22-1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Stewart Henderlider
**11.** Color or Race White **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Terre Haute, Indiana (City or town) (State or foreign country)
**14.** Exact Occupation Hardeware Salesman
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Barbour
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Ottowa Kan (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate sol.
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 M. on the date and at the place stated above, and that personal particulars were furnished by Stewart (First name) Henderlider (Last name), who is related to this child as Father (Mother, etc.)

**25.** Attendant's **OWN** signature John Baird M.D. Midwife Address Boise Ida Date 5-8-42

State of ..... } ss.
County of .....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ..... 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493/21 035-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343860
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nez Perce Idaho

**4. FULL NAME OF CHILD** Ernest Edison Mitchell

**5.** Date of Birth of Child (Month, day, year) Nov - 21 - 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd —

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ira Marvin Mitchell
**11.** Color or Race White **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Des Moines (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Minnie Eliza King
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Cameron (City or town) Idaho (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Dr. Coborn (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Minnie E. Mitchell Signature
W. 311 X Glass Spokane P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 42
(SEAL) H. A. Slater Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 / 11 036866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343894
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ONEIDA (b) City MALAD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City MALAD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) MALAD, IDAHO

**4. FULL NAME OF CHILD** GEORGE LAVERN THORNTON

**5.** Date of Birth of Child (Month, day, year) 1-11-1902

**6.** Sex MALE

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** GEORGE LEVI THORNTON
**11.** Color or Race WHITE **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace FARMINGTON (City or town) UTAH (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ALICE MAY HOOPES
**17.** Color or Race WHITE **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace WESTON (City or town) IDAHO (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ONEIDA } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that DR JONES (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice M. Thornton Signature
MALAD, IDAHO P. O. Address

Subscribed and sworn to before me this 3d day of May, 1942
(SEAL) John H. McAllister by D. D. Jones Deputy Notary Public residing at MALAD, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 6 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 34344
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** George LaVern Thornton

5. Date of Birth of Child (Month, day, year) Jan 11, 1902

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Levi Thornton
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice May Thornton
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that ~~Mr~~Dr. John Jones (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice May Thornton Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of July, 1944.

(SEAL) John V. McAllister, ~~XXXXXXX~~ residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of District Court

Received for filing on by, Registrar.

JUL 10 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-24-020 568

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343911
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ..... (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. Ranch
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Nellie May Lawrence

**5.** Date of Birth of Child (Month, day, year) Aug. 24th 1902

**6.** Sex female

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Carl Warren Lawrence
**11.** Color or Race White
**12.** Age at time of THIS birth 20 yrs.
**13.** Birthplace Yuba (City or town) Utah (State or foreign country)
**14.** Exact Occupation
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Luella Moyer
**17.** Color or Race White
**18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Dalles (City or town) Oregon (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Kern } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for ..... years, and that Lydia Lawrence (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. W. Lawrence Signature
1408 Grace St. Bakersfield P. O. Address

Subscribed and sworn to before me this 30th day of Apr., 1942 Cal.
(SEAL) M. Florence Taylor Notary Public, residing at Bakersfield, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mark Hetzler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343924
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bannock (b) City: Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

**4. FULL NAME OF CHILD** William Phillips

**5.** Date of Birth of Child (Month, day, year) Nov. 1, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Benjamin H. Phillips, Sr.
**11.** Color or Race White **12.** Age at time of THIS birth 42 yrs.
**13.** Birthplace Wales (City or town) (State or foreign country)
**14.** Exact Occupation Machinist
**15.** Industry or Business Machinist on Railroad

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eva Marguerite Nelson
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Denver, Colorado (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Iowa
County of Marshall } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
Rural Route #2, Marshalltown, Iowa P. O. Address

Subscribed and sworn to before me this 23rd day of April, 19 42
(SEAL) Notary Public, residing at Marshalltown, Ia.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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4319040-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 34393I
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City MULLAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MULLAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-3MO yrs.

**3. RESIDENCE OF FATHER** (city, state) IDAHO

**4. FULL NAME OF CHILD** ARVID THEODORE MATTSON

5. Date of Birth of Child (Month, day, year) NOV 19 1902

6. Sex MALE

7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnacy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** AUGUST VICTOR MATTSON
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace CHICAGO (City or town) ILL (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business MINING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** IDA SOPHIA SOLANDER
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace DULUTH (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 5-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by IDA (First name) MATTSON (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 39 years, and that WILSON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Burlage Signature
1956 Hart Alen P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942

(SEAL) C. M. MacAllister Notary Public, residing at 1442 S Robertson Blvd Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 6, 1946

Received for filing on MAY 4 1942 by Mabel Hedstrom, Registrar.

MAY 12

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 728 040-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 343936
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 3 months 13 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 1 yrs

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Francis Edward Hall

**5.** Date of Birth of Child (Month, day, year) Dec. 28, 1902

**6.** Sex Male

**7.** Twin or Triplet single If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 7

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Edwin William Hall
**11.** Color or Race White
**12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Leeds (City or town) New York (State or foreign country) U.S.A.
**14.** Exact Occupation Mechanic
**15.** Industry or Business Mining

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Florence May Gould
**17.** Color or Race White
**18.** Age at time of THIS birth 16 yrs.
**19.** Birthplace Lamar (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 39 years, and that Dr. J. E. St. Jean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Florence May Hall Signature
x Box 168 Burke Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942.
(SEAL) J. Burman J.P. ~~Notary Public~~, residing at Burke, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343937
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 7 months 29 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Willard Vernon Rush

**5.** Date of Birth of Child (Month, day, year) Jan. 23, 1902

**6.** Sex Male **7.** Twin or Triplet x If so—born 1st, 2nd, 3rd x **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James Pashel Rush
**11.** Color or Race White **12.** Age at time of THIS birth 55 yrs.
**13.** Birthplace Carrol Co. Arkansas (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business x

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Udora Mattox
**17.** Color or Race White **18.** Age at time of THIS birth 42 yrs.
**19.** Birthplace Carrol Co. Arkansas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business x

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum x
**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was x (Born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as x (Mother, etc.)

**25.** Attendant's **OWN** signature x M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Purna D. Chase Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of May, 19 42
(SEAL) M. Robinson Notary Public, residing at Grangeville, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343946
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Thatcher, Idaho

**4. FULL NAME OF CHILD** Lawrence Peck Eldredge

**5.** Date of Birth of Child (Month, day, year) 4/18/1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Clarence Eldredge
**11.** Color or Race white
**12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Woods Cross, (City or town) Utah (State or foreign country)
**14.** Exact Occupation Rancher
**15.** Industry or Business Rancher for self

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Effie Mabel Peck
**17.** Color or Race White
**18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Wanship (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Davis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Olive (First name) Peck (Last name), who attended this birth now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence Eldredge — Signature
Woods Cross, Davis Co. Utah — P. O. Address

Subscribed and sworn to before me this 28 day of April, 19 42

(SEAL) Leland H. Sessions — Notary Public, residing at Bountiful, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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718 117 006 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 343959
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Springfield
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 2 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Springfield
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Floyd Samuel Payne

**5.** Date of Birth of Child (Month, day, year) Mar. 17- 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mo. **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Samuel Lott Payne
**11.** Color or Race White **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Fillmore (City or town) Utah (State or foreign country)
**14.** Exact Occupation Stockraiser
**15.** Industry or Business Cattle Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** May Walker
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Red Rock (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
**23.** Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of POWER COUNTY
County of Pocatello } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr B. F. Nich (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AMERICAN FALLS, IDAHO COUNTY RECORDER AND CLERK OF THE DISTRICT COURT

E E Allen Signature
P. O. Address

Subscribed and sworn to before me this 1 day of May, 1942
(SEAL) E E Longland Notary Public, residing at Am Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Rhodes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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533-123 016-257

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 343960
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Modoc point Oregon

3. **RESIDENCE of FATHER** (city, state) Pleasant Grove Utah

4. **FULL NAME OF CHILD** LIONEL WALTER ELLIS

5. Date of Birth (Month, day year) Oct. 23-1902

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Walter Alexander Ellis
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ellen Caroline Kettell
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 11 1942 (Date received) (b) Mabel Kettell (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Klamath } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Caroline Kettell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lidnel Walter Ellis (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alby (Name of attendant at birth), who attended said birth Dr. Alby deceased (Is now ~~deceased (or) cannot be located~~) and that this birth has not been previously recorded.

Mrs Nellie Ellis Signature
Modoc Point P. O. Address

Subscribed and sworn to before me on this 4th day of September, 19 41

(SEAL) E. L. Putnam Notary Public, residing at Modoc Point, Ore.

My commission expires 9/22/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

692-107035-258

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Nez Pwrce (b) City: Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City: Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Orofino, Idaho

**4. FULL NAME OF CHILD** Clark Fisk

**5.** Date of Birth of Child (Month, day, year) Feb. 7, 1902

**6.** Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Dell Fisk
**11.** Color or Race white **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Rochester (City or town) Vermont (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business self

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hulda Snyder
**17.** Color or Race white **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Harmon (City or town) West Virginia (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hulda (First name) Fisk (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature Mrs. Henry Snyder, M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Mrs. (First name) Henry Snyder (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dell Fisk
Signature
Orofino, Idaho
P. O. Address

Subscribed and sworn to before me this 5th day of May, 19 42

(SEAL) [illegible] Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635721009-336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344016
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Clarks Fork.

**4. FULL NAME OF CHILD** Walter Clayton Fleming.

**5.** Date of Birth of Child (Month, day, year) March 27 1942.

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Walter Sewell Fleming.
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace South Robinsator (City or town) Maine (State or foreign country)
**14.** Exact Occupation Laborer.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Rosalee Lloyd.
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Penn Yarwalt (City or town) Pennsylvania (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rose Fleming (First name) (Last name), who is related to this child as Rose Fleming (Mother, etc.)

**25.** Attendant's **OWN** signature Emma Vaughan M.D. X Midwife Address 1015 N 28 St. Boise Date Apr 27/42

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Vaughan Signature
P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942
(SEAL) E. Sharlum Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-221029-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344065
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months 9 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Elsie May Smith

**5.** Date of Birth of Child (Month, day, year) Sept 21, 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Alfred Elwood Smith
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Farmington (City or town) Wash (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Myrtle Emily Sharp
**17.** Color or Race White **18.** Age at time of THIS birth 17 yrs.
**19.** Birthplace Kansas City (City or town) Kansas (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 40 years, and that Dr. Ines (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Emily Smith Signature
1426 Kane St., Klamath Falls, Ore. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) Coral Sabo Notary Public, Klamath Falls, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires July 14, 1945

Received for filing on MAY 7 1942 by Mabel Weller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-116-036-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344077
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Oneida (b) City: Neeley
(c) Street Address or R.F.D. No.: None.
(d) Name of Hospital or Maternity Home: None. Born at Home.
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Power
(c) City: Neeley.
(d) Street Address or R.F.D. No.: None.
(e) How long has MOTHER lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Neeley, Idaho.

**4. FULL NAME OF CHILD** LEON BAUGH MORGAN

**5.** Date of Birth of Child (Month, day, year) April 16, 1902.

**6.** Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** George William Morgan
**11.** Color or Race: White **12.** Age at time of THIS birth: 20 yrs.
**13.** Birthplace: Neeley, (City or town) Idaho, (State or foreign country) U.S.A.
**14.** Exact Occupation: Farming.
**15.** Industry or Business: Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emily Alice Baugh.
**17.** Color or Race: White **18.** Age at time of THIS birth: 20 yrs.
**19.** Birthplace: Wallaville, (City or town) Utah. (State or foreign country)
**20.** Exact Occupation: Housewife.
**21.** Industry or Business: Farming.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: Not known.
**23.** Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO, County of POWER, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Mrs. Emily Lish (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George William Morgan Signature
American Falls, Idaho, P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42.

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

RESIDING AT AMERICAN FALLS, IDAHO
COMMISSION EXPIRES OCTOBER 22, 1943

Received for filing on MAY 8 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993713 036-444

344100

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad Idaho

**4. FULL NAME OF CHILD** Julian H. Richards

**5.** Date of Birth of Child (Month, day, year) July 15 1902

**6.** Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** John C. Richards
**11.** Color or Race white **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Contra Costa (City or town) California (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna DUDLEY
**17.** Color or Race white **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Malad (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Home maker
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that MISS RACHEL WILLIAMS (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Richards Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1941
(SEAL) Geo. Y. Freeman Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

## DELAYED REGISTRATION LAW

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966-103 003-396

United States
Department of Commerce
Bureau of the Census

(Be s[illegible] the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344191
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) McCammon, Idah

**4. FULL NAME OF CHILD** William Benjamin Rowe

**5.** Date of Birth of Child (Month, day, year) Aug. 3, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Truman Washburn Rowe
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Kayhbkee, Mo. (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ann Crowshaw
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Richmond, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum 3
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Mrs. Francis (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J Rowe
Signature

McCammon, Idaho
P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42

(SEAL) Henry A. Nelson Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 2 1942

## DELAYED REGISTRATION LAW

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962-225-001-366

344247

United States Department of Commerce Bureau of the Census

MAY 13 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344247
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. South Boise
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. South Boise
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) South Boise

**4. FULL NAME OF CHILD** FREDA ROBERTS

**5.** Date of Birth of Child (Month, day, year) Dec. 25-1902

**6.** Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** WARNER W ROBERTS
**11.** Color or Race WHITE **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace WALLA WALLA (City or town) WASHINGTON (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** LENORA MAE COOPER
**17.** Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace ONEIDA CTY (City or town) IDAHO (State or foreign country)
**20.** Exact Occupation House WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~mother~~ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that the physician (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Smudt Signature
2517 Pleasanton, Boise Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942.
(SEAL) Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1967

MAY 13 1942

## DELAYED REGISTRATION LAW

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

344300

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 249 101 010 799 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ralph Charles Smith

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 1, 1902, 193 (Month, Day, Year)

**FATHER**

9. Full name Charles Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Deceased

11. Color or race White | 12. Age at last birthday XXX (years)

13. Birthplace (city or place) Idaho Falls (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work Do not know, 19....

17. Total time (years) spent in this work Unknown

**MOTHER**

18. Full maiden name Matilda Price

19. Residence (usual place of abode) (If non-resident, give place and State) Deceased

20. Color or race White | 21. Age at last birthday XXX (years)

22. Birthplace (city or place) Price, Utah (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work XXXXXXXXXX, 19....

26. Total time (years) spent in this work XXXXXX

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living Two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed MAY 9 1942, 193.. Mabel H. Gilfillan
Registrar.

Registrar.

DELAYED

STATE OF IDAHO

[redacted]

MAY 9 1942

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Weber } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lois Hutchens being first duly sworn says that She is the Great Aunt of Ralph Charles Smith
(Relationship of child)*
born January Ist, 1902 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ralph Charles Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Unknown M. D. was the Midwife medical attendant at the birth of said Ralph Charles Smith and that the said medical attendant is Unknown
(Now deceased (or) cannot be located)

Name of Affiant Mrs Lois Hutchens.
P. O. Address Ogden City Utah.

Subscribed and sworn to before me this 6th day of May, 19 42

Dale Ley
Notary Public.
Residing at Notary Ogden, Utah, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 13 1942

438 131 009 235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344303
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Clarks Fork, Ida

**4. FULL NAME OF CHILD** John James McQuaide

**5.** Date of Birth of Child (Month, day, year) March 31, 1942

**6.** Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John James McQuaide
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Philadelphia (City or town), Penn. (State or foreign country)
**14.** Exact Occupation Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Jane Stephens
**17.** Color or Race White **18.** Age at time of THIS birth 41 yrs.
**19.** Birthplace Carbondale (City or town), Penn. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 40 years, and that Mrs. Emma Vaughn (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Mc Quaide Signature
Clarksfork, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942
(SEAL) Clarence Reed Notary Public, residing at Clarks Fork, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Exp. 6/17/45

Received for filing on MAY 11 1942 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 210 019 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344316
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Custer (b) City: Challis
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Custer
(c) City: Challis
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Alice Merle Cratsenberg

**5.** Date of Birth of Child (Month, day, year) Aug-10-1902

**6.** Sex female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Harley Manford Cratsenberg
**11.** Color or Race: White
**12.** Age at time of THIS birth: 40 yrs.
**13.** Birthplace: Fountain Green (City or town) Ill. (State or foreign country)
**14.** Exact Occupation: miner
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mame Gertrude Blackwell
**17.** Color or Race: White
**18.** Age at time of THIS birth: 39 yrs.
**19.** Birthplace: Virginia City (City or town) Nevada (State or foreign country)
**20.** Exact Occupation: house wife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 yrs. 9 months years, and that Mrs. (First name) Dodge (midwife) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mame Gertrude Cratsenberg Signature
568 Merrimac St., Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) M. M. Burset Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the County of Alameda, State of California My Commission Expires November 25, 1942

Received for filing on MAY 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793126035612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344336
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZPERCE (b) City MOHLER
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3½ years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZPERCE
(c) City MOHLER
(d) Street Address or R.F.D. No. POST OFFICE
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** ADDISON EDWARD GILL

**5.** Date of Birth of Child (Month, day, year) 3-26-1902

**6.** Sex MALE

**7.** ~~Twin~~ or ~~Triplet~~ If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy NINE

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** JOSEPH ADDISON GILL
**11.** Color or Race WHITE **12.** Age at time of THIS birth 49 yrs.
**13.** Birthplace SALEM (City or town) MISSOURI (State or foreign country)
**14.** Exact Occupation RETIRED PHYSICIAN
**15.** Industry or Business AND RANCHER

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** EUNICE EDNA WASHBURN
**17.** Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace LOGANSPORT (City or town) INDIANA (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

**23.** Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of ORANGE } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Mrs. Mary (First name) Boles (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Eunice Edna Wolfe Signature
128 Francis St. La Habra, Calif. P. O. Address

Subscribed and sworn to before me this 7th day of May, 1962.
(SEAL) Alma A. Gault Notary Public, residing at La Habra, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1962 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

SEP 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-201-040-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344393
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wardner, Idaho

**4. FULL NAME OF CHILD** Mabel Blanche Cooper

**5.** Date of Birth of Child (Month, day, year) Feb. 1 - 1902

**6.** Sex Female

**7.** ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Cirro Hill Cooper
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Piedmont (City or town) Kansas (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Daisy Willie Taylor
**17.** Color or Race White **18.** Age at time of THIS birth yrs.
**19.** Birthplace Paris (City or town) Co. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Oklahoma
County of Ottawa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. Dietrich (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Daisy Willie Cooper Signature
Box 161 Bristow, Okla. P. O. Address

Subscribed and sworn to before me this ..... day of May 1942
(SEAL) Omar D. Milleson Notary Public, residing at Bristow, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-213-001949

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344397
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1406 N. 11th St.
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1406 N. 11th st.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD** Ruth Eloise Kunzi

**5.** Date of Birth of Child (Month, day, year) March 13, 1902

**6.** Sex female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Isaak Kunzi
**11.** Color or Race white
**12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Switzerland (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Zurfluh
**17.** Color or Race white
**18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Urea (City or town) Switzerland (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for life years, and that Dr. Haley (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Kunzi
Signature

563 N Berendo Los Angeles
P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942.

(SEAL) H. C. Miller Notary Public, residing at Los Angeles Calif.
My Commission Expires Dec. 12, 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel H. Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-205006-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344416
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BINGHAM (b) City Popular Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Popular
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Popular Idaho

**4. FULL NAME OF CHILD** Della Caldwell

**5.** Date of Birth of Child (Month, day, year) Dec. 5 1902.

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Allen Caldwell
**11.** Color or Race White **12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Lockridge Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Rural Mail Carrier
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Susannah Thomas
**17.** Color or Race White **18.** Age at time of THIS birth 41 yrs.
**19.** Birthplace Mt. Pleasant, Iowa (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 39 years, and that Heneretta Freeze (First name) (Last name), who attended this birth Is now deseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillie Travis — Signature
P. O. Address

Subscribed and sworn to before me this 4 day of May, 19 42
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mrs. Pfeifer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-128 035-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344438
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County Nez Perce
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

**4. FULL NAME OF CHILD** Jay Basley Gooding

**5.** Date of Birth of Child (Month, day, year) Dec. 28, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy Nine

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Abraham Basley Gooding
**11.** Color or Race White
**12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Madry, (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Laura Ann Brown
**17.** Color or Race White
**18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Marionville, (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Laura (First name) Gooding (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Missouri
County of Lawrence } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that No Physician or Midwife (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura A Gooding Signature
Aurora Mo P. O. Address

Subscribed and sworn to before me this 7 day of May, 1942

(SEAL) Anna Hall Notary Public, residing at Aurora, Mo.

My commission expires Oct. 17, 1942

(Note: Perjury is punishable as a felony in Idaho, Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1948

MAY 4 1953

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-222-004-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344462
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Ruby Rozella McCann

5. Date of Birth of Child (Month, day, year) March 22, 1942

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnacy yes 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Newell R. McCann
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Clifton, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eunice Teeples
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Pima, Arizona (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Cascade } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Lizzie (First name) Alguire (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eunice Teeples McCann Signature
Vaughn, Montana P. O. Address

Subscribed and sworn to before me this 5th day of May, 19 42
(SEAL) Bruce Ayers Notary Public, residing at Great Falls, Montana.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mark H. Lupton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364 101 016-714

344517

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malta, Ida.

**4. FULL NAME OF CHILD** Gerald Rutherford Lounsbury

**5.** Date of Birth of Child (Month, day, year) Nov. 1, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Rutherford H Lounsbury
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Corrine, Utah (City or town) (State or foreign country)
**14.** Exact Occupation Ranching
**15.** Industry or Business Ranching

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Clara Gamble
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Malta (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Clara Lounsbury Smith (First name) (Last name) who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife ✓ — Address — Date

State of Idaho
County of Power } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Sarah Gamble (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Lounsbury Smith — Signature
American Falls, Idaho — P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942.

(SEAL) [illegible] Notary Public, residing at

RESIDING AT AMERICAN FALLS, IDAHO
MY COMMISSION EXPIRES OCTOBER 22, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1964

MAY 15 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-101-003-399

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

344546

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St. Home-Near railroad shops
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Edward Scott

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term ✓
7. Legitimate? Yes
8. Date of birth June 1-1902 193.. (Month, Day, Year)

FATHER

9. Full name: David Edward Scott
10. Residence (usual place of abode) Deceased (If non-resident, give place and State) (Tuscon Ariz)
11. Color or race: White | 12. Age at last birthday: 26 (years)
13. Birthplace (city or place) Ouray (State or Country) Colorado
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinest
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad
16. Date (month and year) last engaged in this work: May 1905
17. Total time (years) spent in this work: 11

MOTHER

18. Full maiden name: Sarah May Tripp
19. Residence (usual place of abode) Deceased (If non-resident, give place and State) Alhambra Calif
20. Color or race: White | 21. Age at last birthday: 48 (years)
22. Birthplace (city or place) Souix City (State or Country) Iowa
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work: JANUARY 24 1931
26. Total time (years) spent in this work: 33

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother 8 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed MAY 12 1942 193.. Mabel H. Lefler Registrar.

DELAYED

MAY 12 1942

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rose Rumans being first duly sworn says that she is the aunt (Relationship of child)* of James Edward Scott born June 1, 1902 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that X James Edward Scott desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said X James Edward Scott of 323½ N. Marguerita Ave. Alhambra California hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Rose Rumans

P. O. Address 1631 Hardisty Kansas City Mo

Subscribed and sworn to before me this 7 day of May, 1942

Ben W. Olin
Notary Public.

My Commission expires Dec 9 1945 Residing at Kansas City Missouri, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 14 1949

693-228 022-363

344547

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address
**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Pearl Wilson ~~Walker~~
5. Date of Birth (Month, day year) Oct. 28, 1902
6. Sex Female
7. Twin ~~or Triplet~~ Twin If so—born ~~1st~~, 2nd, ~~3rd~~ 2nd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**
10. **FULL NAME** James Henry Wilson
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Phebe Coleman
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 12 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 12 1942 (Date received) (b) Mont H Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Phebe Wetherbee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pearl Wilson Miller (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Phidelia Whittle (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Phebe J Wetherbee Signature
P. O. Address

Subscribed and sworn to before me on this 14 day of Nov 1941
(SEAL) Thos B Hayes Notary Public, residing at Ashton Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313 209 035-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344549
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City on farm
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City on farm
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nez Perce Co.

**4. FULL NAME OF CHILD** Mary Frances Caldwell

**5.** Date of Birth of Child (Month, day, year) 8/9/ 1902

**6.** Sex female **7.** Twin or Triplet ----- If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Sol Caldwell
**11.** Color or Race white **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Lewiston, Idaho (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Minnie Fairfield
**17.** Color or Race white **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Nez Perce County, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum do not know

**23.** Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39-3/4 years, and that Dr. (First name) Watson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Fairfield Caldwell Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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217-21-004264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344563
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier, Ida

**4. FULL NAME OF CHILD** Isabelle Bagley

**5.** Date of Birth of Child (Month, day, year) 1/7/ 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph Bagley
**11.** Color or Race white **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Nottinghamshire, England (City or town) (State or foreign country)
**14.** Exact Occupation Engineer on railway
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Isabelle Young
**17.** Color or Race white **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Montpelier, Idaho. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Don't know name of medicine used.
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life years, and that Annie Hillier, (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Isabelle Young Bagley Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 42.
(SEAL) Chas Edmunds Notary Public, residing at Montpelier, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 24 1966

AUG 17 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344602
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ..... (b) City Squire Creek
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Squire Creek
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Squire Creek, Idaho

**4. FULL NAME OF CHILD** JAMES WANDELL HARDWICK

**5.** Date of Birth of Child (Month, day, year) July 8, 1902

**6.** Sex Male **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** JOHN HENRY HARDWICK
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Oxford, Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ELLA MAY JACKSON
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Beaver City, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business -

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum -
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) at - 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by ELLA MAY HARDWICK BILLINGS (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature - M.D. Midwife Address - Date

State of Oregon
County of Baker } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all his ~~years~~ life and that Elizabeth Ellen Jackson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella May Hardwick Billings Signature
Baker, Oregon P. O. Address

Subscribed and sworn to before me this 11th day of MAY, 1942
(SEAL) [signature] Notary Public, residing at Baker, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-731-016 769 5

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344653
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Idaho

**4. FULL NAME OF CHILD** Clifford Port Lee

5. Date of Birth of Child (Month, day, year) Aug 31, 1902

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** C. L. Lee
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amelia Port Lee
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for Life years, and that Mrs. Sally Bates (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. L. Lee
Signature

564-24th St. Ogden, Utah
P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942

(SEAL) E. J. Conley Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 4-4-43

Received for filing on MAY 13 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-127-035

344665

United States 693
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridian, Ida.

**4. FULL NAME OF CHILD** Louis La Roy Berry

**5.** Date of Birth of Child (Month, day, year) Oct. 27, ~~1940~~ 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Louis Logan Berry
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Bryant (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Florence Josephine Williams
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Fredonia (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 68 years of age, that I have known this person for 38 years, and that Alice Berry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Florence Eyles Signature
Viola Idaho P. O. Address

Subscribed and sworn to before me this 11 day of May 1942.
(SEAL) A. M. Larson Notary Public, residing at Residing at Potlatch, Idaho
Notary Public for the State of Idaho
My Commission Expires Dec. 3, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

# AFFIDAVIT

STATE OF IDAHO )
County of Latah ) ss

Florence Josephine Etter, being first duly sworn on oath, deposes and says:

That she is the mother of Lowrey LaRoy Berry, who was born in Nez Perce County, Idaho on the 27th day of October, 1902; that at the time of the birth of said Lowrey LaRoy Berry, this affiants name was Florence Josephine Berry and that the name of the father was Lowrey Logan Berry, who died November 30, 1911; that this affiant further states that the said Lowrey LaRoy Berry made an application for delayed certificate of birth as provided for and in the laws of the State of Idaho, but that due to a mistake, the said delayed certificate of birth shows the said Lowrey LaRoy Berry as born October 27, 1903; this error was due to the fact that most of the records showing the true date of birth was lost by fire. Subsequently, the discreptancy was discovered and affiant states that the said Lowrey LaRoy Berry was born at the time and place shown herein.

Dated this 11th day of July, 1942.

Florence Josephine Etter

Subscribed and sworn to before me this 11th day of July, 1942.

Robert W. Peterson
Notary Public in and for the State of Idaho, residing at Moscow, Idaho

JUL 15 1942
MAY 13 1965
FEB 19 1965

[illegible]

[illegible]

[illegible]

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 34467 5
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 63 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Laverne Weston

5. Date of Birth of Child (Month, day, year) May 18, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Douglas E. Weston
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Pawnee (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Francis Langroise
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for his life years, and that Dr. (First name) Sweet (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma F. Weston — Signature

[illegible] — P. O. Address

Subscribed and sworn to before me this 21st day of May, 19[illegible]

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-21-42 by Mabel Weeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-207 001 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344708
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.: R.F.D.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.: R.F.D.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridian, Idaho

**4. FULL NAME OF CHILD** Reba Marie Briggs

**5.** Date of Birth of Child (Month, day, year) July 7-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Martin Luther Briggs
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Litchfield (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eula Johnson
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Litchfield (City or town) Illinois (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Illinois
County of St. Louis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Dr. Conover (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Martin Luther Briggs Signature
348 S. Maple St. Webster Groves Mo. P. O. Address

Subscribed and sworn to before me this 9 day of May, 1942.
(SEAL) W. H. Gaertner Notary Public, residing at St. Louis Co. Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann.) Commission expires Jan. 11-1946

Received for filing on MAY 14 1942 by Mary E. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report~~ any ~~birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444-122-016-432

344720

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Gen Delivery
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Idaho

**4. FULL NAME OF CHILD** William Oleen Dummer

**5.** Date of Birth of Child (Month, day, year) 6-22-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Arthur Dummer
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace St. Thomas (City or town) Clark Co. Nev. (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Stockman

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Agnes Janett McBride
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Grantsville, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Nellie J. McBride (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Dummer — Signature
211 W. 74 St. — P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942
(SEAL) R. Hufty — Notary Public, residing at 2610 Juliet St
My Commission Expires May 9, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mark H. Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 120 022963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344723
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Fremont (b) City: Ashton Sugar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: (Now) Sugar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Albert Cecil Larsen

**5.** Date of Birth of Child (Month, day, year): 2-20-1902

**6.** Sex: Male **7.** Twin or Triplet: No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME:** Orson Alfred Larsen
**11.** Color or Race: White **12.** Age at time of THIS birth: 30 yrs.
**13.** Birthplace: Cache Valley (City or town) Utah (State or foreign country)
**14.** Exact Occupation: Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Nancy Ellen Rock
**17.** Color or Race: White **18.** Age at time of THIS birth: 30 yrs.
**19.** Birthplace: Cache Valley (City or town) Utah (State or foreign country)
**20.** Exact Occupation: Wife & Mother
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ Not related (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 40 years, and that Carolyn Larsen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Blaine Brown Signature
Stanley Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942
(SEAL) Ora Meservey Probate Judge Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

## DELAYED REGISTRATION LAW

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553-225028 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344728
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootnai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence: Wynn property.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same.

**4. FULL NAME OF CHILD** Vera Jean Nelson.

**5.** Date of Birth of Child (Month, day, year) May 25 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? yes.

**FATHER OF CHILD**

**10. FULL NAME** Just Nelson
**11.** Color or Race White **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Halmstad Sweden (City or town) (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business Mining

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ida Amanda Johanson
**17.** Color or Race White **18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Jonkoping Sweden (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business House Keeper.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 40 years, and that Malene Stabers (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Amanda Nelson Signature
345 Moffat Court S.L.C. P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Hazel D. Chase Notary Public, residing at Garrett Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Mrs Commissioner Utah Jany 01-1945

Received for filing on MAY 13 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

## DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 214733
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County:
(c) City: Boise.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? / yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** [redacted] Benjamin Pettigrew

**5.** Date of Birth of Child (Month, day, year): 7-7-1902

**6.** Sex — Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** Jacob Pettigrew
**11.** Color or Race: white
**12.** Age at time of THIS birth: unknown yrs.
**13.** Birthplace: (City or town) Texas (State or foreign country)
**14.** Exact Occupation: Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Mary Alice Rhodes
**17.** Color or Race: white
**18.** Age at time of THIS birth: 23 yrs.
**19.** Birthplace: Highland (City or town) Iowa (State or foreign country)
**20.** Exact Occupation: House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Benton } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 39 yr. 6 mo. years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Mae Addine Rhodes — Signature
Alsea, Oregon — P. O. Address

NOTARY PUBLIC FOR OREGON
My Commission Expires [illegible]

Subscribed and sworn to before me this 11 day of May, 1942

(SEAL) [illegible] Notary Public, residing at Alsea, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 13 1942 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

## DELAYED REGISTRATION LAW

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258-106 006-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 344744
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

**4. FULL NAME OF CHILD** Marcus Smith Bennett

5. Date of Birth of Child (Month, day, year) Aug. 6, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas J. Bennett
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Connahs Quay, Flintshire, N. Wales (City or town) (State or foreign country)
14. Exact Occupation Clerk (Shoe Department)
15. Industry or Business Mercantile (Branch Z.C.M.I.)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catherine Paterson Smith
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Beaver City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I ~~have~~ known this person for all his life years, and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grover J. Bennett Signature

Shelley Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942.

(SEAL) R. Rodgerson Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

## DELAYED REGISTRATION LAW

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MAY 18 1942

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344774

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridian Ida

**4. FULL NAME OF CHILD** Mary Pearl Howry

**5.** Date of Birth of Child (Month, day, year) June 23 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Rolley Howry
**11.** Color or Race white **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Putman County Mo (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Crawford
**17.** Color or Race white **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace Putman County Mo. (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for since birth and that Dr. Compton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rolley Howry
Signature

Meridian Idaho
P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942

(SEAL) O. Waring
Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 18 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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133-113-001-281

344784

MAY 19 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344784
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. North 12th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 6 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. North 12th St
(e) How long has MOTHER lived in Idaho? 6 months yrs.
(f) Mother's mailing address Boise Idaho No 19th St

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Garnet Francis Allison

5. Date of Birth (Month, day year) April 13, 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Jefferson Allison
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Gallipolis Ohio (City or town) (State or foreign country)
14. Exact Occupation Farming + leaning
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Lurella Shoop
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Unionville Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 19 1942 (Date received) (b) Maud F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora L. Allison, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Garnet Francis Allison (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Turner (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora L. Allison Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of May 1942

(SEAL) Frank J. Kester Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1942

## DELAYED REGISTRATION LAW

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Ready 249-130-029-292

344829

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Lot 71
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. Lot 71
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Anita Elmer Smith

5. Date of Birth of Child (Month, day, year) April 30 1942

6. Sex
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Graydon Walter Smith
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Millville Calaveras (City or town) (State or foreign country)
14. Exact Occupation Mill Employee
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Cordia Dick
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ray County Missouri (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr E.T. Nein (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Martha L Smith Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL) Nan Nanson Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
Commission Expires Dec. 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-227-021-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344893
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state) Preston Idaho

**4. FULL NAME OF CHILD** Alverta Johnson

**5.** Date of Birth of Child (Month, day, year) June 27 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Martin Johnson Jr
**11.** Color or Race White **12.** Age at time of THIS birth 21 yrs.
**13.** Birthplace Preston (City or town) Idaho (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Adeline Kershaw
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Laketown (City or town) Utah (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Dr. Allen R. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Adeline Johnson Signature
R. 1 Rigby Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942.
(SEAL) [illegible] Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-205-207-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344906
Local Reg. No. 66
Reg. Dist. No. 410

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Hailey, Idaho

**4. FULL NAME OF CHILD** Lena Rosalie Severe

5. Date of Birth of Child (Month, day, year) 9-5-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Herman H. Severe
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ovvie Ann Koonce
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dobson (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5A M. on the date and at the place stated above and that personal particulars were furnished by Ovvie Severe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Mrs. Susie Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs H. H. Severe — Signature

Fairfield, Idaho. — P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942

(SEAL) R. D. McCoy — Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-12-1942 by Robert H. Wright — Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-208-016-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 34493
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City ~~Sat~~ Oakley
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Emma Lyman

**5.** Date of Birth of Child (Month, day, year) 8/8-1902

**6.** Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd ~~X~~ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James Acy Lyman
**11.** Color or Race White **12.** Age at time of THIS birth 50 yrs.
**13.** Birthplace St. Joseph, Mo. (City or town) (State or foreign country)
**14.** Exact Occupation Live Stock
**15.** Industry or Business Stockman

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Isadora Fairchild
**17.** Color or Race White **18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace Grantsville Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business " "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Isadora Lyman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, SINCE HER BIRTH, and that (Dr.) D. P. Abee (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isadora Lyman Signature
Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 15TH day of MAY, 1942.
(SEAL) L. P. Wright Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission expires April 8, 1946

Received for filing on MAY 18 1942 by Mark Hulet, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 11 1964

MAY 2 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-131-035-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 344959
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City KAMIAH
(c) Street Address or R.F.D. No. IN COUNTRY
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City KAMIAH
(d) Street Address or R.F.D. No. IN COUNTRY
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** HARRY HUBERT ERVIN

**5.** Date of Birth of Child (Month, day, year) MAR 31, 1902

**6.** Sex MALE

**7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** CHARLES WILLIAM ERVIN
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace MISSOURI (City or town) (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ALICE HELEN CRUMLEY
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace BERRY CO. MISSOURI (City or town) (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE

**23.** Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Mrs. Tom LENDER (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Alice Helen Ervin Signature
1628 S. Grand Spokane Wash. P.O. Address

Subscribed and sworn to before me this 15 day of May, 1942

(SEAL) E. R. Anderson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

96-228-001-228 MAY 22 1942 345045 34504 5

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida. (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Hazel Luella Roark

**5.** Date of Birth of Child (Month, day, year) Dec. 28, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Francis Giles Roark
**11.** Color or Race White **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Unknown (City or town) Kansas (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Myrtle K. Shawver
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Potawatomie (City or town) Kansas (State or foreign country)
**20.** Exact Occupation House-wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that none (First name) Midwife (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle K. Roark Signature
Meridian Rt 1 Idaho P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942.
(SEAL) O M Kaing Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-212-003-291

345980

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 634 N. Grant St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years – months – days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 634 N. Grant St.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello Ida.

**4. FULL NAME OF CHILD** Naomi May Stoker

5. Date of Birth of Child (Month, day, year) May 12, 1902.

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Alfred William Stoker
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Upholsterer
15. Industry or Business Oregon Short Line RY

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Branson.
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Mable Stoker Holmes (First name) (Last name) who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 39 years, and that Doctor Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable A. Holmes - sister
Signature

2009 Villis St. Montebello, Calif.
P.O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL) Notary Public, residing at 719 So. Summerset

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-125031-256

345993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nez Perce, Ida

**4. FULL NAME OF CHILD** William Tellford Lawrence

**5.** Date of Birth of Child (Month, day, year) Nov. 25 1902

**6.** Sex boy

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William McCoy Lawrence
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Jefferson, North Carolina (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Blanch Gertrude Snowley
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Bellwood Nebraska (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ..... years, and that Dr. (First name) Cooper (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Blanch G Lawrence Signature
R.R. #2 Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 19.42.
(SEAL) M R Wilson Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-103-044-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 345996
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Alex Jessie Fischer

**5.** Date of Birth of Child (Month, day, year) Oct. 3, 1903

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William S. Fischer
**11.** Color or Race White **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Sioux City (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jessie Shaffer
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Willville (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Harney } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Drs Numbers + Stevens (First name) (Last name), who attended this birth CANNOT BE LOCATED (Attended) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie S. Perkins Signature
Box 1 Sta - Burns, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.
(SEAL) Lucinda Ford Notary Public, residing at Burns, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com expires 5/16/42

Received for filing on MAY 19 1942 by Mabel Helm, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-268-007-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 346000
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Mae Imogene Ivie

**5.** Date of Birth of Child (Month, day, year) Sept. 18, 1902

**6.** Sex Female

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Alden Salathel Ivie
**11.** Color or Race white **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ann Ainsworth
**17.** Color or Race white **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Sublett (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 63 years, and that Mary (First name) Carey (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary A. Ivie
Signature
Hailey, Idaho
P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942

(SEAL) Joseph M. Bula Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-227-001-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346027
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City:
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: Born on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 2 months 20 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City:
(d) Street Address or R.F.D. No.: Star R.D.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ada County, Idaho

**4. FULL NAME OF CHILD** Rita Vinnie Clark

**5.** Date of Birth of Child (Month, day, year) Dec. 27, 1902

**6.** Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd x **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Jesse Sylvester Clark
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Indiana (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mona Alice Clark
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Ada County, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Klickitat } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Mrs George Adams (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mona Alice Blair. Signature
Klickitat Wash P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42
(SEAL) Glen Ulrich Notary Public, residing at Klickitat Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel Steele, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843-116-D 01-966

346028

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Payne
(c) Street Address or R.F.D. No.: Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Payne
(d) Street Address or R.F.D. No.: ~~[illegible]~~
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payne Idaho

**4. FULL NAME OF CHILD** Harry Frank Hutton

**5.** Date of Birth of Child (Month, day, year) Oct 16th 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James Milton Hutton
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Hannaville Missouri (City or town) (State or foreign country)
**14.** Exact Occupation Common Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Margaret Blanche Rowland
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Gasport Iowa (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Lettie Williamson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Hutton Patterson Signature
R#3 Weiser Idaho P. O. Address

Subscribed and sworn to before me this 18 day of May, 1942
(SEAL) [illegible] Notary Public, residing at Weiser Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1962

MAY 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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258-220-014-015

346046

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8½ months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Idaho.

**4. FULL NAME OF CHILD** Winifred Ida Snyder

**5.** Date of Birth of Child (Month, day, year) April 20, 1902.

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Louis Leroy Snyder
**11.** Color or Race White **12.** Age at time of THIS birth 22 yrs.
**13.** Birthplace Griswold, (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Clara Ella Mantz
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Aurora (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation Farming (Farmer's Wife)
**21.** Industry or Business Farming

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know.

**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Iowa
County of Cass } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Doctor (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Ella Snyder Signature
Griswold, Iowa P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942.
(SEAL) Paul S. Oreiha Notary Public, residing at Griswold, Iowa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-216-204-943

346061

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Verda Maud Toomer

5. Date of Birth of Child (Month, day, year) 1/16/1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Herbert Toomer
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maud Richards
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know name of medicine used.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all her life years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud R. Toomer
Signature

Montpelier, Idaho
P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Chas Elson
Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-129-025-412

34606 6

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Conn George Rossiter

**5.** Date of Birth of Child (Month, day, year) July 29, 1902

**6.** Sex Male, **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Stephen Rossiter
**11.** Color or Race White **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace State of Ind. (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Marietta Mason
**17.** Color or Race White **18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace State of Ore. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum No

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 40 years, and that Dr. Stockton (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stephen Rossiter Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 19 42
(SEAL) John L. Shelley Notary Public, residing at Lewiston Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-224-009-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346101
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Morton
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 0 months • days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Morton
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Marie Lila Kennedy

**5.** Date of Birth of Child (Month, day, year) Feb. 24, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Kennedy
**11.** Color or Race White **12.** Age at time of THIS birth 22 yrs.
**13.** Birthplace State of Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Laborer
**15.** Industry or Business Laborer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lillian C. Burns
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace State of Mich. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum No

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 40 years, and that Mrs. Campbell (First name) (Last name), who attended this birth dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Kennedy Musgrave Signature
310-14 ave. Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942.
(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-109-040-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346198
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Shoshone (b) City: BLACK BEAR
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: IDAHO (b) County: Shoshone
(c) City: BLACK BEAR
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) BLACK BEAR IDAHO

**4. FULL NAME OF CHILD** JACK TAYLOR

5. Date of Birth of Child (Month, day, year) 5-9-1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN HENRY TAYLOR
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace ROCHESTER (City or town) NEW YORK (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business CLOTHING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ETHEL CAROLYN TAYLOR
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace BUFFALO (City or town) NEW YORK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 35 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd French — Signature
668 King St. Seattle, Wash. — P. O. Address

Subscribed and sworn to before me this 19 day of May, 19 42.
(SEAL) Mary D. Fuge Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires Aug. 13, 1942

Received for filing on MAY 20 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

MAY 29 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-229-028-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346203
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No. Hayden Lake
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 6 months 28 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

**3. RESIDENCE OF FATHER** (city, state) Hayden Lake, Ida.

**4. FULL NAME OF CHILD** Mary Buckle

5. Date of Birth of Child (Month, day, year) 12/29/1903

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Buckle
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Stark County, Ohio (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ann Casey
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Waukeshaw, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% silver nitrate &/or argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 years, and that Dr. Frank (First name) Wenz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Buckle
Signature

Hayden Lake, Idaho
P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 42

(SEAL) ..... Notary Public, residing at Coeur d'Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

571-213-028-453

346365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City BONNERS FERRY
(c) Street Address or R.F.D. No. GENERAL DELIVERY
(d) Name of Hospital or Maternity Home:
BIRTH OCCURED AT HOME
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City BONNERS FERRY
(d) Street Address or R.F.D. No. GENERAL DELIVERY
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) BONNERS FERRY

**4. FULL NAME OF CHILD** KATHLEEN MARCELLA EGAN

5. Date of Birth of Child (Month, day, year) JULY 13, 1902

6. Sex FEMALE 7. Twin or Triplet TWIN If so—born 1st, 2nd, 3rd SECOND 8. No. months of Pregnacy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JAMES WILLIAM EGAN SR.
11. Color or Race WHITE 12. Age at time of THIS birth 35 yrs.
13. Birthplace BELLEHAC, (City or town) COUNTY WESTFORD, (State or foreign country) IRELAND
14. Exact Occupation COOK
15. Industry or Business RESTAURANT

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** JULIA ALICE DELEHANTY
17. Color or Race WHITE 18. Age at time of THIS birth 25 yrs.
19. Birthplace KILKENNY (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of KOOTENAI } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that MRS. RIDER (First name) (Last name), who attended this birth UNKNOWN (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W Egan Sr Signature
BONNERS FERRY IDAHO P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942

(SEAL) PROBATE JUDGE ~~Notary Public~~, residing at BONNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mark Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1966

MAY 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-125-090-234

346423

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Weippe
(c) Street Address or R.F.D. No. (Rural)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Weippe
(d) Street Address or R.F.D. No. (Rural)
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weippe, Idaho

**4. FULL NAME OF CHILD** Earl Dewey Bennett

**5.** Date of Birth of Child (Month, day, year) Nov. 25, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Walter Bennett
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace West Virginia (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Caroline Stubler
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Kansas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Missoula } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 m years, and that Mrs. M. J. Bennett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Bertha Stubler Bennett Signature
640 River St. Missoula, Montana P. O. Address

Subscribed and sworn to before me this 14th day of May, 19 42

(SEAL) Janet E. Oltman Notary Public, residing at Missoula, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 19[illegible]

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-22-029-753

346427

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 5 Mo. ~~yrs~~

**3. RESIDENCE OF FATHER** (city, state) Troy, Idaho

**4. FULL NAME OF CHILD** MARY LILLIAN BECKMAN

5. Date of Birth of Child (Month, day, year) Sept.24,1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Ferdinand Beckman
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Spring Garden, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Johanna Petersen
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Center City, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 39 years, and that Mrs Karin Beckman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Beckman — Signature
Fort Hall, Idaho. — P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 42

(SEAL) Leslie M. White, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Weeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

JAN 6 1977

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-220-016-666

346476

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: Oakley
(c) Street Address or R.F.D. No.: 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 49 years 10 months 18 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Oakley
(d) Street Address or R.F.D. No.: 2
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Ilw Vera Mabey ~~Mabey~~

**5.** Date of Birth of Child (Month, day, year) Sept 20th 1902

**6.** Sex: Girl **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: Nine **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John James Mabey
**11.** Color or Race: White **12.** Age at time of THIS birth: 45 yrs.
**13.** Birthplace: Worcestershire (City or town) England (State or foreign country)
**14.** Exact Occupation: Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Dassiletta Wood
**17.** Color or Race: White **18.** Age at time of THIS birth: 42 yrs.
**19.** Birthplace: Bountiful (City or town) Utah (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 10 (b) Born alive and now living: 10

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Pickett (Last name), who is related to this child as sister (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 39 years, and that [illegible] (First name) [illegible] (Last name) who attended this birth in deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Pickett — Signature
Oakley Idaho — P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) [illegible] Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1942

MAY 26 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-213-022-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346483
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Egin
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Egin, Idaho

**4. FULL NAME OF CHILD** Ethel Markham

**5.** Date of Birth of Child (Month, day, year) Jan. 13, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Byron Markham
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Quincy, Ill. (City or town) (State or foreign country)
**14.** Exact Occupation Rancher
**15.** Industry or Business Ranching

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Daisy Roseborough
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Coldwater, Kansas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that (Name forgotten) (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Byron Markham
Signature
8531 So. Olive St., Los Angeles, Cal.
Address

Subscribed and sworn to before me this 16th day of May, 1942.
(SEAL)
Irvin Dambb
Notary Public, residing at Los Angeles Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-117-029-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346484
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Joel (village)
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Joel
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Joel - Idaho

**4. FULL NAME OF CHILD** Joseph Werner Hennen

5. Date of Birth of Child (Month, day, year) May 17th 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Hennen
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Mt Calvary (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Section Foreman on
15. Industry or Business N. P. Railway

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Mueller
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Ottbetshausen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Dr. Or. H. Carothers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Hennen Signature
14 & 805 S. Liberty, Salem Oregon P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL) M. Lane Notary Public, residing at Salem Oregon

NOTARY PUBLIC FOR OREGON
My commission expires March 12, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel H. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-115-021-59 MAY 25 1942

346568

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No. 141
Reg. Dist. No. 541

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Harold Myrum Maughan

**5.** Date of Birth of Child (Month, day, year) Sept. 15-1902

**6.** Sex Male

**7.** ~~Twin or~~ Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Peter Davenport Maughan
**11.** Color or Race White
**12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Weston (City or town) Idaho (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eliza Jensen Nielson
**17.** Color or Race White
**18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Hyde Park (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated ~~above~~, and that personal particulars were furnished by Alvin J. Maughan (First name) (Last name), who is related to this child as Brother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 39 years, and that Dr. Quick (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvin J. Maughan Signature
Weston Idaho P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942
(SEAL) Zan Marshall Notary Public, residing at Preston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-20-1942 by Effie W. Brown, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-107-029-955

346604

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Utah (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Francis Raul Hanson

**5.** Date of Birth of Child (Month, day, year) Nov 7-1902

**6.** Sex

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Harry Alonzo Hanson
**11.** Color or Race white
**12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Genesee Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ada Bell Rees
**17.** Color or Race white
**18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Genesee Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Farmer's wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 26 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ada (Rees) Hanson Signature
P. O. Address

Subscribed and sworn to before me this 22 day of May, 19 42

(SEAL) E. Johnson Notary Public, residing at Dayton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary E. Lofgren, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-120-010-662

346609

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Irwin
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 10 years 2 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No. Star Route
(e) How long has MOTHER lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Irwin, Idaho

**4. FULL NAME OF CHILD** Roy Clifton Wilhite

**5.** Date of Birth of Child (Month, day, year) Feb. 20-02

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** George Boyd Wilhite
**11.** Color or Race White
**12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Colombia (City or town) Mo. (State or foreign country)
**14.** Exact Occupation Rancher
**15.** Industry or Business Stock Raising

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lily Ann Foster
**17.** Color or Race White
**18.** Age at time of THIS birth 18 yrs.
**19.** Birthplace Harmony Hill (City or town) Tex. (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business -------

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8-00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lily Wilhite (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's OWN signature Lonnie Wheat M.D. Midwife Address 475 Capital Ave Date 5-21-42

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary H. Gilbert, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

133-209-030-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 346614
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 3 months 9 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6-3-9 days.

**3. RESIDENCE OF FATHER** (city, state) Gibbonsville

**4. FULL NAME OF CHILD** Avera Esther Allan

**5.** Date of Birth of Child (Month, day, year) Nov. 9, 1902

**6.** Sex female

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Robert Edward Allan
**11.** Color or Race white
**12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Radersburg, Montana (City or town) (State or foreign country)
**14.** Exact Occupation Mining
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Martha Bell Taylor
**17.** Color or Race white
**18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Elgin, Oregon (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha Bell Taylor (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature Margaret D. Allan M.D. Midwife Address Eugene Oreg Date May 18th 1942

State of Oregon
County of Lane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years, and that Margaret Allen (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Daisy Allen Signature
P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.

(SEAL) Lonnie Crawford Notary Public, residing at Eugene Oregon
My Commission Expires Mar. 22, 1948 NOTARY PUBLIC for OREGON

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel Weller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-110-004-714

346615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Lanark
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 4 months 19 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Lanark
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lanark, Idaho

**4. FULL NAME OF CHILD** John Henry Parker

**5.** Date of Birth of Child (Month, day, year) March 10, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Henry Parker
**11.** Color or Race White
**12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Leicester, (City or town) England (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Gambling
**17.** Color or Race White
**18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Southampton, (City or town) England (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 40 years, and that Dr. W.B. West, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Parker
Signature

Lanark, via Ovid R.F.D. Idaho
P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1942

(SEAL) ..... Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-214-006-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 346632
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City 18Miles N.E. Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City 18Mi. N.E. Idaho Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Dollie Hannah Heath

**5.** Date of Birth of Child (Month, day, year) March 14, 1902

**6.** Sex Female

**7.** Twin or ~~Triplet~~ Yes If so—born 1st, 2nd, ~~3rd~~

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Adolph Heath
**11.** Color or Race White **12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Morgan (City or town) Davis County, Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Margaret Ann Davies
**17.** Color or Race White **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace Nephi (City or town) Juab Co., Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Halloowell (First name) (Last name), who is related to this child as aunt (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Mrs. (First name) Lee (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Halloowell Signature
7886 S.E. 9th St P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42
(SEAL) Dorothy Regan Notary Public, residing at Portland, Ore.
MY COMMISSION EXPIRES MARCH 30, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann.)

Received for filing on MAY 25 1942 by Mark H. [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1967

MAY 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-111-019-453 346660 **346660**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 8 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mackay, Ida

**4. FULL NAME OF CHILD** George Jacob Brown

5. Date of Birth of Child (Month, day, year) Dec. 11, 1902

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 2nd. 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Brown
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Pittsburgh (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bertha Metzner
17. Color or Race Swiss 18. Age at time of THIS birth 23 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (Anna Wilson) (First name) Mrs. Gould (Last name), who is related to this child as Aunt (Sister to the mother) (Mother, etc.) who acted as midwife at time of birth)

25. Attendant's **OWN** signature M.D. Midwife No doctor present Address Date

State of Montana
County of Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Anna Wilson Gould (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Brown Signature
Stevensville, Montana P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942
(SEAL) Lloyd S. Wallace Notary Public, residing at Polson, Montana.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 28 1942 by Mary Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

SEP 22 1967

AUG 30 1968

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-109-036-255

346666

346666

United States
Department of Commerce
Bureau of the Census

MAY 28 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Orval John Perkins

**5.** Date of Birth of Child (Month, day, year) Apr 9 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph Marion Perkins
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Kaysville Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Belle Alive Bennett
**17.** Color or Race white **18.** Age at time of THIS birth yrs.
**19.** Birthplace Kaysville Utah (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Joseph M Perkins (First name) (Last name), who is related to this child as Father (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Valetta Jones (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Perkins Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942
(SEAL) Notary Public, residing at Preston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Maurel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-105 001-455

346674 **346674**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 523 N. 13th St.
(d) Name of Hospital or Maternity Home: Cross Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Walter Arthur Cromwell

**5.** Date of Birth of Child (Month, day, year) Aug. 5th 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Walter Daniel Cromwell
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Lusco Douglas Co. Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ellen Dennis
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Marshalltown Marshall Co. Iowa (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol —
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:[illegible] A.M. on the date and at the place stated above and that personal particulars were furnished by Ella (First name) Cromwell (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date 5-24-42

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-226-015-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346765
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Alvenna Turner

**5.** Date of Birth of Child (Month, day, year) Sept 26-1902

**6.** Sex **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** James Turner
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Fillmore (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ann Mitchell
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Fillmore City (City or town) Utah (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Tooele } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for ~~since Birth~~ years, and that Parents (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George R. Gerrard Signature
Tooele, Utah P. O. Address

Subscribed and sworn to before me this 25 day of May, 1942

my commission expires May 2, 1943 SEAL Selba Lowe Notary Public, residing at Tooele, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-06-035-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 346771
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Joseph Albert Paumer

**5.** Date of Birth of Child (Month, day, year) Feb-6-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Paumer
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Bohemia (City or town) (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Josephine Murnos
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Bohemia (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that Mrs. Charles Williams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mamie McGrath Signature
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 19 42.
(SEAL) [illegible] Notary Public, residing at Lapwai, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-224-040-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346788
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City WALLACE
(c) Street Address or R.F.D. No. Pine Street
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Shoshone
(c) City WALLACE
(d) Street Address or R.F.D. No. Pine Street
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

**3. RESIDENCE OF FATHER** (city, state) WALLACE, IDAHO.

**4. FULL NAME OF CHILD** Dorothy Marion Brown.

**5.** Date of Birth of Child (Month, day, year) 11/24/1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Homer Grant Brown
**11.** Color or Race White **12.** Age at time of THIS birth 21 yrs.
**13.** Birthplace Penn. (City or town) (State or foreign country)
**14.** Exact Occupation Managey Brewery.
**15.** Industry or Business " "

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sophie May Therjault Brown.
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Missoula (City or town) Montana (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 38 years, and that Mary Eaton (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophie Mary Brown Mallory Signature
Trr-8 Box. Lewiston Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942

(SEAL) Hiram D. Eldredge Notary Public, residing at Lewiston. Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-121-035-942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 346817
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City CULDESAC
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City CULDESAC
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME - Deceased -

**4. FULL NAME OF CHILD** ROBERT FULTON GREENE

**5.** Date of Birth of Child (Month, day, year) AUG-21-1902

**6.** Sex MALE

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** JOHN GREENE
**11.** Color or Race WHITE **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace HILLSVILLE VIRGINIA (City or town) (State or foreign country)
**14.** Exact Occupation ATTORNEY at LAW
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** AMY ALICE RUSSELL
**17.** Color or Race WHITE **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace ROSEBERG OREGON (City or town) (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 39 years, and that Dr. E. L. BURKE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel L. Russell Signature
MOSCOW - IDAHO P. O. Address

Subscribed and sworn to before me this 17 day of May, 1942
(SEAL) Frank Stanton Notary Public, residing at Moscow
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-107-014-612

JUN 1 1942

346846

346846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 9th & Arthur
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 9th and Arthur
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

**4. FULL NAME OF CHILD** Ralph Byron Gowen

**5.** Date of Birth of Child (Month, day, year) April, 7, 1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Justin Byron Gowen
**11.** Color or Race White **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Fairbault, Minnesota (City or town) (State or foreign country)
**14.** Exact Occupation Stockman, Sheep
**15.** Industry or Business Sheepman

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Antoinette Marie Wasmer
**17.** Color or Race White **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace North Loup Nebraska (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for over 40 years, and that Dr. (First name) Hamilton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ed Bullock Signature
Box 96 Caldwell P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942.
(SEAL) Thos. L. Shepherd Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as ~~a felony~~ in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Maurl F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1965

JUN 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

346958

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 735 4th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Earl Leaver McEwen

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 7

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth June 5, 1902 (Month, Day, Year)

FATHER

9. Full name Seth Hoyt McEwen

10. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Springville, N. Y.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 16 yrs

MOTHER

18. Full maiden name Hattie Leaver

19. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Ida

20. Color or race W | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Waterloo, Wisc.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed MAY 27 1942, 193..... Mabel Hutchison

Registrar.

Registrar.

DELAYED

(135-105-028-357

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Kootenai } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hattie McEuen being first duly sworn says that she is the mother (Relationship of child)* of Earl Leaver McEuen born June 5, 1902 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Earl Leaver McEuen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that P. M. Scallon M.D. and Mrs. McCallum ~~M.D.~~ were ~~was~~ the Midwife medical attendant~~s~~ at the birth of said Earl Leaver McEuen and that the said medical attendant~~s~~ are now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Hattie Mc. Euen.
P. O. Address 735 Fourth Street, Coeur d'Alene, Ida.

Subscribed and sworn to before me this 25th day of May, 1942.

E. Standen
Notary Public.
Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 27 1942

JUN 1 1942

959-218-022-049

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347005
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. Rt. 3, St. Anthony
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Almo, Idaho

**4. FULL NAME OF CHILD** Sarah Alice Reid

**5.** Date of Birth of Child (Month, day, year) Dec. 18, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Jesse Ormes Reid
**11.** Color or Race White **12.** Age at time of THIS birth 23 yrs.
**13.** Birthplace Corinne (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer + laborer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Georgia Alice Smith
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Lasewell County (City or town) Virginia (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice Reid (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's ✓ **OWN** signature Louisa G. Davis ~~M.D.~~ Midwife Address St Anthony Id Date May 12. 1942

State of California
County of [redacted] } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Father~~ (Mother, etc.) ~~of~~ the person whose name appears in Item 4, above, that I am now [redacted] years of age, that I have known this person for [redacted] years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of, 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-201-006-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 347017
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 0 months 29 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Iona Idaho

**4. FULL NAME OF CHILD** Edith Steele

5. Date of Birth of Child (Month, day, year) June 1, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William George Steele Sr
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Manchester (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ellen Proctor
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Am. Fork (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 39 years, and that Sarah (First name) Beach (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W G Steele — Signature
Idaho Falls Idaho R1 — P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942.

(SEAL) Eugene Olsen — Notary Public, residing at Iona Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1961

JUN 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-130-001-752 JUN 3 1942 347063

347063

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347063
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Philip William Tate

**5.** Date of Birth of Child (Month, day, year) January 30, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Patton Tate
**11.** Color or Race white **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Conesta (City or town) Pa. (State or foreign country)
**14.** Exact Occupation Insurance
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Estelle Gekeler
**17.** Color or Race white **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Leavenworth (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Home keeper
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum unknown

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that Dr. Geo. Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Gekeler Tate (Signature)
Route #5, Boise, Idaho (P. O. Address)

Subscribed and sworn to before me this 2ND day of JUNE ~~MAY~~ 1942
(SEAL) [signature] Notary Public, residing at BOISE, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1964

JUN 3 1942

SEP 17 1954

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-123-001-689

JUN 4 1942

347082

347082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347082
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home - Meridian
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridian Idaho

**4. FULL NAME OF CHILD** Raymond Fredrick Marcks

**5.** Date of Birth of Child (Month, day, year) Sept. 23-1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Fredrick Ernest Marcks
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Berlin (City or town) Germany (State or foreign country)
**14.** Exact Occupation Foreman
**15.** Industry or Business Lemp Ranches

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nettie Virginia White
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Platte City (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver 1%
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Ida
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. N. D. Springer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie V Elliott ..... Signature
1308 So. L. Boise Ida ..... P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942.
(SEAL) E Peterson ..... Notary Public, residing at Boise Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Mar 28, 1943

Received for filing on JUN 4 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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791-104-DIV-5$7

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347132
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R#1
(d) Name of Hospital or Maternity Home: At Mothers Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months x days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R#1
(e) How long has **MOTHER** lived in Idaho? 2 Mo.
**3. RESIDENCE OF FATHER** (city, state) Nampa Idaho

**4. FULL NAME OF CHILD** John Kline Graybill
5. Date of Birth of Child (Month, day, year) November 4, 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mo.
9. Legitimate? Yes.

**FATHER OF CHILD**
10. **FULL NAME** John William Graybill
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Troutville (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Diversied Farm

**MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Martha Annettie Edgecomb
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cornelia (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business Farmers Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None or Not Known.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Chelan } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 39 years, and that Sarah Crill (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Beulah Graybill Ulery
Signature
Route #4 Fifth St. Wenatchee Wash.
P. O. Address

Subscribed and sworn to before me this 1st day of May 19 42
(SEAL) Ralph H. Cameron Notary Public, residing at Wenatchee

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel F. Lelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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796-215·006·764

347147

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Elva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mother's Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Elva
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** LaVinia Groom

**5.** Date of Birth of Child (Month, day, year) Jan. 15, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy -9-

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Nathan Groom Jr.
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Luton, Bedford, England. (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Caroline Godfrey
**17.** Color or Race White **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace So. Cottonwood, S.L. Co. Ut. (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at 10-p M. on the date and at the place stated above and that personal particulars were furnished by [illegible] (First name) (Last name), who is related to this child as [illegible] (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for Life years, and that Josephine Thompson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Caroline Groom — Signature
Rigby Idaho Rt. 1 — P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942.

(SEAL) [illegible] — Notary Public, residing at

CLERK OF THE DISTRICT COURT

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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414-21100/-755 347150

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347150
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Marie Agnes Mautz

**5.** Date of Birth of Child (Month, day, year) Feb. 11, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William James Mautz
**11.** Color or Race White
**12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Idaho City, Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Butcher
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Fronie Agnes Genau
**17.** Color or Race White
**18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Between Laurel & Elicot City, Md. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

I personally saw and examined the February 14, 1902 issue of The Idaho World, a newspaper published in Idaho City, Idaho, and now filed in the State Historical Society, Boise, Idaho; in column 5 of this issue appears the following item: "Mautz - In Boise, February 11, 1902, to the wife of Wm. Mautz, a daughter." Mabel Welfer Director, Bureau of Vital Statistics Boise, Idaho, Dated this 6th day of June, 1942.

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fronie Mautz Signature
415 Main St Boise Idaho P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942.
(SEAL) M. Mautz Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mabel Welfer, Registrar.

Use only BLACK Ink or BLACK Record typ bearing FIRST-CLASS postage to State Bu copy requires an advance payment of fifty

completing this certificate. Mail COMPLETED certificate in envelope istics, Boise, Idaho, for filing. No charge for filing. Each certified er or coin.

JUN 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-225-025-859

347151

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Four years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? Four yrs.

**3. RESIDENCE OF FATHER** (city, state) Winona, Idaho

**4. FULL NAME OF CHILD** Eva Rosine Miller

5. Date of Birth of Child (Month, day, year) Nov. 25th., 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Bert Alfred Miller
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sandwich, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lena Bertha Heim
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Eplatures, (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No knowledge

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10A.M. on the date and at the place stated above, and that personal particulars were furnished by Bert A. Miller (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bert A Miller
Signature

3321 Parkroad Rt 5 Spokane Wn
P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942

(SEAL) L. D. Mears Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Nielson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-127-036-245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347153
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. No. Bannock Ave
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. No. Bannock Ave
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad, Idaho

**4. FULL NAME OF CHILD** Robert William Wilkinson

**5.** Date of Birth of Child (Month, day, year) Sept. 27/1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Robert William Wilkinson
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Wrendon (City or town) Utah (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eliza Rundverson
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Snowville (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 a. m. M. on the date and at the place stated above, and that personal particulars were furnished by Beth Owens (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

**25.** Attendant's **OWN** signature Beth C Owens M.D. Midwife Address Malad Ida Date May 21/42

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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863-121-035-275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 347163
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Nez Perce (b) City: Morrow
(c) Street Address or R.F.D. No.: —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City: Morrow
(d) Street Address or R.F.D. No.: —
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**: Carl Walter Holtz

5. Date of Birth of Child (Month, day, year): Nov. 21, 1902

6. Sex: Male

7. Twin or Triplet: —

If so—born 1st, 2nd, 3rd: —

8. No. months of Pregnacy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME**: Ludwig C. W. Holtz
11. Color or Race: White
12. Age at time of THIS birth: 29 yrs.
13. Birthplace: Niles (City or town) Illinois (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Ellen A. Spencer
17. Color or Race: White
18. Age at time of THIS birth: 28 yrs.
19. Birthplace: Linwood, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: "

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Don't know

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Whatcom } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Mrs. (First name) Stinchomb (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Spencer Holtz Signature
R.F.D. #2 Arlington Wash. P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942

(SEAL) J. P. Martens Notary Public, residing at Arlington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-402-014-213

347170

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Roswell, Idaho

**4. FULL NAME OF CHILD** Glade Franklin Ross

**5.** Date of Birth of Child (Month, day, year) 9-2-1902

**6.** Sex Male

**7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Franklin Leonard Ross
**11.** Color or Race White
**12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Minnesota (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Edith Ione Bacon
**17.** Color or Race White
**18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Hebron, Nebraska (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Edith Ione Ross (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Dr. Williamson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Ione Ross
Signature
Rogue River, Oregon
P. O. Address

Subscribed and sworn to before me this 25th day of May, 19 42

(SEAL) M. Opal Matthews Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. MY COMMISSION EXPIRES JAN. 20, 1945.

Received for filing on JUN 1 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942
FEB 9 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-114-031-316

347224

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Lewiston
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Lewiston, Idaho County Lewis
(c) City Lewiston
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

**4. FULL NAME OF CHILD** Clarley William Howton

5. Date of Birth of Child (Month, day, year) February 14, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James William Howton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace (not known) (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Gertrude Belle Lawson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Albany (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Marion } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 43 years of age, that I have known this person for 40 years, and that the midwife (name unknown) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs) Alice Sprague — Signature
Scio, Oregon — P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1942

(SEAL) V. L. Hill — Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel K. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

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533.222.207761

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347233
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City SOLDIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 7 years 3 months 16 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County BLAINE
(c) City SOLDIER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 37 yrs.

**3. RESIDENCE OF FATHER** (city, state) SOLDIER Idaho

**4. FULL NAME OF CHILD** EDNA ALICE ELLSWORTH

**5.** Date of Birth of Child (Month, day, year) JULY 22 1902

**6.** Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** WILLIAM PHILO ELLSWORTH
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace FRANKLIN (City or town) Idaho (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MATILDA ANN GOSWIND
**17.** Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace FRANKLIN (City or town) Idaho (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Utah, County of Sanpete, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Edna Alice Ellsworth (First name) (Last name), who attended this birth (dead) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Ann Ellsworth Signature
Manti, Utah. P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 42.
(SEAL) E. H. Beal Notary Public, residing at Manti, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. exp. Sept 19, 42

Received for filing on JUN 1 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

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252-215-028-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347248
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Coeur d'Alene

**4. FULL NAME OF CHILD** Owney Best

**5.** Date of Birth of Child (Month, day, year) May 15, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Alexander Hubbard Best
**11.** Color or Race white **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Wisconsin (City or town) (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business Blacksmithing

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Marilla Gates
**17.** Color or Race white **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Indiana (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

**23.** Number of children of this mother: (a) At time of birth and including ~~this child~~ 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Marilla Best (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature Mrs Laura Best M.D. Midwife Address Deer Park, Wash. Date 5/9-42

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

## DELAYED REGISTRATION LAW

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319-119-006-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347269
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bingham (b) City: Presto
(c) Street Address or R.F.D. No.: R. F. D.
(d) Name of Hospital or Maternity Home: at family residence
(e) Mother's stay BEFORE delivery: IN THIS county 31 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bingham
(c) City: Presto
(d) Street Address or R.F.D. No.: R.F.D.
(e) How long has MOTHER lived in Idaho? 31 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Jacob Elmer Tarr

**5.** Date of Birth of Child (Month, day, year): Oct. 19, 1902

**6.** Sex: Male

**7.** Twin or Triplet: single If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** Jacob Ezra Tarr
**11.** Color or Race: White **12.** Age at time of THIS birth: 34 yrs.
**13.** Birthplace: Neosho, Missouri (City or town) (State or foreign country)
**14.** Exact Occupation: Farming & Cattle raising
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Annie Abilula Hansen (Tarr)
**17.** Color or Race: white **18.** Age at time of THIS birth: 31 yrs.
**19.** Birthplace: Soda Springs, Idaho. (City or town) (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: None to my knowledge

**23.** Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. T. A. Snooks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Abilula Hansen Tarr Signature
1358 E. Lander, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 42
(SEAL) Grace Bristline Notary Public, residing at Pocatello, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

JUL 28 1955

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-209-022667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347274
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No. (no address)
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No. (none)
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Salem, Ida.

**4. FULL NAME OF CHILD** Emily Leah Harris

**5.** Date of Birth of Child (Month, day, year) Aug. 9, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Bernice Rawlings Harris
**11.** Color or Race white **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
**14.** Exact Occupation Merchant
**15.** Industry or Business Harris & Co. General Mercantile

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Martha Ann Fogg.
**17.** Color or Race white **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Smithfield (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown. midwife attended
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 past years, and that Magdalene Malz (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bernice Rawlings Harris Signature
2617 Fillmore St. S.L.C. P. O. Address

Subscribed and sworn to before me this 1st day of June, 19 42
(SEAL) Wanda Arneson Notary Public, residing at Salt Lake City, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-128-028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347285
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) ~~City~~ Hauser Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. ~~No.~~ Hauser Lake
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Archer Louis Pietsch

**5.** Date of Birth of Child (Month, day, year) Sept. 28, 1902

**6.** Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Louis William Pietsch
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Bluearth County Minn. (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Burmaster
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Reedsburg Wis. (City or town) (State or foreign country)
**20.** Exact Occupation farm house wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Louis (First name) Pietsch (Last name), who is related to this child as father (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Augusta Pietsch (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis William Pietsch Signature
Elmira, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1942.
(SEAL) Chas. R. Tifft Notary Public, residing at Sandpoint Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mark H. Lefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1972

JUN 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-21-4-026-689

347302

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County....Jefferson (b) City....La belle
(c) Street Address or R.F.D. No.....No Street
(d) Name of Hospital or Maternity Home:
Just at home
(e) Mother's stay **BEFORE** delivery: Home
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State...Idaho (b) County..Jefferson
(c) City ....LaBelle
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?....40.....yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD**.....Effie May ~~Hoover~~ Harrop

**5.** Date of Birth of Child (Month, day, year)...Oct 14, 1902

**6.** Sex Female

**7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME**.....Samuel Harrop
**11.** Color or Race.....white **12.** Age at time of THIS birth....39....yrs.
**13.** Birthplace....Ogden (City or town) Utah (State or foreign country)
**14.** Exact Occupation ....Stock raising and Farmer
**15.** Industry or Business Stock raising and Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**...Annie Atelia Whitman
**17.** Color or Race.....white **18.** Age at time of THIS birth.32.....yrs.
**19.** Birthplace.....Virginia (City or town) (west) Burkes Garden (State or foreign country)
**20.** Exact Occupation .....House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum.....

**23.** Number of children of this mother: (a) At time of birth and including this child.....3.. (b) Born alive and now living....yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....no physician (First name) (Last name), who is related to this child as.....(Mother, etc.)

**25.** Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of.....Idaho
County of...Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....44.....years of age, that I have known this person for.all her life, and that .....Mrs. Clark (First name) (Last name), who attended this birth.....is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Brenda Asta - .....Signature
.....545 So Highbee Box 1053.....P. O. Address

Subscribed and sworn to before me this 25th day of.....May....., 19..42.
(SEAL) Marie Bundy.....Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on....JUN 3 1942.....by.....Mark Hughes....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-104-040-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347346
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. - - - - - - - - -
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. - - - - - - - - -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wardner, Idaho

**4. FULL NAME OF CHILD** VIRGIL MILTON McGATLIN

5. Date of Birth of Child (Month, day, year) May 4, 1942

6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd - - -
8. No. months of Pregnacy Nine
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew James McGatlin
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Frankfort, Kansas (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie May Cox
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kokomo, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - - - - - - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living Yes.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 40+ years, and that F. P. Matchette, M.D. (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. J. McGatlin Signature
Box 1003 - Burke, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942.

(SEAL) By Vincent P. Whelan Deputy Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by ..... Registrar.

ANNA K. BATTICK, RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-129-016-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347358
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Marsh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marsh
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Golden Kimball Smith

5. Date of Birth of Child (Month, day, year) Jan. 29th 1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Moses M. Smith
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Tooele City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucina Sessions Smith
17. Color or Race American
18. Age at time of THIS birth 22 yrs.
19. Birthplace Woodruff, Rich County, Utah (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Avilda McBride (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucina S. Smith Signature
311 S. Conant Burley Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) J. Foster Notary Public, residing at Burley Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-105-037 347454

347454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 347454
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 5 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (~~city, state~~) England

**4. FULL NAME OF CHILD** Paul Thomas Burbidge

5. Date of Birth of Child (Month, day, year) March 5-1942

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? ✓

**FATHER OF CHILD**

10. **FULL NAME** Joseph Burbidge
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Conductor S.S.L.R.R.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ada Margaret Rensland
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Plattsmouth (State or foreign country) Neb.
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Dr. (First name) Emerson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Margaret Burbidge Signature
920 N. Arthur Boise P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942.
(SEAL) Dearling M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-132-004-819

347511

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Sharon County
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months 21 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Sharon County
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bear Lake Idaho

**4. FULL NAME OF CHILD** Reuben George Watkins

**5.** Date of Birth of Child (Month, day, year) Dec. 22, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Thomas Francis Watkins
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Gloucestershire South Wales (City or town) (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emily Angelina Hards
**17.** Color or Race English **18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace Kent England (City or town) (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Mary Hymas (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Angelina Watkins Signature
Naches Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942.
(SEAL) [signature] Notary Public, residing at Naches
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-101-022-766

347519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Leigh Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 25 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Wyoming (b) County Uinta
(c) City Wilson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 days ~~yrs.~~
**3. RESIDENCE OF FATHER** (city, state) Wilson Wyo.

**4. FULL NAME OF CHILD** James Leroy Mangum
**5.** Date of Birth of Child (Month, day, year) 8-1-1902
**6.** Sex Mail
**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd
**8.** No. months of Pregnacy 9
**9.** Legitimate? yes

**FATHER OF CHILD**
**10. FULL NAME** Robert S. Mangum
**11.** Color or Race White
**12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Pahreah Kane Co. Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Louisa Adeline Powell
**17.** Color or Race White
**18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Spanish Fork Utah Co. Utah (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living none

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Utah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Mrs Walter Barney (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Adeline Mangum Signature
Provo R.D. #2 P. O. Address

7/21/42.

Subscribed and sworn to before me this 3 day of June, 1942
(SEAL) O. W. Ashton Notary Public, residing at Provo Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1949

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-219-026-791

347636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Verda "H" Ball Williams

**5.** Date of Birth of Child (Month, day, year) Jan. 19, 1902

**6.** Sex Female

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? I

**FATHER OF CHILD**

**10. FULL NAME** Arthur R. Ball

**11.** Color or Race white

**12.** Age at time of THIS birth 43 yrs.

**13.** Birthplace Brightside, England (City or town) (State or foreign country)

**14.** Exact Occupation Farming

**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie E Graham

**17.** Color or Race white

**18.** Age at time of THIS birth 33 yrs.

**19.** Birthplace Apline county Calif (City or town) (State or foreign country)

**20.** Exact Occupation housewife

**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Dr. Dabell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E Graham Ball
Signature

Idaho Falls Idaho 266 So. Water
P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942

(SEAL) W. N. Brewink, Clerk of the District Court
By C. W. Williams Deputy. Notary Public residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel Weeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-127-007-295

347662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county — years 9 months 13 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 mo 13 days
**3. RESIDENCE OF FATHER** (city, state) Soldier, Ida.

**4. FULL NAME OF CHILD** Stirman King Higgs
**5.** Date of Birth of Child (Month, day, year) March 27-1902
**6.** Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd
**8.** No. months of Pregnancy 9 mo **9.** Legitimate? Yes.

**FATHER OF CHILD**
**10. FULL NAME** Alexander Auer Higgs
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Glenville (City or town) Ky. (State or foreign country)
**14.** Exact Occupation Physician & Surgeon
**15.** Industry or Business —

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Mary Blanche King
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Utica (City or town) Ky. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 - 0 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Blanche King Higgs (First name) (Last name) who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature A. A. Higgs M.D. Address 4024 Arizona St. San Diego Cal. Date June 6th - 1942

STATE OF CALIFORNIA )
COUNTY OF SAN DIEGO ) ss.

On this 6th day of June, 1942, before me, MARY K.MYERS, a Notary Public, in and for said County and State, duly commissioned and residing therein, personally appeared A. A. HIGGS, known to me to be the person who executed the within Attendant's Certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at my office, the day and year first hereinabove written.

Mary K. Myers
Notary Public in and for said County and State
My Commission Expires Dec. 29, 1946

Typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope to Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy costs, money order or coin.

JUN 1 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

631-016-071-955

347670

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 8 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. .....
Local Reg. No. 1
Reg. Dist. No. 230

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nezperce

**4. FULL NAME OF CHILD** Alice Lenore Flatt

**5.** Date of Birth of Child (Month, day, year) Mar 16 1942

**6.** Sex Female **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy 9 mo **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Philip Flatt
**11.** Color or Race White **12.** Age at time of THIS birth 23 yrs.
**13.** Birthplace Cambria (City or town) Ill (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business farm

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie Reese
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace — (City or town) Kansas (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business on home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 5%

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Annie Flatt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that Del Cooper (First name) (Last name), who attended this birth decease (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Flatt Signature
Nezperce Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942
(SEAL) Percy W. Mitchell Notary Public, residing at Nezperce, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 9 — 42 by Albert Huff, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1963

JUN 11 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-121-021-1897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347692
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Teton (b) City: Victor
(c) Street Address or R.F.D. No.: —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Teton
(c) City: Victor
(d) Street Address or R.F.D. No.: —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Victor - Idaho.

**4. FULL NAME OF CHILD** Willard Heaps

**5.** Date of Birth of Child (Month, day, year) June 21 - 1902

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy NINE **9.** Legitimate? YES.

**FATHER OF CHILD**

**10. FULL NAME** Thomas Levi Heaps.
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Paguarville (City or town) Utah. (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farmer.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ivy Ann Higgins
**17.** Color or Race White **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Belmont (City or town) Nevada (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes.

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 40 years, and that Mrs. Enos (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elenor Heaps Sommerkorn Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942
(SEAL) Paul Stone Notary Public, residing at Ashton Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mark Heelers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-124009-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347701
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 years 2 months yrs.

**3. RESIDENCE OF FATHER** (city, state) Priest River, Idaho

**4. FULL NAME OF CHILD** Peter Mauro

**5.** Date of Birth of Child (Month, day, year) July 24 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9 mo.

**9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Francesco Saverio Mauro
**11.** Color or Race white **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Grimaldi (City or town) Italy (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Luisa Maria Maio
**17.** Color or Race white **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Grimaldi (City or town) Italy (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. Simauro — Signature
Priest River, Idaho — P. O. Address

Subscribed and sworn to before me this 10 day of June, 1942
(SEAL) F. A. Wonch — Notary Public, residing at Priest River, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-231-007-319 347736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 9 1942

State File No. 347736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Hailey
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 27 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jennie Fuller
5. Date of Birth (Month, day, year) January 31 1902
6. Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Gwinn Fuller
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma V. Laing
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Windom (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 9 1942 (Date received) (b) Minnie Fielder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Adams } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma V. Fuller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jennie Fuller (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Clark (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma V. Fuller Name
Council Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of January, 1942

(SEAL) Matilda Moser NOTARY PUBLIC, residing at Council, Idaho
Clerk, District Court, Adams County, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-121-001-462

347744

347744

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1615 N. 10th
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years yrs. months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 1615 N. 10th St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Ida

**4. FULL NAME OF CHILD** Henry Edward Roberts

**5.** Date of Birth of Child (Month, day, year) Mar 21-1942

**6.** Sex: male

**7.** Twin or Triplet: no If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 8

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Claude H. Roberts
**11.** Color or Race: White **12.** Age at time of THIS birth: 37 yrs.
**13.** Birthplace: Mass (City or town) State (State or foreign country)
**14.** Exact Occupation: Lawyer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth H. Mabely
**17.** Color or Race: White **18.** Age at time of THIS birth: 37 yrs.
**19.** Birthplace: Tamworth (City or town) England (State or foreign country)
**20.** Exact Occupation: teacher art
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for life ~~years~~, and that Dr. George Nadley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Roberts Dunning — Signature
R. 5 Boise, Ida — P. O. Address

Subscribed and sworn to before me this 10th day of June, 1942

(SEAL) H. B. Hay — Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 0 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-214-001-235

347770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 347770
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD** Robert Eugene Schoonover

**5.** Date of Birth of Child (Month, day, year) April 14 1902

**6.** Sex Female

**7.** ~~Twin~~ or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Richard Eugene Schoonover
**11.** Color or Race White
**12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Owego (City or town) New York (State or foreign country)
**14.** Exact Occupation Logger
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie Bird Stephenson
**17.** Color or Race White
**18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Cottonwood Falls (City or town) Kansas (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Mrs. (First name) Robison (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Bird Schoonover Signature
Box 231 Boise Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942
(SEAL) Jessie Naylor Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Maud F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-209-007-366

347812

United States
Department of Commerce
Bureau of the Census

JUN 9 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 347812
Local Reg. No. 72
Reg. Dist. No. 410

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

**3. RESIDENCE OF FATHER** (city, state) Hailey, Idaho

**4. FULL NAME OF CHILD** Clara Rose Sherry

**5.** Date of Birth of Child (Month, day, year) 4-9-1902

**6.** Sex Female

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ernest Cornelius Sherry
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Jersey Isle (City or town) Channell Islands (State or foreign country)
**14.** Exact Occupation Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Catherine Cornelia Cooper
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Albion (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5P M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Sherry (First name) (Last name), who is related to this child as Mother (Mother, etc.).

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all life years, and that Dr. Farrer (First name) (Last name), who attended this birth in now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine C Sherry Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 42.
(SEAL) [signature] Notary Public, residing at Salmon, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-30-1942 by Robert H. Wright Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

296-121-303-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347825
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 11 months 15 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oxford, Idaho

**4. FULL NAME OF CHILD** Louis Fisher Brossard

**5.** Date of Birth of Child (Month, day, year) 12-21-1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Louis Alphonse Brossard
**11.** Color or Race White **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace Richmond (City or town) Utah (State or foreign country)
**14.** Exact Occupation School Teacher
**15.** Industry or Business Education

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Stella Josephine Fisher
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Oxford (City or town) Idaho (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Jane (First name) Howell (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Alphonse Brossard Signature
Box 303 Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of June, 1942
(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Hatch, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-128-035-689

347849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nez Perce, Idaho

**4. FULL NAME OF CHILD** Keith Edison Keltner

**5.** Date of Birth of Child (Month, day, year) Dec. 28, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Morgan Henry Keltner
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Ames (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Adelle White
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Ames (City or town) Iowa (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that Dr. John Powell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Adelle Keltner Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942.
(SEAL) Arnold P. Heuzell Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mina M. Reider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1966

JUN 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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291-209-040-965

347862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Shoshone (b) City: Mullan
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Shoshone
(c) City: Mullan
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 3 Mo. yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**: Ethel Marion Brady

**5.** Date of Birth of Child (Month, day, year): Sept. 9 - 1902

**6.** Sex: Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**: James Joseph Brady
**11.** Color or Race: white **12.** Age at time of THIS birth: 25 yrs.
**13.** Birthplace: Jarrah (City or town), England (State or foreign country)
**14.** Exact Occupation: Miner
**15.** Industry or Business: Silver & Lead Mines

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**: Marion Ronald
**17.** Color or Race: white **18.** Age at time of THIS birth: 21 yrs.
**19.** Birthplace: Mysanda (City or town), Ill. (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business: —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) Marion Ronald Brady the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Mrs. Mary McGann (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Ronald Brady — Signature
703 - E. Indiana, Spokane, Wn. — P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942
(SEAL) Fleta Van Dyke — Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-227-035-997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347878
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

**4. FULL NAME OF CHILD** Violet Irene Miller

5. Date of Birth of Child (Month, day, year) Mch. 27, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Harvey Miller
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lena Melvina Riggs
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salem, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for forty years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lena D. Riggs Williamson Signature
506 N. Wilson Ave., Pasadena, Cal. P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) Edith Thompson Willey Notary Public, residing at Pasadena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by M. I. Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-125-036-319

347890

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

**3. RESIDENCE OF FATHER** (city, state) Clifton, Ida.

**4. FULL NAME OF CHILD** Lawrence Carlson Ostergar

5. Date of Birth of Child (Month, day, year) Aug. 25, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Peter Martin Ostergar
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Vesterhalne, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elma Carlson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sunprester, Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Dr. Allen R. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Martin Ostergar — Signature
Clifton, Idaho — P. O. Address

Subscribed and sworn to before me this 8 day of June, 19 42.
(SEAL) Amen Koford Notary Public, residing at Clifton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by Mabel Hedlund, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951-230-021-669

347909

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 12 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347909
Local Reg. No. 147
Reg. Dist. No. 540

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Dead yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Zelda Ann Read

**5.** Date of Birth of Child (Month, day, year) Dec. 30, 1902.

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James N. Read
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace England (City or town) (State or foreign country)
**14.** Exact Occupation Section Foreman for O. S. L.
**15.** Industry or Business Railroad

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Esther Forrester
**17.** Color or Race White **18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace Smithfield (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 39 years, and that Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph B. Read ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 8 day of June, 1942
(SEAL) Geo. D. Nelson ..... Notary Public, residing at Smithfield
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 6-9-1942 by Effie M. Brower, Registrar.
Mavel Felder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

43-219-026-864

347929

347929

United States Department of Commerce Bureau of the Census

JUN 17 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 347929
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City RIGBY IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: IN OWN HOME
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County
(c) City RIGBY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 43 yrs.

**3. RESIDENCE OF FATHER** (city, state) RIGBY IDAHO

**4. FULL NAME OF CHILD** Geneva Elizabeth Malstrom

**5.** Date of Birth of Child (Month, day, year) June 19, 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** WILLARD ELIAS MALSTROM
**11.** Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace SPRINGVILLE UTAH (City or town) (State or foreign country)
**14.** Exact Occupation CARPENTER
**15.** Industry or Business DO

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ELIZABETH HODGE
**17.** Color or Race WHITE **18.** Age at time of THIS birth 17 yrs.
**19.** Birthplace NORTH STAR UTAH (City or town) (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business DO

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date WAS ATTENDED BY MY MOTHER AND SHE HAS PASSED ON and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Calif. County of Fresno } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for years, and that ELIZABETH HODGE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Elizabeth Likins Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1945

(SEAL) Notary Public, residing at Firebaugh, Cal.

My Commission Expires Mar. 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-219-022-343

347985

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rexburg Idaho

**4. FULL NAME OF CHILD** Verna Adeal Lenroot

**5.** Date of Birth of Child (Month, day, year) Nov 19 1902

**6.** Sex Female

**7.** ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Heber David Lenroot

**11.** Color or Race White **12.** Age at time of THIS birth 25 yrs.

**13.** Birthplace Salt Lake City (City or town) Utah (State or foreign country)

**14.** Exact Occupation Harness Makes

**15.** Industry or Business Harness Shop

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lydia Ann Luf ~~[illegible]~~

**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.

**19.** Birthplace Hyde Park (City or town) Utah (State or foreign country)

**20.** Exact Occupation House wife

**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Mary Nelson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Cordelia Ward
Signature
1590 So. 6th East Salt Lake City Utah
Address

Subscribed and sworn to before me this 15 day of May 1942.

(SEAL) Ora Bell Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Comm. Exp. 9-22-42

Received for filing on JUN 12 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296101014434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348033
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City near Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Urban Earle Brock

**5.** Date of Birth of Child (Month, day, year) Jan. 1, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Hugh Middleton Brock
**11.** Color or Race White
**12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Springtown (City or town) Oklahoma (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Clara McDougald
**17.** Color or Race White
**18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Carrollite (City or town) Mo (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since birth years, and that Dr. Ed Maxey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara McDougald Brock Signature
R.F.D. 3, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of June, 1942
(SEAL) Fred L. Evans Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUN 11 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194 206 031 667

**348118**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LOUIS (b) City
(c) Street Address or R.F.D. No. NEZPERCE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Louis
(c) City
(d) Street Address or R.F.D. No. NEZPERCE
(e) How long has **MOTHER** lived in Idaho? 1-6 mo. yrs.

**3. RESIDENCE OF FATHER** (city, state) NEZPERCE, IDAHO

**4. FULL NAME OF CHILD** FLORENCE MARIE Armbruster

5. Date of Birth of Child (Month, day, year) Sept. 6, 1942

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** Edward John ARMBRUSTER
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace West point (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Rose Fox
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace OLEAN (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of CALIFORNIA
County of SAN FRANCISCO } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that DR. — (First name) COBOURN (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward J. Armbruster Signature
1755 Jackson St San Francisco P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 42

(SEAL) Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91A Idaho Code Annotated)

Received for filing on JUN 13 1942 by Mary Fetter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 104 040-297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348161
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wardner, Idaho

**4. FULL NAME OF CHILD** George Wesley Garrison

**5.** Date of Birth of Child (Month, day, year) July 7th 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Franklin Thomas Garrison
**11.** Color or Race white **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace St. Joseph (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jennie Edith Signor
**17.** Color or Race white **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Rice Lake (City or town) Wisconsin (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living two.

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for — years, and that Dr. Mason (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie Edith Garrison Signature
1084-93rd Street P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942.
(SEAL) Helen B. Palmer Notary Public, residing at Oakland, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-22-3-009-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348269
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Kootenai
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none.
(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years months 19 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Kootenai
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
**3. RESIDENCE OF FATHER** (city, state) 2 years.

**4. FULL NAME OF CHILD** Hazel Keller
**5.** Date of Birth of Child (Month, day, year) July 23, 1902
**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes.

**FATHER OF CHILD**
**10. FULL NAME** Fred John Keller
**11.** Color or Race white **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Germany (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Susannah Smith
**17.** Color or Race white **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace England (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living all

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 45 years of age, that I have known this person for 39 years, and that Mrs. Briscoe (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nell Keller Reece Signature
422 So. Boyer, Sandpoint, Idaho P. O. Address

Subscribed and sworn to before this 16th day of June, 1942.
(SEAL) Mark D. McLeod Notary Public, residing at SANDPOINT, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mark D. McLeod, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

AUG 19 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 6 6th Street
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 6 6th Street
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho

**4. FULL NAME OF CHILD** Raynard Victor Lundquist

**5.** Date of Birth of Child (Month, day, year) July 9, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Claus Albert Lundquist
**11.** Color or Race white **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Jonkoping, Sweden (City or town) (State or foreign country)
**14.** Exact Occupation Laundryman
**15.** Industry or Business Laundry

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hulda Elisabeth Andersson
**17.** Color or Race white **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Lowry (City or town) Minnesota (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Dr. Charles L. Witman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hulda A. Lundquist Signature
Moscow Idaho Rt 2 P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942.
(SEAL) J. E. Hayden Notary Public, residing at Moscow Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mary E. Elsom, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419-224018-457

348277

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Ahsahka
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Ahsahka
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Winifred May Marquette

**5.** Date of Birth of Child (Month, day, year) March 24. 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Frank Edwin Marquette
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Flint (City or town) Michigan (State or foreign country)
**14.** Exact Occupation Prospector
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Charlotte Jane Meggitt
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Port Hope (City or town) Canada (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 40 years, and that Mrs (First name) Grander (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lyonie Marquette Signature
306-12th Ave Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942
(SEAL) Geo E Ed Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-206-028-461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 348322
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. Rt. #1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. Rt. #1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rt. #1, Post Falls Idaho

**4. FULL NAME OF CHILD** Gertrude Hilda Peters

**5.** Date of Birth of Child (Month, day, year) June 6, 1902

**6.** Sex Female

**7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Henry Peters
**11.** Color or Race White
**12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Austria (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farm

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Marie Elizabeth Moje
**17.** Color or Race White
**18.** Age at time of THIS birth 18 yrs.
**19.** Birthplace Germany (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Own Home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr. Jesse B. Millsaps (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Peters Signature
2903 W. Pacific, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942

(SEAL) Jas. A. Foster CLERK OF DISTRICT COURT Notary Public, residing at Bonner Ferry Bonner, Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348336
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Cherry Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 24 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 65 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad, Idaho

**4. FULL NAME OF CHILD** William Chivers Rees

**5.** Date of Birth of Child (Month, day, year) 9-23-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Moroni Vaughn Rees
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Provo (City or town) ; Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Ann Chivers
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Mrs. Rachel Williams (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Chivers Rees Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of June, 19 42
(SEAL) Bill Fallis, Probate Judge ~~Notary Public~~ residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-230028-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348340
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City ST. JOE
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Kootenia
(c) City ST. JOE
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) ST JOE. IDAHO

**4. FULL NAME OF CHILD** CECILE ELISE JACOT

**5.** Date of Birth of Child (Month, day, year) Oct. 30th 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** PAUL ALI JACOT
**11.** Color or Race white **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace SWITZERLAND (City or town) (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business "

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ELISE LOUISE SANDOZ
**17.** Color or Race white **18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace SWITZERLAND (City or town) (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE

**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at St Joe M. on the date and at the place stated above, and that personal particulars were furnished by LUCILLE JACOT (First name) (Last name), who is related to this child as aunt (Mother, etc.)

**25.** Attendant's X **OWN** signature LUCILLE JACOT ~~M.D.~~ Midwife Address KENN, WASH Date June 11-42

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P.O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-206-001 916

348403

348403

United States Department of Commerce Bureau of the Census

JUN 22 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**: Flomes Hazel McElhing

**5.** Date of Birth of Child (Month, day, year): July 6 1902

**6.** Sex: Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME**: Archiable William McElhing
**11.** Color or Race: White
**12.** Age at time of THIS birth: 25 yrs.
**13.** Birthplace: Grundy Center (City or town) Iowa (State or foreign country)
**14.** Exact Occupation: Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**: Bertha May Rawlings
**17.** Color or Race: White
**18.** Age at time of THIS birth: 21 yrs.
**19.** Birthplace: Alpine (City or town) Colo. (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Ida
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Dr. R. W. Hall (First name), (Last name), who attended this birth Cannot be Contacted (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha M. McElhing — Signature
Route 2 Chehalis Wash — P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942

(SEAL) — Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817-11-022-297

348404

348404

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

22 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
At residence, St Anthony
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home NO days.
IN **THIS** county 20 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address Deceased
**3. RESIDENCE of FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Harry Louis Yager
**5.** Date of Birth (Month, day year) July 11 1902
**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**
**10. FULL NAME** William David Yager
**11.** Color or Race White **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Fort Hall - Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Deceased
**15.** Industry or Business "

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Loretta Anne Bigler
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Mendon Utah (City or town) (State or foreign country)
**20.** Exact Occupation deceased
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not known
**23.** Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) JUN 22 1942 (Date received) (b) Mary E Fisher (Registrar's signature)
**27.** Given name added on ..... by ..... (Registrar's signature)
**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E. Fisher, being first duly sworn, say that I am ~~acquainted~~ related (Related to (or) acquainted with) Harry Louis Yager (Name of person on certificate above) as Mother-in-Law (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Fisher ..... Signature
St Anthony ..... P. O. Address

NOTARY PUBLIC
Residence: Boise, Idaho
My Commission Expires Feb. 15, 1943

Subscribed and sworn to before me on this 22nd day of June 1942
(SEAL) Rose A. Haworth Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1969

JUN 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

192-224-022-364

348405

348405

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 22 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Fremont (b) City Ranch Plano
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Ranch, Plano Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN THIS county 30 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ranch, Plano
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address St Anthony Ida.

**3. RESIDENCE of FATHER** (city, state) " "

**4. FULL NAME OF CHILD** Bess Fisher

**5.** Date of Birth (Month, day year) Aug. 24 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John T Fisher
**11.** Color or Race White **12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Far West (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business "

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Elizabeth Compton
**17.** Color or Race White **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Park City (City or town) Utah (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum not known
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 0

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**26.** (a) JUN 22 42 (Date received) Mary E Fisher (Registrar's signature)
**27.** Given name added on by (Registrar's signature)

**25.** Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E. Fisher, being first duly sworn, say that I am related (Related to (or) acquainted with) Bess Fisher (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr ~~[illegible]~~ Rich (Name of attendant at birth), who attended said birth is no deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Fisher Signature
St Anthony Idaho P. O. Address

NOTARY PUBLIC
Residence: Boise, Idaho
My Commission Expires Feb. 15, 1943

Subscribed and sworn to before me on this 22nd day of June 1942

(SEAL) Rose A. Haworth Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313 127 001-313

348417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348417
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 4th. Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 4th. Street
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Robert Edmon Cate

**5.** Date of Birth of Child (Month, day, year) Sept. 27, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Micheal Edmond Cate
**11.** Color or Race White
**12.** Age at time of THIS birth 51 yrs.
**13.** Birthplace Athens (City or town) Tennessee (State or foreign country)
**14.** Exact Occupation Blacksmith
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Montie Leota Cate
**17.** Color or Race White
**18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Decatur (City or town) Tennessee (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

**23.** Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Montie (First name) Cate (Last name), who is related to this child as Mother (Mother, etc.).

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Doctor (First name) Bowers (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Montie Leota Cate Signature
640 W. Center St. Pomona, Calif. P. O. Address

Subscribed and sworn to before me this 15th. day of June, 1942
(SEAL) June Dodolus Notary Public, residing at Pomona, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 6th, 1944.

Received for filing on JUN 17 1942 by Maurl F. Feder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-228003-944

348446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. -
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: -
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No. - All her life
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): Soda Springs, Idaho
(Street or R.F.D.) (Postoffice Idaho

3. **RESIDENCE OF FATHER** (city, state) Soda Springs,

4. **FULL NAME OF CHILD** La Vene Mackey

5. **DATE OF BIRTH** (Month, day, year) 12-28-02

6. Sex F

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 1

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Corridan Mackey

11. Color or Race W

12. Age at time of THIS birth 34 yrs.

13. Birthplace Ill.
(City or Town) (State or foreign country)

14. Exact Occupation Manag. of Nat.Mineral Water Co.

15. Industry Business Bottling Water

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Ruud

17. Color or Race W

18. Age at time of THIS birth 17 yrs.

19. Birthplace Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11:45 P M. on the date and at the place stated above, and that personal particulars were furnished by Emma Ruud Mackey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 18 1942 (Date received) [illegible] (Registrar's signature)

25. Attendant's **OWN signature** Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Ida. Date 6-12-42 11 A.M.

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUN 2 2 1942

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a ~~misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.~~

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

653 106 044 796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348478
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Commercial
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 15 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Commercial St
(e) How long has **MOTHER** lived in Idaho? 2 yr 5 mo yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser

**4. FULL NAME OF CHILD** Ross N Felthouse

**5.** Date of Birth of Child (Month, day, year) Nov. 6, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Noah S Felthouse
**11.** Color or Race white **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Putnam Co. Ohio (City or town) (State or foreign country)
**14.** Exact Occupation Merchant at this Birth
**15.** Industry or Business Now Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Della Belle Prough
**17.** Color or Race white **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Shipshewana Indiana (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that C. B. Shirley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Belle Felthouse Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June 1942
(SEAL) E. P. Fay Notary Public, residing at New Plymouth, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-127 006-389

348486

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Basalt Idaho.

**4. FULL NAME OF CHILD** Barber Dewane Dye

**5.** Date of Birth of Child (Month, day, year) July 27th 1902

**6.** Sex male

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Malden Dye
**11.** Color or Race White
**12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Riverdale (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Julia Adelaide Child
**17.** Color or Race White
**18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Riverdale (City or town) Utah (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum.....

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39+ years, and that Christine Hubard (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Malden Dye ..... Signature
Basalt ..... P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942.
(SEAL) Geo. W. Lusher Notary Public, residing at Firth Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 206-028-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348501
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City Hauser Lake
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 13 years 7 months 2 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Hauser Lake
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Hauser Lake, Idaho

**4. FULL NAME OF CHILD** Marjorie Myrle Barto

**5.** Date of Birth of Child (Month, day, year) Mar. 6 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Milton Barto
**11.** Color or Race White **12.** Age at time of THIS birth 47 yrs.
**13.** Birthplace Minneapolis (City or town) Minn. (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bessie Scott
**17.** Color or Race White **18.** Age at time of THIS birth 43 yrs.
**19.** Birthplace Danville (City or town) North Carolina (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by B (First name) Barto (Clay) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature Dwina in the house at time of birth M.D. Midwife Address Spokane Wash Date 6/16/42

State of ..... } ss.
County of .....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 40 years, and that Dr. (First name) Wenk (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ben Barto (Clay) Signature
P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942
(SEAL) B. Zeller Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

487-204025-295

348560

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Keuterville,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Keuterville (on farm)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Anna Barbara Uhlenkott, ~~Fairchild~~,

**5.** Date of Birth of Child (Month, day, year) Dec. 4-1902

**6.** Sex female

**7.** Twin or Triplet no — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy usual

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Herman W. Uhlenkott

**11.** Color or Race white

**12.** Age at time of THIS birth 36 yrs.

**13.** Birthplace New Munich, Minnesota, (City or town) (State or foreign country)

**14.** Exact Occupation farming,

**15.** Industry or Business none.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Regina Bieker,

**17.** Color or Race white

**18.** Age at time of THIS birth 25 yrs.

**19.** Birthplace St. Anthony, Indiana, (City or town) (State or foreign country)

**20.** Exact Occupation housework

**21.** Industry or Business none.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Idaho, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ~~XXX~~ 39 years, and that Dr. J. W. Turner (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman W. Uhlenkott — Signature

Ferdinand, Idaho. — P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942, 19

(SEAL) Frank M. Bieker — Notary Public, residing at Ferdinand, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-213-040-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 348580
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 18 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County SHOSHONE
(c) City WARDNER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) WARDNER, IDAHO

**4. FULL NAME OF CHILD** MYRTLE MARGUERITE VANDERWERKEN

**5.** Date of Birth of Child (Month, day, year) MARCH 13, 1907

**6.** Sex FEMALE

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

No. months of Pregnancy 9 mos.

**9.** Legitimate? X

**FATHER OF CHILD**

**10. FULL NAME** JOHN ALEXANDER VANDERWERKEN

**11.** Color or Race WHITE **12.** Age at time of THIS birth 31 yrs.

**13.** Birthplace WARRENTON (City or town) WARREN COUNTY MO. (State or foreign country)

**14.** Exact Occupation MINER

**15.** ~~Industry~~ or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** DONA HAMMONTREE CULP

**17.** Color or Race WHITE **18.** Age at time of THIS birth 21 yrs.

**19.** Birthplace WARRENTON (City or town) WARREN COUNTY MO. (State or foreign country)

**20.** Exact Occupation HOUSE WIFE

**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by DONA CULP (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature DEAD M.D. Midwife Address Date

State of Washington
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr Machette (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X DONA CULP Dona Culp Signature
7911 Ave. Green Lake Seattle West P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942

(SEAL) Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-209-003-734

348605

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida

**4. FULL NAME OF CHILD** Louise Helene Fliegner

**5.** Date of Birth of Child (Month, day, year) April 9, 1902

**6.** Sex female

**7.** Twin or Triplet single If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9mo. **9.** Legitimate? yes.

**FATHER OF CHILD**

**10. FULL NAME** Gustav Eduard Fliegner
**11.** Color or Race white **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Faulbrueck (City or town) Germany (State or foreign country)
**14.** Exact Occupation Brewer
**15.** Industry or Business Brewery business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Bertha Plueschke
**17.** Color or Race white **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Bad Salzbrunn, Germany (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Doctor Stealey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. Fliegner Signature

Riverton, Wyoming. P. O. Address

Subscribed and sworn to before me this 17th day of June 1942

(SEAL) Charles Curtis Notary Public, residing at Riverton, Wyoming.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1965

JUL 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 349746
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Four yrs.

**3. RESIDENCE OF FATHER** (city, state) Orofino Idaho

**4. FULL NAME OF CHILD** Theodore Warren Mc Donald

5. Date of Birth of Child (Month, day, year) 6-27-1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Henry Mc Donald
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Judge of Superior Court
15. Industry or Business Colfax Wash

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lovina Garner
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 40 years, and that Mary (First name) Duffy (Last name), who attended this birth Cannot located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Millie Abrams Signature
Kendrick, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of June, 1942

(SEAL) [illegible] Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1 1961
OCT 2 7 1947
JAN 1 0 1947
JUN 2 5 1942
JUL 27 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343131 040 796

349764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No. 1

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Orofino, Idaho

**4. FULL NAME OF CHILD** Austin Favil Luttropp

**5.** Date of Birth of Child (Month, day, year) March 31, 1902

**6.** Sex male **7.** Twin or Triplet – If so—born 1st, 2nd, 3rd – **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Fred W. Luttropp
**11.** Color or Race white **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Hartford, Wisconsin (City or town) (State or foreign country)
**14.** Exact Occupation farming
**15.** Industry or Business self

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Grace Groves
**17.** Color or Race white **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Smith Center, Kansas (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Fred W. Luttropp (First name) (Last name), who is related to this child as father (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 40 years, and that Mary Groves (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred W. Luttropp Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 19 42.
(SEAL) [illegible] Notary Public, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-105-041-245

349795

United States
Department of Commerce
Bureau of the Census

JUN 26 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 349795
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Teton (b) City Bates
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Bates
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bates, Idaho.

**4. FULL NAME OF CHILD** Richard W. Miller

5. Date of Birth of Child (Month, day, year) Aug. 5, 1902

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Jacob Miller
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Berne (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clara Kunz
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bearlake, (City or town) Idaho. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that no attendance (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Jacob Miller Signature
Victor, Idaho. P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942

(SEAL) R. D. Lauritzen Notary Public, residing at Victor, Ida.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mark Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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JUN 29 1942

349812

349812

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 349812
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Boise (b) City: None
(c) Street Address or R.F.D. No.: None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 8 months ✓ days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: None
(d) Street Address or R.F.D. No.: None
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ola, Idaho

**4. FULL NAME OF CHILD** Charles Henry Carlock

5. Date of Birth of Child (Month, day, year) May 14, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Richard Caleb Carlock
11. Color or Race: White
12. Age at time of THIS birth: 42 yrs.
13. Birthplace: Albany (City or town) Missouri (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Valeria Whetherhult
17. Color or Race: White
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Nine Mile (City or town) Idaho (State or foreign country)
20. Exact Occupation: House Wife
21. Industry or Business: None

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Gem } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Mrs. — Lathrop (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V. Carlock
Signature

Ola, Idaho
P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942.

(SEAL) J. P. Reed
Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1957
AUG 6 1963
JUN 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 115 028-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **349861**
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Pocatello
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:- Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello Idaho

**4. FULL NAME OF CHILD** Frank Montgomery

5. Date of Birth of Child (Month, day, year) May 15 - 1901

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Marion Franklin Montgomery
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Mt. Pleasant (City or town) Mo (State or foreign country)
14. Exact Occupation R.R. workman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Mae Brewster
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Bodine (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Proper action taken

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Caroline Olds (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Bodine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 70 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth myself (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Franklin Montgomery Signature
P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942.
(SEAL) Chas. Smith Notary Public, residing at Sedan Kansas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Exp. 3/6/44

Received for filing on JUN 1 1942 by Mabel V. Lillie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1967

JUN 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-21604-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 349865
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City EMMETT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Canyon
(c) City EMMETT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Emmett, Idaho

**4. FULL NAME OF CHILD** BEULAH ELIZEBETH Webb

**5.** Date of Birth of Child (Month, day, year) Nov. 16 1902

**6.** Sex FEMALE

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** WILLIS A WEBB
**11.** Color or Race WHITE **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace PARAWAN (City or town) UTAH (State or foreign country)
**14.** Exact Occupation BUTCHER.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ETTA CLARINDA BLACK
**17.** Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace GLENDALE (City or town) UTAH (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elm } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Mrs. (First name) Wood (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Clarinda Webb Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942
(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
My Commission Expires Oct 13, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Mabel Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

JUL 3 1951

JUL 5 1941

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 104 022.493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 349943
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years / months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** George Reynold Seerist

**5.** Date of Birth of Child (Month, day, year) Nov. 4, 1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George N. Seerist
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Farmington (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Henrietta Miller
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Farmington (City or town) Utah (State or foreign country)
**20.** Exact Occupation Wife & Mother
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above; that I am now 63 years of age, that I have known this person for 39 years, and that Dr Malotte (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta M. Seerist Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942
(SEAL) O. Meservey, Probate Judge ~~Notary Public, residing at~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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245-124022-662

349952

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Cedron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 13 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Cedron
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Cedron

3. **RESIDENCE of FATHER** (city, state) Cedron

4. **FULL NAME OF CHILD** FRANK STANLEY KUNZ

5. Date of Birth (Month, day, year) Jan.24,1902

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Kunz, Jr.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Helen Maude Foster
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Camp Floyd, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Samuel Kinz, Jr. (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUN 24 [illegible] (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

~~State of~~ Territory of Alaska
~~County of~~ ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Kunz, being first duly sworn, say that I am the Father (Related to (or) acquainted with) FRANK STANLEY KUNZ (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pitt (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel Kunz
Signature
P. O. Address

Subscribed and sworn to before me on this 16th day of June 1942

(SEAL) Neil A. Moore Notary Public, residing at Juneau, Alaska.

My commission expires ____ My commission expires April 28th, 1946.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 118 036 693

349988

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 9 months 28 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad City, Ida

**4. FULL NAME OF CHILD** David W. Thomas

**5.** Date of Birth of Child (Month, day, year) Sept. 18, 1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** David Morgan Thomas
**11.** Color or Race white **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Malad City, Idaho (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sarah Jane Williams
**17.** Color or Race white **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Malad City, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business house keeping

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 p. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Jane Thomas (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature deceased M.D. Midwife Mary Stewart Address (deceased) Date 6/22/42

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Mary (First name) Stewart (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Thomas Signature
Malad City, Idaho Box 176 P. O. Address

Subscribed and sworn to before me this 22 day of June, 19 42
(SEAL) M. E. Flynn Notary Public, residing at Malad City, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-101-044133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350024
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 mos. yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** ALTHA BITNER HUDELSON

**5.** Date of Birth of Child (Month, day, year) Feb. 1, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James Altha Hudelson
**11.** Color or Race White
**12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Sage County, Kansas (City or town) (State or foreign country)
**14.** Exact Occupation Day Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Minnie May Allen
**17.** Color or Race White
**18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Shelton, Nebraska (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Dr. I. B. Steves (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J A Hudelson — Signature
Cambridge, Idaho — P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942.
(SEAL) Margaret Vogel — Notary Public, residing at Cambridge, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mark Hetzler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-228 036-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350032
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Gwenford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~years~~ 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Gwenford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Maude Norton

**5.** Date of Birth of Child (Month, day, year) 4-28-1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Wm Frank Norton
**11.** Color or Race White **12.** Age at time of THIS birth 47 yrs.
**13.** Birthplace Rylcove (City or town) Va (State or foreign country)
**14.** Exact Occupation Painter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma ~~Dad~~ Strong
**17.** Color or Race White **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Sturgeon (City or town) Ky (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Utah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 40 years, and that Mrs. Moore (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie M Smith Signature
394 N 7th East P. O. Address

Subscribed and sworn to before me this 24 day of June, 1943
(SEAL) Stanley Stanford Notary Public, residing at Provo, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Exp: June 18-1943

Received for filing on JUN 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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962-123036 639

**350140**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years 6 months 24 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

**3. RESIDENCE OF FATHER** (city, state) Franklin Idaho

**4. FULL NAME OF CHILD** Glenn O. Robinson

5. Date of Birth of Child (Month, day, year) October 23 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Brigham Robinson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace American Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Matilda Oliverson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that Ellen Wheeler Morgan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Robinson Signature
311 E. 85 st L. A. Calif. P. O. Address

Subscribed and sworn to before me this 24 day of June 1942

(SEAL) Blanchey Tarrant Notary Public, residing at North Hollywood Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 29 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942
JUL 7 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963 202 030 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. **350141**
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Aileen Maude Roche

**5.** Date of Birth of Child (Month, day, year) Aug. 2, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Philippe Paul Roche
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Warsaw, Ill. (City or town) (State or foreign country)
**14.** Exact Occupation Jeweler
**15.** Industry or Business Owned a jewelry store

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Margaret Haman
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Fortworth, Texas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for since birth years, and that Dr. Whitwell (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard P. Roche Signature
944 13th St Hermosa Beach, Cal. P. O. Address

Subscribed and sworn to before me this 17th day of June, 19 42
(SEAL) Frances C. Wendell Notary Public, residing at Hermosa Beach, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 14, 194

Received for filing on JUN 29 1942 by Mabel Hale, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-109-003-533

**350152**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Jay Thomas Nanney

**5.** Date of Birth of Child (Month, day, year) Sept. 9 1902

**6.** Sex male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Isac Woods Nanney
**11.** Color or Race white **12.** Age at time of THIS birth 51 yrs.
**13.** Birthplace St. Genevre Co. Mo. (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nancy Ann Ellis
**17.** Color or Race white **18.** Age at time of THIS birth 44 yrs.
**19.** Birthplace St. Maries Mo. (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

**23.** Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Nancy A. Nanney (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs Ida Date 5-16-42

State of Idaho
County of Bariboo } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person SINCE BIRTH ~~years~~, and that Ellis Hackley (First name) (Last name), who attended this birth has signed above ~~(Is now deceased) or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Stiles Signature
Bonda, Idaho P. O. Address

Subscribed and sworn to before ~~me this~~ 16th day of May, 1942

(SEAL) S. Sanders Notary Public, residing at SODA SPRINGS, IDA.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel Stephen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1959

JUL 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin ~~or guardian, or some person having direct~~ knowledge in the premises.

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350157

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

**3. RESIDENCE OF FATHER** (city, state) Silver City Idaho

**4. FULL NAME OF CHILD** Lillah Amelia Jensen (~~King~~)

**5.** Date of Birth of Child (Month, day, year) April 27th 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Joseph Jensen
**11.** Color or Race White **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace Utah Juabe Co (City or town) (State or foreign country)
**14.** Exact Occupation Contractor
**15.** Industry or Business Freighting Contractor

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Amelia Mortensen
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Brigham City Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum.....
**23.** Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Kern } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 40 years, and that ~~a~~ Mrs Branco (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Dewyane Jensen Dickson (Signature)
By 98 Fortuna Cal (P. O. Address)

Subscribed and sworn to before me this 20th day of June, 1942

(SEAL) J. H. Smith Notary Public, residing at Fortuna, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES MARCH 8, 1946

Received for filing on JUN 29 1942 by Mark Reeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350183
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Harrison, Ida.

**4. FULL NAME OF CHILD** LAWRENCE EDWIN COSTELLO

5. Date of Birth of Child (Month, day, year) 7-31-1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Franklin Costello
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oconto Falls, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Logging

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bertha Luella Wells
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bonanza, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for nearly 40 years, and that Dr. Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Franklin Costello Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of June, 19 42.

(SEAL) [illegible] Notary Public, residing at Coeur d'Alene, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 26 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350192
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge and Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Cambridge + Weiser Idaho

**4. FULL NAME OF CHILD** Mary Ashmore Duncan

5. Date of Birth of Child (Month, day, year) November 10, 1902

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Asa Duncan
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Danville (City or town) Illinois (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rilla Ann Smith
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace La Cygne (City or town) Kansas (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 born alive but only 3 living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 39 years, and that Mrs Mary Duncan (Grandmother) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth C Lee Signature
Parma Idaho Route 1 P. O. Address

Subscribed and sworn to before me this 25th day of June, 1942

(SEAL) D F Carter Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

MAY 27 1943

## DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350198
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Edwell Columbus (no middle name)

**5.** Date of Birth of Child (Month, day, year) April 6, 1902

**6.** Sex male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Clarence Gustavus Columbus
**11.** Color or Race white
**12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Canyon, Ohio (City or town) (State or foreign country)
**14.** Exact Occupation Contractor
**15.** Industry or Business Builder

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Maxie Mary D. F. Marsh
**17.** Color or Race white
**18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Cresco, Iowa (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. Truitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E G Columbus Signature
14531½ Victory Blvd., Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 26 day of June, 19 42.
(SEAL) Charles G Goldman Notary Public, residing at Van Nuys Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1967

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## DELAYED REGISTRATION LAW

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445-101-040-319

**350249**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months 14 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Burke, Ida

**4. FULL NAME OF CHILD** Pierce Joseph Dunne

**5.** Date of Birth of Child (Month, day, year) August 1-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Edward Dunne
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace St. Louis Ste Louis Co. Mo. (City or town) (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Carey
**17.** Color or Race White **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Fortuna Wexford N.F. Canada (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Mrs H. T. Adams (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) Last heard from at Provo, Utah. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Carey Dunne Signature
Burke Idaho P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942
(SEAL) Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1966

JUL 1 1942

## DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350265
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kooskia, Idaho

**4. FULL NAME OF CHILD** Charles Roosevelt Rood

**5.** Date of Birth of Child (Month, day, year) Jul 3, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy Nine

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Finney Rood
**11.** Color or Race White American
**12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Binghamton, N. Y. (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Katherine Elizabeth McRae
**17.** Color or Race White American
**18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Cape Breton, N. S. Canada (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Don't recall Mrs. Johnson (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Katherine E. Rood Signature
1020 Seagis St. Mount Vernon Wn. P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942
(SEAL) Bailey Minor Notary Public, residing at Mt. Vernon, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary Wheldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

OCT 15 1946

## DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350271
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Baker, Idaho

**4. FULL NAME OF CHILD** OLIVER ABRAHAM MARRON

**5.** Date of Birth of Child (Month, day, year) June 3, 1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Frank Marron
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace San Francisco, California (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Henrietta Stobie
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Mulbury, Missouri (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Maggie Kirkham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Marron Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 19 42.
(SEAL) ..... Notary Public, residing at Salmon, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-124031 317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350274
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nezperce, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Country home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce, Ida.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nezperce, Ida.

**4. FULL NAME OF CHILD** Ralph Lucius Kachelmier

**5.** Date of Birth of Child (Month, day, year) May 24, 1902.

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? **Yes**

**FATHER OF CHILD**

**10. FULL NAME** Alois Kachelmier
**11.** Color or Race white **12.** Age at time of THIS birth 46 yrs.
**13.** Birthplace Germany (City or town) (State or foreign country)
**14.** Exact Occupation Homestead- farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Bridget Garahy
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Fairfax Minnesota (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Koehl Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of June, 19 42
(SEAL) Richard M. Mitchell Notary Public, residing at Nezperce Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics, for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 231019 265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350279
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Lucky Boy Mine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mears Sunbeam
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Sunbeam Ida

**4. FULL NAME OF CHILD** Eva Mae Hammer

**5.** Date of Birth of Child (Month, day, year) Dec. 31-1942

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ralph Augustus Hammer
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Willow Creek Oreg. (City or town) (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ethel Lena Koeninger
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature Lange Williamson M.D. Midwife Address Cannot be located Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 39 years, and that Hal Williams (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clifford C. Hammer Signature
Box 335 Wapato, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of June A.D. 1942

(SEAL) E. A. Ferris Notary Public, residing at Yakima
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires 12-7-45.

Received for filing on JUN 30 1942 by Mabel H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

**DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Applicant's present name is Mrs. Keith (Eva May) Denton, address: Somers, Montana.

764 128040493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350280
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Missouri (b) County Barton
(c) City Lamar
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lamar, Missouri

**4. FULL NAME OF CHILD** Raymond Howard Gould

**5.** Date of Birth of Child (Month, day, year) Nov 28th 1902

**6.** Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 mos. **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Almon Gould
**11.** Color or Race white **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Benton County (City or town) Indiana (State or foreign country)
**14.** Exact Occupation Shoe Repair work
**15.** Industry or Business Shoe Repair Shop

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mattie Mitchell
**17.** Color or Race white **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Clay County (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business none

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Missouri
County of Barton } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Mrs George Adams (First name) (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Mitchell Gould Signature
Lamar Mo. P. O. Address

Subscribed and sworn to before me this 25th day of June, 1942
(SEAL) Leland F. Selvey Notary Public, residing at Lamar, Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 29 1942 by Mark Hetherington, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

JUL 22 1952

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412228028986

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350291
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City RATHDRUM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 7 months ✓ days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City RATHDRUM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16½ yrs.

**3. RESIDENCE OF FATHER** (city, state) RATHDRUM, IDA.

**4. FULL NAME OF CHILD** ELLA B MASTERSON

**5.** Date of Birth of Child (Month, day, year) MAY 28, 1902

**6.** Sex FEMALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** DAVID LOGAN MASTERSON
**11.** Color or Race WHITE **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace SHERIDAN, (City or town) OREGON (State or foreign country)
**14.** Exact Occupation RANCHER
**15.** Industry or Business FILED ON HOMESTEAD

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** LEONA MAY RHODES
**17.** Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace GENTRY (City or town) CO. MISSOURI (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for birth years, and that Emma (First name) Rhodes (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David L Masterson Signature

P. O. Address

Subscribed and sworn to before me this 24 day of June 1942

(SEAL) Barbara McKiernan Notary Public, residing at Santa Barbara 4204 So. Bdwy.
My Commission Expires June 19, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary H Geldes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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213-221016 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350357
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: Marion
(c) Street Address or R.F.D. No.: Rural
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Marion
(d) Street Address or R.F.D. No.: Rural
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Marion, Ida.

**4. FULL NAME OF CHILD** Myra Isabell Bates

**5.** Date of Birth of Child (Month, day, year) 1-21-1902

**6. Sex** Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Arlin Henry Bates
**11.** Color or Race White **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Tooele (City or town) Utah (State or foreign country)
**14.** Exact Occupation
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Isabell Jenkins
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Goshen (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Urilda (First name) McBride (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arlin Henry Bates Signature
Kuna, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of June, 19[illegible]
(SEAL) Thomas M. Hess Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-227-022-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350492
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Dorothy Kate Youmans

5. Date of Birth of Child (Month, day, year) October 27, 1942

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** WILL LANE YOUMANS
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace COMSTOCK (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation CLERK
15. Industry or Business STORE

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ELLEN MARION PARRY
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace ST. IVES (City or town), ENGLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child ONE. (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Minnesota
County of Olmsted } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that JR. MIDLETON (First name) (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Will Lane Youmans Signature
916 - 10th St S W P. O. Address

D. R. MARKHAM
Notary Public, Olmsted County, Minn.
My Commission Expires Dec. 16, 1947.

Subscribed and sworn to before me this 26th day of June, 1942

(SEAL) D. R. Markham Notary Public, residing at Rochester Minn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary Hatten, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942
JUL 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

782-106-006-618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350540
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bingham (b) City: Fort Hall
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: at the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bingham
(c) City: Fort Hall
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Fort Hall, Ida.

**4. FULL NAME OF CHILD** James Elliott Pyke

5. Date of Birth of Child (Month, day, year) Dec. 6, 1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Abbott Pyke
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Quebec, Canada (City or town) (State or foreign country)
14. Exact Occupation Salesman Merchandise
15. Industry or Business Store keeper

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Esther Mary Fayle
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wellsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not to my knowledge

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Mary Fayle Pyke Signature
941 W. Fremont, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of July, 19 42.

(SEAL) Grace Bustline Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-129 036-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350553
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Onieda (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Onieda
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** George Sawyer Wells

5. Date of Birth of Child (Month, day, year) Jan 29 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Newton Sawyer Wells
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lydia Rose Jenkins
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

[redacted]ame prophylactic used to prevent Ophthalmia Neonatorum
[redacted]mber of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for all life years, and that Ellen Morgan (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elizabeth Bonworth Signature
P. O. Address

Subscribed and sworn to before me this [illegible] day of July 1942
(SEAL) [illegible] Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; ~~see~~ Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon [illegible]eting this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital St[illegible] Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money or[illegible] coin.

JUL 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553 124 014 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350586
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Parma, Ida

**4. FULL NAME OF CHILD** Birchell Holmes Nelson

**5.** Date of Birth of Child (Month, day, year) Feb. 24, 1942

**6.** Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** John Nelson
**11.** Color or Race White **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Cache County (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eva May Holmes
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Michias (City or town) Maine (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all his life years, and that Lottie (First name) Williamson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Nelson Signature
616 Cleveland Blvd., Caldwell, Ida. P. O. Address

Subscribed and sworn to before me this 1st day of July, 1942.
(SEAL) McKinnich Notary Public, residing at Parma, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mabel Weeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

123-107044-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350012
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Pierce (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Pierce
(c) City Tacoma
(d) Street Address or R.F.D. No. North J St.
(e) How long has **MOTHER** lived in Idaho? 3 Mos. ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) Tacoma, Wash.

**4. FULL NAME OF CHILD** Thomas George Aston Jr.

**5.** Date of Birth of Child (Month, day, year) Nov. 7, 1902

**6.** Sex Male

**7.** Twin or Triplet No

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Thomas George Aston
**11.** Color or Race White
**12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Cameron (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Meat Cutter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lulu Hudson
**17.** Color or Race White
**18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Umatilla (City or town) Oregon (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not known

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Mason } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Dr. (First name) Steyes (Last name) Numbers, who attended this birth are deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Hudson Aston Signature
2319 S. Jefferson, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 30 day of June, 1942
(SEAL) M. Albert Lee Notary Public, residing at Shelton, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by Mary Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-224-032-861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350677
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LINCOLN (b) City HAGERMAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county 35 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City HAGERMAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

**3. RESIDENCE OF FATHER** (city, state) Hagerman

**4. FULL NAME OF CHILD** EDNA GRIDLEY

**5.** Date of Birth of Child (Month, day, year) JULY 24-1902

**6.** Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** WALTER GRIDLEY
**11.** Color or Race WHITE **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace GRIDLEY (City or town) CALIFORNIA (State or foreign country)
**14.** Exact Occupation FARMER & STOCKMAN
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ANNIE HOAGLAND
**17.** Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace PROMATORY (City or town) UTAH (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LINCOLN } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that SARAH (First name) HOAGLAND (Last name), who attended this birth IS NOW DECESED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Gridley Signature
HAGERMAN, IDAHO P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1942

(SEAL) [illegible] Notary Public, residing at Hagerman Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mary E. Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-12-025-251

350786

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Idaho (b) City: Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Hamburg Idaho

**4. FULL NAME OF CHILD** NEWTON WILLIAM ELLIS

**5.** Date of Birth of Child (Month, day, year) 1-22-1902

**6.** Sex MALE

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James Homer Ellis
**11.** Color or Race White **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Rainey Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Farmer & Contractor
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MARTHA SNAVELY
**17.** Color or Race White **18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Lapont Co. Indiana (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Nettie Woods (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Homer Ellis ..... Signature
3914 Leave N.E. Seattle, Wash. ..... P. O. Address

Subscribed and sworn to before me this 15th day of June, 1942
(SEAL) Myrtle Hoyt ..... Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1962

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-204-014-958

350904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Helen Elizabeth Stovel

5. Date of Birth of Child (Month, day, year) Sept. 4 1907

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George M Stovel
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Chicago (City or town) Ill (State or foreign country)
14. Exact Occupation Abstractor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura A. Reynolds
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Arlington (City or town) Ill (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that A. Hamilton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Laura A. Stovel Signature
6522 N. Greeley Portland Oregon P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942.
(SEAL) A. L. Simpson Notary Public, residing at Sherwood, Oregon
My commission expires 2-20-44
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mabel Hedelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-220-035-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 350934
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Mohler
(c) Street Address or R.F.D. No. Mohler
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Mohler
(d) Street Address or R.F.D. No. Mohler
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mohler Idaho

**4. FULL NAME OF CHILD** Edith Rebecca Giles

**5.** Date of Birth of Child (Month, day, year) Oct. 30, 1942

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Giles
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Newport (City or town) Tennessee (State or foreign country)
**14.** Exact Occupation Merchant
**15.** Industry or Business Hardware Store

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nellie May Gennett
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Knoxville (City or town) Iowa (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 37 years, and that Dr Force (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie May Giles Signature
Mohler Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July, 1942
(SEAL) Perry W. Miller Notary Public, residing at Nezperce Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

MAY 2 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-130-016-144

**350951**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City OAKLEY
(c) Street Address or R.F.D. No. ~
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City OAKLEY
(d) Street Address or R.F.D. No. ~
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley Ida.

**4. FULL NAME OF CHILD** Hasting McMurray

5. Date of Birth of Child (Month, day, year) May 30, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Charles McMurray
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Judd
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that Jennetta Whittle (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth McMurray Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942
(SEAL) C. J. Larson Notary Public, residing at OAKLEY Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Hazelton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

JAN 30 1957

FEB 4 1957

MAY 29 1968

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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145-11-029-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 350973
Local Reg. No. /
Reg. Dist. No. /

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latah (b) City: Kendrick
(c) Street Address or R.F.D. No.: Main Street
(d) Name of Hospital or Maternity Home: Born at their own Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Kendrick
(d) Street Address or R.F.D. No.: Main Street
(e) How long has MOTHER lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

**4. FULL NAME OF CHILD:** Oliver David Ames

**5.** Date of Birth of Child (Month, day, year): Feb. 11, 1902

**6.** Sex: Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME:** Frank S. Ames
**11.** Color or Race: White
**12.** Age at time of THIS birth: 23 yrs.
**13.** Birthplace: Hutchinson, Minnesota (City or town) (State or foreign country)
**14.** Exact Occupation: Miller
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Mabel Lillian Senescall
**17.** Color or Race: White
**18.** Age at time of THIS birth: 26 yrs.
**19.** Birthplace: Hastings, Minnesota (City or town) (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

**23.** Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature — M.D. Midwife — Address — Date

State of Minnesota
County of McLeod } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father & Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 & 66 years of age, that I have known this person for 40 years, and that Doctor (First name) Bailey (Last name), who attended this birth (is now deceased). (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank S. Ames. Mabel L. Ames Signature

Hutchinson, Minnesota P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942

(SEAL) N. R. Jensen Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mary K. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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291-22410 33-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 351090
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

**4. FULL NAME OF CHILD** Veda Stephens Bramwell

**5.** Date of Birth of Child (Month, day, year) 2-24-07

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Harry Adolphus Bramwell
**11.** Color or Race White
**12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace England (City or town) (State or foreign country)
**14.** Exact Occupation Business Man
**15.** Industry or Business General Mdse.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sarah Amina Stephens
**17.** Color or Race White
**18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Ogden, Utah (City or town) (State or foreign country)
**20.** Exact Occupation ~~Ogden,~~ Housewife
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Francisco } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Amina Ann Stephens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires January 1, 1943

Sarah A. Bramwell Signature
750 Pine St. San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942.
(SEAL) Rae E. Bellows Notary Public, residing at San Francisco
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Weldin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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666-212-044-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 351101
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Idaho

**4. FULL NAME OF CHILD** Mabel Woodcock

5. Date of Birth of Child (Month, day, year) March 12, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Paine Woodcock
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Oregon City, Oregon (City or town) (State or foreign country)
14. Exact Occupation Manager (local)
15. Industry or Business Bissinger & Co.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Brodbeck
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Dr. Shirley (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Woodcock Signature
3700 Orlies Ave., Seattle Wash. P. O. Address

Subscribed and sworn to before me this 1st day of July, 19 42
(SEAL) Dora L. Syler Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1967

JUL 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-213-030-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 351115
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LEMHI (b) City Salmon City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
ST HOME
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 2 months 4 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON CITY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Salmon City Idaho

**4. FULL NAME OF CHILD** HATTIE IRENE WILLIAMS

**5.** Date of Birth of Child (Month, day, year) April 13, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** JOHN J. WILLIAMS
**11.** Color or Race White
**12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Wilmington, Illinois (City or town) (State or foreign country)
**14.** Exact Occupation Barber
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hattie Jane Williams ✓
**17.** Color or Race White
**18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Tie Siding, Wyoming (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of ORANGE } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Dr. (First name) Whipple (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John J Williams — Signature
607 W 8th Street — P. O. Address
SANTA ANA, CALIFORNIA

Subscribed and sworn to before me this 3rd day of July, 1942, 19

(SEAL) ..... Notary Public, residing at Santa Ana, Calif.

(Note: Perjury is MOTHER'S is FUSED Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 13 1942 by ..... Registrar.

Notary Public in and for the County of Orange, State of California
My commission expires June 3, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-120-203-156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 351116
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bannock (b) City: Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 weeks years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: IDAHO (b) County: BANNOCK
(c) City: POCATELLO
(d) Street Address or R.F.D. No.: 417 Clark
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, IDA

**4. FULL NAME OF CHILD:** JOSEPH DANIGER

**5.** Date of Birth of Child (Month, day, year): Aug 20 1907

**6.** Sex: MALE

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy: 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** Joseph H Daniger
**11.** Color or Race: White **12.** Age at time of THIS birth: 37 yrs.
**13.** Birthplace: Council Bluffs Iowa (City or town) (State or foreign country)
**14.** Exact Occupation: Laundry
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Rebecca H Jeffries
**17.** Color or Race: White **18.** Age at time of THIS birth: 21 yrs.
**19.** Birthplace: Council Bluffs Iowa (City or town) (State or foreign country)
**20.** Exact Occupation: House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol

**23.** Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rebecca Daniger (First name) (Last name), who is related to this child as mother (Mother, etc.).

**25.** Attendant's **OWN** signature: deceased — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the ~~attendant does not sign~~ in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 38 years, and that ..... (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca H Daniger — Signature
St. Anthony, Idaho — P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942.
(SEAL) J. J. Adams — Notary Public, residing at St Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-229-003-608

JUL 3 1942

351138

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 58
new Reg. Dist. No. 520

**1. PLACE OF BIRTH:**
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. (Mrs. Ruud)
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

**2. USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address (For registration notice):
Mabel Ruud, Soda Springs
(Street or R.F.D.) (Postoffice)

**3. RESIDENCE OF FATHER** (city, state) Soda Springs

**4. FULL NAME OF CHILD** Margaret Mabel Davis

**5. DATE OF BIRTH** (Month, day, year) April 29, 1902

**6. Sex** fe

**7. Twin or Triplet** If so—born 1st, 2nd, 3rd

**8. No. months of Pregnancy**

**9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** William Morris Davis

**11. Color or Race** W

**12. Age at time of THIS birth** 36 yrs.

**13. Birthplace** Brigham City, Utah
(City or Town) (State or foreign country)

**14. Exact Occupation** carpenter

**15. Industry Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Deborah Mary Waylett

**17. Color or Race** W

**18. Age at time of THIS birth** 38 yrs.

**19. Birthplace** Brigham City, Ut.
(City or Town) (State or foreign country)

**20. Exact Occupation** housewife

**21. Industry or Business**

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. William Davis (First name) (Last name), who is related to this child as mother (Mother, etc.)

**26.** (a) 4-15-42 (Date received) (b) Dr Russell Zigrist (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN signature** Ellis K. Kackley M.D.
Dr. Ellis Kackley (D.O., Midwife, etc.)
and address Soda Springs Date 4/14/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 3 1958

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

319-231-016-633

351167

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Rock Creek
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rock Creek
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rock Creek, Id

**4. FULL NAME OF CHILD** Nellie Marie Larsen

**5.** Date of Birth of Child (Month, day, year) Jan. 31, '02

**6.** Sex female **7.** Twin or Triplet --- If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy --- **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Martin Christian Larsen
**11.** Color or Race white **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Denmark (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business agriculture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jennie Maude Otterson
**17.** Color or Race white **18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Marysville California (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business homemaking

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum ---

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (9 years older) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 40 years, and that the person (First name) (Last name), who attended this birth cannot be found (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James M Larsen Signature
Beaverton, Oregon, Rt. 2, B. 294 P. O. Address
c/o Mrs. Alice Wyss

Subscribed and sworn to before me this ..... day of July, 1942
(SEAL) J. A. Greenfield Notary Public, residing at Portland Or
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Expires 12-6-43

Received for filing on JUL 15 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-130-035-813

351173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperces (b) City Lookout
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 27 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperces
(c) City Lookout
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lookout Idaho

**4. FULL NAME OF CHILD** CLAUDE AUGUSTUS HADFORD

**5.** Date of Birth of Child (Month, day, year) 30 Aug. 1902

**6.** Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Augustus Hadford
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Gaula (City or town) Sweden (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hannah Elvina Halverson
**17.** Color or Race white **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Tharrington (City or town) Iowa (State or foreign country)
**20.** Exact Occupation married woman
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

~~Province~~ of Alberta
~~County of~~ Canada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Mary Bishop (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Elvina Hadford Signature
Picture Butte, Alberta P. O. Address

Subscribed and sworn to before me this 11th day of July, 1942.
(SEAL) [signature] Notary Public, residing at Lethbridge, Alberta Canada.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-226-009-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 351217
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bonner (b) City: Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bonner
(c) City: Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Mary Olive Critchell

**5.** Date of Birth of Child (Month, day, year): Dec. 26, 1902

**6.** Sex: Female **7.** Twin or Triplet: Single If so—born 1st, 2nd, 3rd: 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** George Henry Critchell
**11.** Color or Race: White **12.** Age at time of THIS birth: 30 yrs.
**13.** Birthplace: Michigan (City or town) (State or foreign country)
**14.** Exact Occupation: Sawmill Worker
**15.** Industry or Business: Same

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Maude Harrington
**17.** Color or Race: White **18.** Age at time of THIS birth: 26 yrs.
**19.** Birthplace: Michigan (City or town) (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business: Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. Q. F. Page (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Henry Critchell Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before this 14th day of July, 1942
(SEAL) Ruth S. Mirera Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUL 16 1942 by Mark H. Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-11-025-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 351228
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 63 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Aubrey George Briscoe

**5.** Date of Birth of Child (Month, day, year) June 11th, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George Burgin Briscoe
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Bentenville, Arkansas (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Janitor now.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Katie Riebold
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Nevada City, Calif. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living all

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years years, and that AubreyGeorge Briscoe (First name) (Last name), who attended this birth father (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Burgin Briscoe Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942

(SEAL) Hampton Taylor Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 16 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1972

JUL 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-218-035-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 351250
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. N.O.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No. N.O.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Virginia May Hickenbottom

**5.** Date of Birth of Child (Month, day, year) July 28, 1902

**6.** Sex

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** James M. Hickenbottom
**11.** Color or Race White
**12.** Age at time of THIS birth 45 yrs.
**13.** Birthplace State of Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business 11

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Frances Northrup
**17.** Color or Race White
**18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace State of Ore. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business 11

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum No.

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Th. Kendall (First name) (Last name), who attended this birth dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Northrup Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942
(SEAL) John L. O'Neill Notary Public, residing at Lewiston Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

MAY 12 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 102-40-814

352380

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address ~~or R.F.D. No.~~ 306 N. Water
(d) Name of Hospital or Maternity Home: Born in home of the mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~years~~ 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Wyoming (b) County Teton
(c) City Jackson
(d) ~~Street Address or R.F.D.~~ No. Box No. - 592
(e) How long has **MOTHER** lived in Idaho? 5 mo. ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) same.

**4. FULL NAME OF CHILD** Julian Bahrd Tanner

**5.** Date of Birth of Child (Month, day, year) Sept. 2-1902

**6.** Sex male

**7.** ~~Twin or~~ Triplet If so—born ~~1st, 2nd, 3rd~~

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes.

**FATHER OF CHILD**

**10. FULL NAME** Francis Henry Tanner
**11.** Color or Race white **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Beaver City - Utah (City or town) (State or foreign country)
**14.** Exact Occupation Cattle Rancher
**15.** Industry or Business (now deceased)

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Julianne A. Hammond
**17.** Color or Race white American **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Laramie Wyoming (City or town) (State or foreign country)
**20.** Exact Occupation Housewife; now Librarian
**21.** Industry or Business of Teton County Library Wyo.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

X **24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 12:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address Midwife is dead. Date

State of Wyoming
County of Teton } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that MISS BAHRD'S (MIDWIFE) (First name) (Last name) who attended this birth IS DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Juliane A. Tanner Signature
Box 592 Jackson, Wyo. P. O. Address

Subscribed and sworn to before me this 8 day of July, 1942

(SEAL) E. N. Wyscell Notary Public, residing at Jackson Wyo

My Commission Expires Dec. 18 1943

(Note: Perjury is punishable as a felony in Idaho; Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be prepared and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-211006-789

352414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingahm
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Elizabeth Collett

5. Date of Birth of Child (Month, day, year) Nov 11 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Ward Collett
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Lottie Phillips
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Collett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. Snook (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Lottie Collett Signature

Dayton, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of July, 1942

(SEAL) Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mabel Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL. 22 1976

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393 121-0 40 897

352447

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mace, Ida.

**4. FULL NAME OF CHILD** Hugh Eamer Lillquist

**5.** Date of Birth of Child (Month, day, year) July 21, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Axel Lillquist
**11.** Color or Race White
**12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Pommo (City or town) Finland (State or foreign country)
**14.** Exact Occupation Shift Boss
**15.** Industry or Business Mines

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** E Hannah Highland
**17.** Color or Race White
**18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Pommo (City or town) Finland (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Mary (First name) Snyder (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Lillquist — Signature
Post Falls Idaho — P. O. Address

Subscribed and sworn to before me this 17 day of July, 1942
(SEAL) W. L. Chapin — Notary Public, residing at Post Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 20 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-107 036-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 352450
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad, Idaho

**4. FULL NAME OF CHILD** James S. McKay

5. Date of Birth of Child (Month, day, year) Sept. 7, 1942

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Smith McKay
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Margaret Stuart
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Corinne, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that Mrs. — (First name) Jones (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Margret McKay Signature
Malad Idaho Box 201 P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942

(SEAL) [signature] Notary Public, residing at Downey Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-116-014-957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 352529
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: None (Born at home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county two years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? four yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** CHARLEY ERNEST DOORE

**5.** Date of Birth of Child (Month, day, year) March 16, 1902

**6.** Sex Male

**7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy nine

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Absalom Doore
**11.** Color or Race White
**12.** Age at time of THIS birth 54 yrs.
**13.** Birthplace Missouri, U.S.A. (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Rosella Incinda Ingersoll
**17.** Color or Race White
**18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Minnesota, U.S.A. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living three

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of Cole } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for forty years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Myrtle Mae Qualls Signature
Myrtle Avenue, Jefferson City, Mo. P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942.
(SEAL) William A. Seibel Notary Public, residing at Jefferson City, Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires Jan. 15, 1944.

Received for filing on JUL 21 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352558

352558

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? since 1896 yrs.

**3. RESIDENCE OF FATHER** (city, state) Shelley

**4. FULL NAME OF CHILD** James Henry Jacobson

**5.** Date of Birth of Child (Month, day, year) June 25, 1902

**6.** Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9 mos **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Jacobson
**11.** Color or Race white **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Fountain Green, Utah (City or town) (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Reese Bradley
**17.** Color or Race white **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Moroni, Utah (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for all his life years, and that Mrs. Eliza Jemmett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Rees Jacobson Signature
4207 Hill St., Idaho Falls, Idaho, P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942

(SEAL) J. B. Johannesen Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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**352594**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ode Albert Eubanks

5. Date of Birth of Child (Month, day, year) Mar. 22, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Oscar Eubanks
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Orpha Anna Stockton
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Jenkins (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Missouri
County of Barry } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 39 years, and that Do not remember name (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora J. Stockton — Signature
R.F.D. #1, Monett, Missouri — P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942

My com. expires Apr. 9, 1943 (SEAL) Marie Randell Notary Public, residing at Monett, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 230 044 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 352596
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No. N/A
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Anna Ellen Ross

**5.** Date of Birth of Child (Month, day, year) Aug. 30, 1902

**6.** Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? X

**FATHER OF CHILD**

**10. FULL NAME** Stonewall Jackson Ross
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Montgomery Co. Kansas (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Christena Marie Hanson
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Hiram City Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Anna Marie Hanson (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christena Marie Ross Signature
Melba Idaho P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942
(SEAL) Clay P. Todd Notary Public, residing at Melba, Idaho,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352620

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 10 Shattuck Row
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 10 Shattuck Row
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

**4. FULL NAME OF CHILD** Joseph Merrill Olson

**5.** Date of Birth of Child (Month, day, year) Aug. 22, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Axel Ludvig Olson
**11.** Color or Race White
**12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace [redacted], Sweden (City or town) (State or foreign country)
**14.** Exact Occupation Machinist
**15.** Industry or Business Railroad

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Martina Charlotte Zachrison
**17.** Color or Race White
**18.** Age at time of THIS birth 44 yrs.
**19.** Birthplace [redacted], Sweden (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Can not be ascertained

**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 39 11/12 years, and that Doctor (First name) Bean (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Axel Ludvig Olson Signature
2584 Grove St, Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942.
(SEAL) Leo Mack Notary Public, residing at Oakland, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

* Broadford was early mining town about 2 mi west of Bellevue, Idaho

United States Department of Commerce Bureau of the Census 295-709-007 659 (Be sure the information is as of date of birth of THIS child)

State File No. 352623
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Broadford *
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Broadford *
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Henry Thomas Breazeal

5. Date of Birth of Child (Month, day, year) Oct. 9, 1902

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Curtis Breazeal
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Newport (City or town) Virginia (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Esther Ann Werry
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Ruby Hill (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Dr. Estel (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Curtis Breazeal Signature
Route #2 Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942

(SEAL) N. K. Jensen Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 4 194

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 112 025415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 352626
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Grangeville Idaho

**4. FULL NAME OF CHILD** Edward Ross Bonebrake

**5.** Date of Birth of Child (Month, day, year) May 12 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John William Bonebrake
**11.** Color or Race White **12.** Age at time of THIS birth 55 yrs.
**13.** Birthplace Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Watch Maker + Jeweler
**15.** ~~Industry or~~ Business " "

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Luella (Ella) Davis
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace (City or town) (State or foreign country)
**20.** Exact Occupation
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 40 years, and that Dr. [illegible] S. E. Bibby (First) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. A. Bonebrake Signature
Marshfield, Oregon P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942

(SEAL) Frances McLeod Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

709-113022867

**352679**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City St. Anthony
(c) Street Address or R.F.D. No. — none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho ? (b) County Freemont
(c) City St. Anthony
(d) Street Address or R.F.D. No. — none
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) St. Anthony, Idaho

**4. FULL NAME OF CHILD** Karl Edward Porter

**5.** Date of Birth of Child (Month, day, year) Sept. 13, 1902

**6.** Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** George Celim Porter
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Burlington (City or town) Vermont (State or foreign country)
**14.** Exact Occupation Engineer
**15.** Industry or Business Sawmill

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mabelle Winefred Hopf
**17.** Color or Race white **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Dobbs Ferry (City or town) New Jersey (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric solution

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Kern } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. Jesse Middleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabelle Winefred Willoughby ..... Signature
Brown — Kern County Cal. California ..... P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942.

(SEAL) Ruth D. Powers ..... Notary Public, residing at Brown, Kern Co., Calif.
my commission expires Dec. 23, 1942
(Note: Perjury is punishable as a felony in Idaho, See Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel Kreider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Please return to
Earl E Porter
Brown Cal.

AUG 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493 IDL 006-842

352690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years 7 months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City 5½ Miles South Idaho Falls
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

**4. FULL NAME OF CHILD** Harry DeVere Miller

5. Date of Birth of Child (Month, day, year) Nov 6, 1921

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Harry Miller
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Morgan City (City or town), Utah (State or foreign country)
14. Exact Occupation Farming & Ranching
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rose Elizabeth Husband
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Yorkshire (City or town), England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Calif.
County of San Mateo } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Christina Jacobson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Elizabeth Miller Signature

Box 2232, RFD #2 Redwood City Cal. P. O. Address

My Commission Expires March 10, 1946

Subscribed and sworn to before me this 19th day of July, 1942.

(SEAL) E. M. Hamann Notary Public, residing at Redwood City Calif San Mateo County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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318-215-025-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 352695
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Caroline Naomi Taylor

5. Date of Birth of Child (Month, day, year) 5/15/1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Harry J. Taylor
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Tacumpsy (City or town) Penn. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Sophia Moulton
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Colfax (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Sadie (First name) White (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma McPherson — Signature

Kooskia Idaho — P. O. Address

Subscribed and sworn to before me this 23 day of July, 1942

(SEAL) E. F. Cleveland — Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 126 001 254

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

352706

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D.No. 10 & FRONT ST.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D.No. 1107 GROVE
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state) BOISE, IDAHO

**4. FULL NAME OF CHILD** EARLE GARFIELD ADAMS JR.

5. Date of Birth (Month, day year) AUG. 26, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

**FATHER OF CHILD**

10. **FULL NAME** EARLE GARFIELD ADAMS
11. Color or Race WHITE
12. Age at time of THIS birth 20 yrs.
13. Birthplace WALWORTH (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation NEWSPAPER. (CIRCULATION)
15. Industry or Business IDAHO DAILY STATESMAN

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** SADIE JENNIE BEDEE
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs
19. Birthplace SACRAMENTO (City or town) CALIFORNIA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living NONE (c) Born alive and now dead NONE (d) Stillborn NONE.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 24 1942 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Earl G. Adams being first duly sworn, say that I am Related to (Related to (or) acquainted with) Earl Garfield Adams Jr (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Sweet (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JAN. 31, 1944

(Mrs.) Earl G. Adams Sr. Signature
3026 N.W. Vaughn Portland Ore. P. O. Address

Subscribed and sworn to before me on this 14th day of July, 1942

(SEAL) J. H. Zicker Notary Public, residing at Portland - Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

613 106014 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 352716
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City ---------
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Born at home of mother and father
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City ----
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

**3. RESIDENCE OF FATHER** (city, state) Canyon Co. Idaho.

**4. FULL NAME OF CHILD** Roscoe Conklin Watkins

5. Date of Birth of Child (Month, day, year) June 6, 1902

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Lewis Watkins
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bridgeport, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Larena McConnel
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Horshoe Bend (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House Hold Duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't remember

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Dr. (First name) Williamson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Lewis Watkins
Signature

Parma, Idaho, R#2
P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1942.

(SEAL) Forest Anderson
Notary Public, residing at Parma, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-222025-243

352819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state): Grangeville Ida

**4. FULL NAME OF CHILD**: Naomi Ann Manring

**5.** Date of Birth of Child (Month, day, year): Jan. 22. 1902

**6.** Sex: Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**: William Vincil Manring
**11.** Color or Race: White **12.** Age at time of THIS birth: 34 yrs.
**13.** Birthplace: DeKalb Co. (City or town) Mo (State or foreign country)
**14.** Exact Occupation: Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**: Eva Margaret Butler
**17.** Color or Race: White **18.** Age at time of THIS birth: 39 yrs.
**19.** Birthplace: Osawatomie (City or town) Kansas (State or foreign country)
**20.** Exact Occupation: Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eva (First name) Manring (Last name) who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Mary Myers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Manring — Signature
Grangeville Ida. — P. O. Address

Subscribed and sworn to before me this 14 day of July 1942
(SEAL) Delbert Campbell — Notary Public, residing at Grangeville, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 705030-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353044
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. National Hotel
(d) Name of Hospital or Maternity Home: National Hotel
(e) Mother's stay **BEFORE** delivery: IN THIS county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. National Hotel
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Salmon, Ida.

**4. FULL NAME OF CHILD** Ray Carlton Douglas

5. Date of Birth of Child (Month, day, year) May 5 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME William Ransom Douglas
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace So. Dakota (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business Freighting

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Cora Sophia Andrews
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Des Moines Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pacific } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Cora Andrews Douglas Signature
Raymond, Wash. P. O. Address

Subscribed and sworn to before me this 29 day of July, 1942
(SEAL) Eda Eichner Notary Public, residing at Raymond
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Merl Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1965

AUG 5 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-230025-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353088
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Idaho (b) City: Canfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Canfield (Rural)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Esther Marie Crawford

**5.** Date of Birth of Child (Month, day, year): May 30 - 1902

**6.** Sex: female

**7.** ~~Twin~~ or Triplet If so—born ~~1st, 2nd, 3rd~~

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME:** Charles Crawford
**11.** Color or Race: white **12.** Age at time of THIS birth: 35 yrs.
**13.** Birthplace: Ft Wayne (City or town) Indiana (State or foreign country)
**14.** Exact Occupation: farmer
**15.** Industry or Business: Stock farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Emily alene Bickel
**17.** Color or Race: white **18.** Age at time of THIS birth: 31 yrs.
**19.** Birthplace: Switzerland (City or town) (State or foreign country)
**20.** Exact Occupation: H
**21.** Industry or Business: House Wife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum: none

**23.** Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Neighbor lady now (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by deceased — (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature: Neighbor M.D. Midwife Deceased — Address Date

State of Washington } ss.
County of Walla Walla }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 77 years of age, that I have known this person for 40 years, and that Mrs Crawford (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Crawford Signature
1135 W. Pine Walla Walla P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942
(SEAL) [illegible] Notary Public, residing at Walla Walla Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

654-225040-554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 353094
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years X months X days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wardner Ida

**4. FULL NAME OF CHILD** Katherine Josephine Ondes

**5.** Date of Birth of Child (Month, day, year) Oct 25, 1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George Ondes
**11.** Color or Race White **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace (City or town) Austria (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business —

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Fattie Neuman
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace (City or town) Poland (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg, Ida Date 7/25-42

State of ... County of ... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-212001-714

353101

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. SOUTH BOISE
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years one months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1506 N. Main
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

**4. FULL NAME OF CHILD** Lillian Davis

5. Date of Birth of Child (Month, day, year) Aug. 12, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Owen Thomas Davis
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cardiff (City or town) Wales (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie Sarah Gaunt
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Craig, Holt Co., (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Mrs. (First name) Otto (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Sarah Gaunt Davis Signature
232 West Gould St., Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 29th day of July, 19 42

(SEAL) [signature] Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-206 016847

353109

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Bridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Bridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Bridge, Idaho

**4. FULL NAME OF CHILD** Vera Olson

5. Date of Birth of Child (Month, day, year) April 6, 1902

6. Sex Female 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew Olson
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Pauline Hugentobler
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Gunnison, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 43 years, and that Mrs. Naf (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Olson Signature

Bridge, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of July, 19 42

(SEAL) Louis H. Thorgesen Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1942 by Mabel H. Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353148
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: FAMILY RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No. –
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) St Anthony Idaho

**4. FULL NAME OF CHILD** EARL FRANK HALGREN

**5.** Date of Birth of Child (Month, day, year) JULY-2-1942

**6.** Sex MALE

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** HEBER-FRANK-HALGREN
**11.** Color or Race WHITE **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace RICHMOND (City or town) UTAH (State or foreign country) CACHE
**14.** Exact Occupation CARPENTER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** CORA JOHNSON
**17.** Color or Race WHITE **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace RICHMOND (City or town) UTAH (State or foreign country) CACHE
**20.** Exact Occupation HOUSE-WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Dr. (First name) Middleton (Last name), who attended this birth cannot be (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florence J. Griffiths Signature
449 North Main St., Logan, Utah P. O. Address

Subscribed and sworn to before me this 15th day of July, 1942
(SEAL) Margaret C. Hickman Notary Public, residing at Logan, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 12, 1943.

Received for filing on AUG 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662.22204 1.655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353206
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Teton (b) City DRIGGS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Driggs, Ida.

**4. FULL NAME OF CHILD** Eliza Ann Foster [redacted]

5. Date of Birth of Child (Month, day, year) 6-22-1902

6. Sex female

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Henry Foster
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Saginaw County (City or town) Michigan (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business none now

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Fenton
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Battlecreek (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business now deceased.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of TETON } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 40 years, and that Mary (First name) Pitt (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Henry Foster Signature

Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of July, 19 42

(SEAL) Shelle [illegible] Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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353256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

**3. RESIDENCE OF FATHER** (city, state) Soldier Ida

**4. FULL NAME OF CHILD** Leone Gardner

5. Date of Birth of Child (Month, day, year) July 24 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Walter Gardner
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Glascow Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Grundy
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Mrs. Nettie Lightfoot (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Rowland — Signature
Fairfield Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated)

CLERK OF DISTRICT COURT

Received for filing on AUG 5 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 0 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child been prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth [illegible] occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur 'd Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years x months x days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur 'd Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** James Paul Cerveny

**5.** Date of Birth of Child (Month, day, year) April 10 '62

**6.** Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Frank Cerveny
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Chicago (City or town) Ill. (State or foreign country)
**14.** Exact Occupation Millwright
**15.** Industry or Business Sawmills.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Esther Emogene Delameter
**17.** Color or Race White **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Pottsdam (City or town) New York (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 40 years, and that Dr. Scanlon (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Esther E Cerveny Signature
1423 NE Skidmore Portland, Oregon Address

Subscribed and sworn to before me this 27 day of July, 1942

(SEAL) MY COMMISSION EXPIRES DEC. 2, 1944 Notary Public, residing at State of Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 28, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

694-216-035-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353295
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Lewiston,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15-16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Esther Widders

**5.** Date of Birth of Child (Month, day, year) 1-16-1902

**6.** Sex Female **7.** Twin or Triplet xxx If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Elijah Howard Widders
**11.** Color or Race white **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Pittsburg, Pa. (City or town) (State or foreign country)
**14.** Exact Occupation Trader
**15.** Industry or Business Gold Trader

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hettie Ann Robinson
**17.** Color or Race White **18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Arkansas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business xxx

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sam Widders (First name) (Last name), who is related to this child as brother (Mother, etc.) Age 60 yrs.

**25.** Attendant's **OWN** signature x ~~xxxxx~~ Brother ~~xxxxxx~~ Address Shiloh, R.R.2, Ohio. Date 7/21/42

State of Ohio
County of Summit } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 38 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Sam Widders Signature
P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942
(SEAL) Gertrude N. Kerr Notary Public, residing at Mansfield O
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

BUSGC

AUG 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-219008-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 353316
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Boise (b) City: Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county ~~16~~ years 16 months 2 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise County

**4. FULL NAME OF CHILD** Maria J. ~~[illegible]~~ KAKO

**5.** Date of Birth of Child (Month, day, year) 11/19/02

**6.** Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Eric ~~[illegible]~~ KAKO
**11.** Color or Race: White **12.** Age at time of THIS birth: 27 yrs.
**13.** Birthplace: Finland (City or town) Finland (State or foreign country)
**14.** Exact Occupation: Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Liina Annapalo
**17.** Color or Race: White **18.** Age at time of THIS birth: 27 yrs.
**19.** Birthplace: Finland (City or town) Finland (State or foreign country)
**20.** Exact Occupation: Housekeeper
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Ohio
County of Ashtabula } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 39 years, and that Dora (First name) Wilson (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nelia Kulti — Signature
739 Harbor St Conneaut Ohio — P. O. Address

Subscribed and sworn to before me this 4th day of August, 1947

(SEAL) Carleton E. Davis — Notary Public, residing at Conneaut Ohio
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 1/17/44

Received for filing on AUG 7 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 113003-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 353356
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Thatcher Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at her own home.
(e) Mother's stay **BEFORE** delivery: life
IN **THIS** county yes years all months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock.
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all her life yrs.

**3. RESIDENCE OF FATHER** (city, state) Thatcher Idaho

**4. FULL NAME OF CHILD** Cleone Stewart

5. Date of Birth of Child (Month, day, year) Oct. 13, 1902

6. Sex Male 7. Twin or Triplet 1 child If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Antone P Stewart
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Bentham (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel Alfeta Cahoon
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Thatcher (City or town) Idaho. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5-minute to 12 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mabel Alfeta Cahoon Stewart (Mother, etc.).

25. Attendant's **OWN** signature Amy L Toone M.D. Midwife Address Lava Hot Spring Date Idaho

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mark H. Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 3

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 105011-481

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353360
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Boundary (b) City: Naples
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Boundary
(c) City: Naples
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

**3. RESIDENCE OF FATHER** (city, state) Died 1915

**4. FULL NAME OF CHILD** Bilt Miller

5. Date of Birth of Child (Month, day, year) Dec. 5, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Miller
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Sweden (City or town) (State or foreign country)
14. Exact Occupation: Construction Laborer
15. Industry or Business: R.R. & other Rock work

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Dhahl
17. Color or Race: White
18. Age at time of THIS birth: 32 yrs.
19. Birthplace: Near Gothenborg, Sweden (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Not known

23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Now dead) (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boundary } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Mrs. Johnson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Miller
Signature

Star Route # 2, Bonners Ferry, Idaho
P. O. Address

Subscribed and sworn to before me this 25th day of ~~July~~ August, 1942

(SEAL) J. W. Reed
Notary Public, residing at Bonners Ferry, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mark H. Lehman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

153-110 001-355

353392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 16th St & Grove
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 16th St. & Grove
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Ida.

**4. FULL NAME OF CHILD** Bert Garland Anthony

5. Date of Birth of Child (Month, day, year) Aug. 10 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William James Anthony
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Columbus (City or town) Indiana (State or foreign country)
14. Exact Occupation Warehouseman
15. Industry or Business Hardware

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Melissa Jane Teed
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Adams County (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Washington
County of Thurston } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 84 years of age, that I have known this person for 40 years, and that Dr. Hailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melissa Jane Anthony Signature
1315 N 5th Ave Olympia, Wn P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) R. O. Padget Notary Public, residing at Olympia, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel E. Gibbons, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964 105028-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353413
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County COUERD'ALENE (b) City Kootenai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 6 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County COUERD'ALENE
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) IDAHO

**4. FULL NAME OF CHILD** EDWARD PENN RODDA

5. Date of Birth of Child (Month, day, year) 12/5/02

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** NATHANIEL PAUL RODDA
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace PENZANCE (City or town) ENGLAND (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MINNIE COLLICK
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace PLYMOUTH (City or town) ENGLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by MINNIE (First name) RODDA (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that DR. (First name) JAMERSON (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Rodda Signature

3717 W 102ND ST INGLEWOOD, CALIF. P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) Leah G. Bratton Notary Public, residing at Inglewood

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 20--1945

Received for filing on AUG 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354-207006 714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353458
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 1 months 2 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Firth, Idaho

**4. FULL NAME OF CHILD** Ruth Elizabeth Cederberg

**5.** Date of Birth of Child (Month, day, year) April 7, 1902

**6.** Sex female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Gustav William Cederberg
**11.** Color or Race white
**12.** Age at time of THIS birth 53 yrs.
**13.** Birthplace Orebro (City or town) Sweden (State or foreign country)
**14.** Exact Occupation Baptist minister & farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elsie Paulson
**17.** Color or Race white
**18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace Hassleholm (City or town) Sweden (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature G. W. Cederberg M.D. Father Midwife Address Firth, Idaho Date Aug. 6, 1942

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-123 014-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353487
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Leonard Leroy Andrews

5. Date of Birth of Child (Month, day, year) Jan. 23, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Leonard Gilbert Andrews
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business Plastering

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nina Carter
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not remember

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Deceased

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Murry (First name) Dr. Fred (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Carter Andrews, Signature

My Commission Expires January 24, 1943

2566 Lake View Avenue, L. A. Calif. P. O. Address

Subscribed and sworn to before me this 8th day of August, 19 42

(SEAL) Fred J. Schmeltz, Notary Public, residing at L. A. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-208003-629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353497
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 417 So Arthur
(d) Name of Hospital or Maternity Home: At Home - attended by Dr. + Nurse
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months 13 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 417 So Arthur
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida

**4. FULL NAME OF CHILD** Mary Pauline Toombs

**5.** Date of Birth of Child (Month, day, year) June 8, 1942

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Alexander Toombs
**11.** Color or Race White **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Burlington (City or town) Iowa (State or foreign country)
**14.** Exact Occupation O. S. L. Conductor
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Katherine Ann O'Brien
**17.** Color or Race White **18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace Carlow (City or town), Ireland (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum not known

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 4 years, and that Castle, (Dr. W. A.) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Dale Toombs
Signature
354 So Arthur Pocatello, Ida
P. O. Address

Subscribed and sworn to before me this 5th day of August, 1942.
(SEAL) Katherine Toombs Notary Public, residing at Pocatello, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mark Fleeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

671-217-044-955

353549

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. 10 days yrs.

**3. RESIDENCE OF FATHER** (city, state) ~~Weiser, Ida.~~

**4. FULL NAME OF CHILD** Edna Alice Ogan

**5.** Date of Birth of Child (Month, day, year) Feb. 17, 1902

**6.** Sex Female

**7.** Twin or Triplet

If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ulysses Homer Ogan
**11.** Color or Race White
**12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Pleasantville, Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Day Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice Solnia Reeves
**17.** Color or Race White
**18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Sandyville, Iowa (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Warren } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Dr. Wheterhouse (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ulysses Homer Ogan Signature

Indianola, Iowa P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL) Marlyn Walker Clerk D.C. ~~Notary Public~~, residing at Indianola, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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659-101-009-443

353557

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County BONNER (b) City HOPE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME - RESIDENCE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years 11 month 10 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City HOPE
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address 334 RIVERSIDE - BENDOR

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** RELFERD ADELBERT FERGUSON

**5.** Date of Birth (Month, day year) May 1, 1902

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** CHARLES ADELBERT FERGUSON
**11.** Color or Race WHITE **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace JOE DAVIS COUNTY - ILLINOIS (City or town) (State or foreign country)
**14.** Exact Occupation CARPENTER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MARY ELIZABETH MILLSAP
**17.** Color or Race WHITE **18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace DECATOR (City or town) IOWA (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2 (c) Born alive and now dead 5 (d) Stillborn NONE

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) AUG 13 1947 (Date received) (b) [signature] (Registrar's signature)
**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Montana } ss.
County of Beaverhead }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, CHARLES HOLLY FERGUSON, being first duly sworn, say that I am RELATED to (Related to (or) acquainted with) RELFERD ADELBERT FERGUSON (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that EMILY FERGUSON (Name of attendant at birth), who attended said birth is DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Charles Holly Ferguson Signature
Paradise Mont. P. O. Address

Subscribed and sworn to before me on this 18 day of May, 1947
(SEAL) [signature] Notary Public, residing at Plains Mont.
My Com. Exp. 4-16-44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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443-210-009-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353566
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Sandpoint
(d) Name of Hospital or Maternity Home: none available
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. City
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Beulah Dildine

5. Date of Birth of Child (Month, day, year) 4-10-1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Albert Dildine
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation millwright
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie E. Bergin
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Waushara County, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation unoccupied
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for since birth years, and that no (First name) attendant (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Dildine ..... Signature

Sandpoint, Idaho ..... P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) Arthur R. Bowden Notary Public, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-214004-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353588
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery IN THIS county 3 years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier

**4. FULL NAME OF CHILD** Helen Gertrude Sommers

5. Date of Birth of Child (Month, day, year) Sept. 19, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Ernest Sommers
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Langnau, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosetta Blaser
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Langnau, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 40 years, and that Mrs. (?) (First name) Bridges (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Sommers Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of August 19 42

(SEAL) Albert W. Jones Notary Public, residing at Montpelier, Idaho
My Commission Expires April 14, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel Gibbs, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

NOV 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-111-036-297

353612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Willard Archibald

5. Date of Birth of Child (Month, day, year) April 11, 1902

6. Sex Male

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Willard Archibald
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura E. Bigler
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Agnes Archibald

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Agnes (First name) Archibald (Last name), who attended this birth Is no deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Archibald Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) Jno W Clark (Notary Public, residing at Malad Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-209-0084-255

353658

353658

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353658
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Fish Haven Ida

**4. FULL NAME OF CHILD** Alta Leafield

**5.** Date of Birth of Child (Month, day, year) 9th May 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Hyrum Peter Leafield
**11.** Color or Race White **12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Salt Lake City Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jane Olive Bee
**17.** Color or Race White **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace Bannigel Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Rosanna Clark (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Comm Exp 3/25/1944

Florence B. Stock — Signature
Oakley Ida — P. O. Address

Subscribed and sworn to before me this 6 day of June, 19 42

(SEAL) Earl Whitely — Notary Public, residing at Oakley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-116 10-613 25 1942 353661

353661

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Theodore Roosevelt Keefer

**5.** Date of Birth of Child (Month, day, year) Jan. 16, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Elmer Elsworth Keefer
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Harrisburg (City or town) Pennsylvania (State or foreign country)
**14.** Exact Occupation Miller
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mattie Elizabeth Nolan
**17.** Color or Race White **18.** Age at time of THIS birth 34 yrs.
**19.** Birthplace Selma (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum .....

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 40 years, and that ..... (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tessa E. Jones ..... Signature
206 Boise Blvd. Boise, Idaho ..... P.O. Address

Subscribed and sworn to before me this 24th day of August, 1942

(SEAL) Margaret E. Mason ..... Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Maud E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

JAN 21 1950

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-107-036-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 353737

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 40 years 6 month 24 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address Malad City, Ida.

3. RESIDENCE of FATHER (city, state): Malad, Ida

4. FULL NAME OF CHILD Milton Lusk Evans

5. Date of Birth (Month, day, year) Feb. 7, 1902

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Lorenzo Lloyd Evans
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Banker, Merchant, Farmer
15. Industry or Business and Stockgrower

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Matilda Lovesta Lusk
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Wellsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6 (c) Born alive and now dead 5 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 15 1942 (Date received) (b) Mary E. Bolingbroke (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Esther Evans Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Milton Lusk Evans (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary E. Bolingbroke (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Esther Evans Davis Signature

Malad City, Idaho. P. O. Address

Subscribed and sworn to before me on this 15th day of Aug., 19 42

(SEAL) ____ Notary Public, residing at Malad City, Ida.

My commission expires Nov. 1, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1987 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, [illegible] has not been acknowledged [illegible] to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar [illegible] in the Bureau of Vital Statistics for the purposes and upon [illegible] in Chapter 3 [illegible] when such report is [illegible] by an affidavit of the attending physician or [illegible] affidavits of the [illegible] or mother of the child, or if neither [illegible] mother of the child is living or available, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

1981
1051

693-106-220-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353744
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** William Frederick Wilson

5. Date of Birth of Child (Month, day, year) June 6, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Kinard Wilson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Limestone county (City or town) Texas (State or foreign country)
14. Exact Occupation plumber
15. Industry or Business for Philip Bros.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rose Alice Bishop
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hartman (City or town) Arkansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Doctor Newkirk (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Wilson Signature
632 S.W. Stark - Portland Oregon P. O. Address

Subscribed and sworn to before me this 13th day of August, 19 42

(SEAL) J. B. McKinney Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel F. Gilbert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-119-208-434

353757

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years ten months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pearl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pearl, Idaho

**4. FULL NAME OF CHILD** Robert McLean

5. Date of Birth of Child (Month, day, year) Aug 19-1902

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** David Livingstone McLean
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Merigomish (City or town) Nova Scotia (State or foreign country)
14. Exact Occupation Stationery Engineer
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catherine Jane McDonald
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Dover (City or town) New Hampshire (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine J. McLean Signature
1819 N.E. Miller St. P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942.

(SEAL) F. M. Yarkell Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires May 2 1942

Received for filing on AUG 17 1942 by Mabel F. Lefever, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1965

AUG 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-202-007-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353813
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Bullion St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ethel Povey

**5.** Date of Birth of Child (Month, day, year) Sept. 2, 1902.

**6.** Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Povey
**11.** Color or Race white **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Liverpool (City or town) England (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Wilson.
**17.** Color or Race white **18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Liverpool (City or town) England. (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Dr. D. W. Figgin (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Povey Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942.
(SEAL) R. H. McCoy Notary Public, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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639-101-029-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353821
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same.

**4. FULL NAME OF CHILD** Arthur Walfred Fliegen

**5.** Date of Birth of Child (Month, day, year) Sept 1 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Henry Fliegen
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Old Holstein (City or town) Wisconsin (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie Mathilda Carlson
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace St James (City or town) Minn (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 39 years, and that C L Gilman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustaf Henry Carlson Signature
Moscow P. O. Address

Subscribed and sworn to before me this 10 day of August, 1942

(SEAL) H. K. Amden Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-116-040-165

353838

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Robert Allen Tremayne

**5.** Date of Birth of Child (Month, day, year) October 16, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Jack Allen Tremayne
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace London, (City or town) England (State or foreign country)
**14.** Exact Occupation Mining
**15.** Industry or Business Mining

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Jones
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace St Bernard, (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Own home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above and that personal particulars were furnished by Anna Jones Tremayne (First name) (Last name) who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 39 years, and that Mrs. Mary Eynon Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Jones Tremayne Signature
Barlow, Oregon P. O. Address

Subscribed and sworn to before me this 15th day of August, 19 42

(SEAL) Louis Webert Notary Public, residing at Aurora, Oregon
My Commission expires Jan. 29, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Maud F. Eddon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-115009-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 353871
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City SandpPoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Sand Point Idaho

**4. FULL NAME OF CHILD** Burton Lee Walrad, Jr.

5. Date of Birth of Child (Month, day, year) 7/15/02

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Burton Lee Walrad, Sr.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Giesselman
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hooper Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Burton Lee Walrad, Sr. (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 72 years of age, that I have known this person for 40 years, and that Dr O F Page (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Burton Lee Walrad Sr Signature

Gresham, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of August, 1942

NOTARY PUBLIC FOR OREGON
COMMISSION EXPIRES

(SEAL) Doris Berg Notary Public, residing at Gresham, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-116-006-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353877
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BINGHAM (b) City FT. HALL
(c) Street Address or R.F.D. No. MAIN ST.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City FT. HALL
(d) Street Address or R.F.D. No. MAIN ST.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) FT. HALL, IDAHO

**4. FULL NAME OF CHILD** CLINTON OLIE SMITH

**5.** Date of Birth of Child (Month, day, year) JULY 16, 1902

**6.** Sex MALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** CLINTON SMITH
**11.** Color or Race WHITE **12.** Age at time of THIS birth 25 yrs.
**13.** Birthplace GRAND ISLAND, NEBRASKA (City or town) (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business FARMING

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MARTHA GROVE
**17.** Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace LEE STATION, ILLINOIS (City or town) (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business HOME

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE

**23.** Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that DR. (First name) BRIDGES (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Grove Smith Signature
R.F.D. NO. 2 LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me this 18 day of August, 1942
(SEAL) Paul W. Hyatt Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mark H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-215-001-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 353883
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City Meridian
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mos. yrs.

**3. RESIDENCE OF FATHER** (city, state) Meridian, Idaho

**4. FULL NAME OF CHILD** Nancy Jane Harrison

5. Date of Birth of Child (Month, day, year) March 15, 1902

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Henry Harrison
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cynthianna Goss
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace San Rafael, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. none Midwife Address deceased Date

State of California
County of San Joaquin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Mrs. America Johnston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Cynthianna Harrison Signature

Route 2, Box 704, Galt, California P. O. Address

Subscribed and sworn to before me this 15th day of August, 1942

(SEAL) [illegible] Notary Public, residing at Lodi, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-225022-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 354984
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. no street No.
(d) Name of Hospital or Maternity Home: Born in the home.
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont.
(c) City Rexburg
(d) Street Address or R.F.D. No. No street No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho at Rexburg

**4. FULL NAME OF CHILD** Rosa Lillian Banz.

5. Date of Birth of Child (Month, day, year) Aug. 25-1902

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Fred X. Banz.
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Lucerne (City or town), Switzerland. (State or foreign country)
14. Exact Occupation Laborer of all trades.
15. Industry or Business Was a salesman.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Stauffinger
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Bern (City or town) Switzerland. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 7.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) All dead.

25. Attendant's **OWN** signature Mrs. Walsh. M.D. Midwife Address Date

State of Oregon
County of Wasco } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Mrs. Walsh (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Stauffiger Banz Bellinger Signature
819 E. 3rd Street The Dalles P. O. Address
Oregon., 1942

Subscribed and sworn to before me this 17th day of August

(SEAL) John M. Stapleton Notary Public, residing at The Dalles, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Comm. expires Feb 15th-1946

Received for filing on AUG 18 1942 by Mary Fielder, Registrar.

Use only BLACK Ink for BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

AUG 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-227029-249

**355049**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Lora
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Lora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) same as above

**4. FULL NAME OF CHILD** Dalena Thompson

5. Date of Birth of Child (Month, day, year) 9-27-02

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frances Melvin Thompson
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Pittsburgh (City or town) Penn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Almira Burke
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Boone (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 39 years, and that Esther Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Almira Thompson Signature
3901 Friday Everett, Washington P. O. Address

Subscribed and sworn to before me this 5th day of August, 194[illegible]
(SEAL) [illegible] Notary Public, residing at Pl. Hartford

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-219007-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355070
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Blaine (b) City: Muldoon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Muldoon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Muldoon, Idaho

**4. FULL NAME OF CHILD** Lillian Mae Fallon

**5.** Date of Birth of Child (Month, day, year) March 19 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Thomas Fallon
**11.** Color or Race: White
**12.** Age at time of THIS birth: 33 yrs.
**13.** Birthplace: Hamilton, Ontario Canada (City or town) (State or foreign country)
**14.** Exact Occupation: Rancher
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jennie Carroll
**17.** Color or Race: White
**18.** Age at time of THIS birth: 24 yrs.
**19.** Birthplace: Tullahoma, Tennessee (City or town) (State or foreign country)
**20.** Exact Occupation: None
**21.** Industry or Business

**22.** Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. F. M. Kleinman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ab Womack — Signature
Hailey, Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942.
(SEAL) Joseph W. Field — Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mark Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393-102-001-141

355135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355135
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rural Rt
(d) Name of Hospital or Maternity Home at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Rural Rt
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Pleasant, Fremont, Lile

**5.** Date of Birth of Child (Month, day, year) 11/2/1942

**6.** Sex

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Sidney Jackson Lile

**11.** Color or Race White

**12.** Age at time of THIS birth 44 yrs.

**13.** Birthplace State of Kentucky (City or town) (State or foreign country)

**14.** Exact Occupation Farming

**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Noretta Katherine Adams

**17.** Color or Race White

**18.** Age at time of THIS birth 26 yrs.

**19.** Birthplace Jones Co. (City or town) Iowa (State or foreign country)

**20.** Exact Occupation House wife

**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Ida
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Mrs. (First name) Birth, Midwife (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Norwilla R. Lile ..... Signature

2260 14th St., Baker, Ore. ..... P. O. Address

Subscribed and sworn to before me this 5 day of Sept., 1942

(SEAL) W. S. Joy ..... Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 5, 1942 by Mabel F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1964

SEP 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-121 035-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 355167
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Summit, Ida
(c) Street Address or R.F.D. No. (Mailing Address)
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Near Summit, Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Bertie Julian Caster

**5.** Date of Birth of Child (Month, day, year) Jan. 21, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William LeRoy Caster
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace Nashawan, Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Julia Philips
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Kentucky (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Etta Harrington (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chris Caster Smith
Signature
Rte 1 Box 15 Clarkston Wash
P. O. Address

My commission expires Feb. 15, 1946

Subscribed and sworn to before me this 27th day of June, 1942.

(SEAL) John D. Woods Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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962-107022-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355182
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Kenneth Eugene Rosenlof

**5.** Date of Birth of Child (Month, day, year) July 7, 1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Rosenlof
**11.** Color or Race White **12.** Age at time of THIS birth 45 yrs.
**13.** Birthplace Sweden (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie "Fredrickson"
**17.** Color or Race White **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
**20.** Exact Occupation Farmer's wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Do not know the Hour (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Dr. Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Littlefield, Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of Aug., 1942

(SEAL) O. T. Meservy, Probate Judge ~~Notary Public, residing at~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

SEP 18 1962

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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413-127001-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355196
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Russell Huntingdon MacKechnie

5. Date of Birth of Child (Month, day, year) Jan. 27. 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Joseph MacKechnie
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Bristol (City or town) Quebec (State or foreign country) Canada
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Lovella Burdick
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Plainview (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum — — —

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that Dr (First name) Compton (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida L. MacKechnie Signature

809 So. Lincoln St. Port Angeles Washington P. O. Address

Subscribed and sworn to before me this 24 day of August, 19 42

(SEAL) Myrtle J. McLeod Notary Public, residing at Albany Alameda Co. California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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265-113-0 03-295

355206

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 310 So. 2nd Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 310 So. 2nd
(e) How long has **MOTHER** lived in Idaho? 5 Mo. ~~yrs~~

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida

**4. FULL NAME OF CHILD** JOSEPH BOERO

**5.** Date of Birth of Child (Month, day, year) Dec. 13, 1902.

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mo / **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** ALESSANDRO BOERO
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Coezze, Italy (City or town) (State or foreign country)
**14.** Exact Occupation Baker
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** TERESA BINELLO
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Mtignono, Italy (City or town) (State or foreign country)
**20.** Exact Occupation House-wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Dr. J. H. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Teresa Binello Boero Signature
336 So. 2nd Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of August, 19 42
(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Mary E. Chapman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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269-108-028-662

355242

United States
Department of Commerce
Bureau of the Census

AUG 27 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootnie (b) City .....
(c) Street Address or R.F.D. No. Courdelane
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootnie
(c) City Courdelane
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Charles Everett Swisher

**5.** Date of Birth of Child (Month, day, year) Nov. 8, 1902

**6.** Sex male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Marshall Nimrod Swisher
**11.** Color or Race .....
**12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace ..... (City or town) Kansas (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Barbara Ellen Foster
**17.** Color or Race .....
**18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Liberty (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum No

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Linn } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Mrs. Harris (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Ellen Foster Swisher
Signature

Box 14, Scio, Oregon
P. O. Address

Subscribed and sworn to before me this 25th day of August, 1942

(SEAL) Lawrence Morley Notary Public, residing at Lebanon, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

MY COMMISSION EXPIRES [illegible]

Received for filing on AUG 29 1942 by ..... Registrar.

MY COMMISSION EXPIRES [illegible]

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

FEB 19 1945

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-128-003-412

355330

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 800 blk W. 2nd St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 800 Blk W. 2nd St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

**4. FULL NAME OF CHILD** Lawrence Eugene Zamboni

5. Date of Birth of Child (Month, day, year) Oct. 28, 1902

6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Zamboni
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Austria (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Carmella Masoero
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Turni (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Emilia Castellini (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Emilia Castellini M.D. Midwife Address Fontana July Date 13 1942

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

JAN 18 1955

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-22 60 75-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 355334
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Near Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Near Winchester, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Had just come yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Rowena Maye Westfall

**5.** Date of Birth of Child (Month, day, year) Dec. 26, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George Wright Westfall
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace ~~City~~ (City or town) Iowa (State or foreign country)
**14.** Exact Occupation General laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Margaret Henrietta Kerl
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Butler County, Penna. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum ~~I cannot say~~ Silver Nitrate sol.
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Margaret H. Westfall (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature John H Lenz **M.D.** ~~Midwife~~ Address Redondo Beach Calif Date Aug 25 1942

State of Idaho
County of Adams } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all her life years, and that Dr. Lenz (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret H Westfall. Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of August, 1942
(SEAL) Clerk District Court ~~Notary Public~~ residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-102-003-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355363
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Idaho Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Parley Grant Byington

5. Date of Birth of Child (Month, day, year) Oct 2 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (9) Yes

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Steven Eliot Byington
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jane Elizabeth Larson
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family (First name) record (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that Elizabeth (First name) Larson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest L. Byington Signature

Downey, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of August, 1942

(SEAL) Glen Christensen Notary Public, residing at Downey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134-211-025-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 1 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355382
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None Was at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Minnie Vahl Alderman

5. Date of Birth of Child (Month, day, year) Mar. 11 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Horsey Sheldon Alderman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Oskaloosa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elvarnee Isabel Hocket
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Oskaloosa (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife & Mother.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I ~~HEREBY~~ CERTIFY That I attended the birth of this child, who was XX (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as XX (Mother, etc.)

25. Attendant's **OWN signature** XX M.D. Midwife Address XX Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that Mrs. Tom Surridge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claud S. Alderman Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of August, 1942

(SEAL) W. Bonewell Notary Public, residing at Grangeville.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1967

SEP 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-12-2-235-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355420
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZPERCE (b) City NEZPERCE
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 3 months 2 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County NEZPERCE
(c) City NEZPERCE
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) NEZPERCE IDA

**4. FULL NAME OF CHILD** LAWRENCE Eldred CARLEY

5. Date of Birth of Child (Month, day, year) JUNE 22-1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Augustus STEVEN CARLEY
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace ANITA IOWA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** VIOLET S SANFORD
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace BOONE Co. IOWA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business FARMING

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 40 years, and that Mrs Peterson (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earl B Carley Signature

Nezperce Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Aug, 1942

(SEAL) Eugene Sewell Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-227-022-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355422
Local Reg. No. 63
Reg. Dist. No. 620

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Chapin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chapin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Chapin, Idaho.

**4. FULL NAME OF CHILD** Alice Aleen Beesley

**5.** Date of Birth of Child (Month, day, year) 2-27-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ebenezer Beesley
**11.** Color or Race White **12.** Age at time of THIS birth 42 yrs.
**13.** Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
**14.** Exact Occupation Musician
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emily Jane Cooper
**17.** Color or Race White **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
**20.** Exact Occupation House Wife and Midwife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 40 years, and that Rose Davidson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie C. Fullen Signature
P. O. Address

Subscribed and sworn to before me this 31st day of August, 1942.
(SEAL) [signature] Notary Public, residing at Driggs, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 31, 1942 by Florence Davidson Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1964

SEP 4 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316 122 20 01 258

STATE OF IDAHO 355548
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 355548

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Ada
City of Star Idaho
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Glen Floyd Lawrence

3. Sex M | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 22 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Lin Lawrence | 18. Full maiden name Lydia "Snyder" ~~Lawrence~~ |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Star Ida | 19. Residence (usual place of abode) (If non-resident, give place and State) Star Ida |
| 11. Color or race W | 12. Age at last birthday 66 (years) | 20. Color or race W | 21. Age at last birthday 62 (years) |
| 13. Birthplace (city or place) (State or Country) Boise Idaho | 22. Birthplace (city or place) (State or Country) Berryville-Arkansas |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house-wife |
| 16. Date (month and year) last engaged in this work Apr 16, 1940 | 17. Total time (years) spent in this work 39 | 25. Date (month and year) last engaged in this work Apr 16, 1940 | 26. Total time (years) spent in this work 39 |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of Stillborn ✓ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9. m. on the date above stated.

(Signed) O W Hall, M. D.
or _____, Midwife
Address Meridian Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of)
_____ Registrar.

Filed Sept. 12, 1943 193 Maud E Lee Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

SEP 1 2 1942

DELAYED

433-105-075-399

355588

355588

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Southwick, Ida.

3. RESIDENCE of FATHER (city, state Southwick

4. FULL NAME OF CHILD Ralph Austin McCoy

5. Date of Birth (Month, day, year) May 5, 1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

## FATHER OF CHILD

10. FULL NAME Austin W. McCoy
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sheriden, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Lovina Triplett
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Little Rock, (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature Susie Cuddy M.D. (M.D., Midwife, etc.)
and address Date

26. (a) SEP 18 1942 (Date received) (b) Mary F. Eldy (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

State of ____
County of ____ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-228 : 01-495

355020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Walnut Street
(d) Name of Hospital or Maternity Home: At home on Walnut St. where City Park now is.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Walnut Street
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Anna Bock ([redacted])

5. Date of Birth of Child (Month, day, year) Dec. 28, 1902

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Richard Adolph Bock
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Saxony (City or town) Germany (State or foreign country)
14. Exact Occupation Meat dealer
15. Industry or Business Owner of meat market

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Theresa Hink
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Wurtemburg (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping care of home and children

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credé's.
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Six

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Theresa (First name) Bock (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date Aug 8th 42

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Dr. John Boeck, Sr. (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

1007 Denver St., Boise, Idaho
P. O. Address

Subscribed and sworn to before me this day of , 1942

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel H. Gabbert, Registrar.

Send to Mrs Anna Reynolds - Las Vegas Nev. % Red Cross.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1976

SEP 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-104-028-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

SEP 8 1942

State File No. 355671
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 2-10
(d) Name of Hospital or Maternity Home: Panorama at home
(e) Mother's stay BEFORE delivery: IN THIS county years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 2-10
(e) How long has MOTHER lived in Idaho? 8 years
**3. RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

**4. FULL NAME OF CHILD** Penney Benjamin Yount
**5.** Date of Birth of Child (Month, day, year) Sept 4, 1942
**6.** Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? yes

**FATHER OF CHILD**
**10. FULL NAME** John Thomas Yount
**11.** Color or Race white **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Calloway Co. (City or town) Missouri (State or foreign country)
**14.** Exact Occupation carpenter
**15.** Industry or Business Pattern

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Leonora Jane Kingham
**17.** Color or Race white **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Cass Co. (City or town) Missouri (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Arizona
County of Gila } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Ora Salisu (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonora Jane Yount ..... Signature
Box 906 Mesa Arizona ..... P. O. Address

Subscribed and sworn to before me this 31st day of August, 1942
(SEAL) Agnes Phinney Cornell Notary Public, residing at Tonto Basin Ariz.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible], Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mary E. Gibson Registrar.
My Commission Expires December 11, 19[illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-125-028-419

355676

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Harrison Idaho.

**4. FULL NAME OF CHILD** John Batista Procopio

**5.** Date of Birth of Child (Month, day, year) July 25, 1902

**6.** Sex Male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Luigi Angelo Procopio
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Casali (City or town) Italy (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lucrezia Antonia Mazzoja
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Casalia (City or town) Italy (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr. John Busby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jonathan Paul — Signature
Harrison, Idaho — P. O. Address

Subscribed and sworn to before me this 5th day of September, 19 42

(SEAL) M. A. Rigen — Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-101-006-261

355684

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** John Harold Dahlen

**5.** Date of Birth of Child (Month, day, year) 10-1-1902

**6.** Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** John Peter Dahlen
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Dayton (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Magdahlene Swanson
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Oakland (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Miss (First name) Bard - Registered Nurse (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Dahlen Signature
9437 N Trumbull Ave Portland Ore Address

Subscribed and sworn to before me this 8 day of Sept., 1942

(SEAL) Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

MY COMMISSION EXPIRES JULY 6, 1944

Received for filing on SEP 9 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-225-010-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355730
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 5 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) IDAHO

**4. FULL NAME OF CHILD** EUNICE FLORENCE PETERSON

**5.** Date of Birth of Child (Month, day, year) DEC. 26, 1902

**6.** Sex FE MALE

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd 4

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** CARL WILLIAM PETERSON
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace WEST POINT (City or town) NEBRASKA (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** HULDAH CHARLOTTE LUNDBLADE
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace VERMLAND (City or town) SWEDEN (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business TEACHER

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Arizona
County of Pima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 39 years, and that Caroline Lundblade (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APRIL 18, 1943

Hazel C Patton — Signature
P. O. Address

Subscribed and sworn to before me this 15 day of July, 1942

(SEAL) E P Anderson — Notary Public, residing at Pima Co. Tucson Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel F Gilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-207-004-255

355755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

SEP 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier, Ida

**4. FULL NAME OF CHILD** Vera Carol Bedell

**5.** Date of Birth of Child (Month, day, year) 5/7/1902

**6.** Sex female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Edward Bedell
**11.** Color or Race White
**12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace Mattawan, (City or town) Michigan (State or foreign country)
**14.** Exact Occupation Telegraph Operator.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Alice Sensenbaugh
**17.** Color or Race white
**18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Crumstown, (City or town) Indiana. (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum used one, but dont know name.
**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 past years of age, that I have known this person for all her life years, and that C. A. Hoover, M.D. (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Edward Bedell Signature
Montpelier, Idaho, P. O. Address

Subscribed and sworn to before me this 8th day of September, 1942

(SEAL) Chas Estabrook Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1902-361513

BOTH DELAYED

819-131029 819

355820

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

SEP 10 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Moscow Idaho

**3. RESIDENCE of FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Eldon Christie Harris

**5.** Date of Birth (Month, day year) 7-31-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Eldon Howard Harris
**11.** Color or Race White **12.** Age at time of THIS birth ..... yrs.
**13.** Birthplace Jefferson (City or town) Oregon (State or foreign country)
**14.** Exact Occupation Electrical Lineman
**15.** Industry or Business and laborer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ella Blanche Harris
**17.** Color or Race White **18.** Age at time of THIS birth ..... yrs.
**19.** Birthplace Moscow (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Homemaker
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum do not know
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) AUG 27 1942 (Date received) (b) Mark Neiler (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Walla Walla } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice M. Christie Clark, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eldon Christie Harris (Name of person on certificate above) as an Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Guiman (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice M. Christie Clark X Signature
3946 1st. Walla Walla Washington P. O. Address

Subscribed and sworn to before me on this ..... day of JUN 15 1942 19..
(SEAL) ..... Notary Public, residing at Walla Walla

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-129014 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355864
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City EMMETT
(c) Street Address or R.F.D. No. CANAL ST.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 2 months 5 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City EMMETT
(d) Street Address or R.F.D. No. CANAL ST
(e) How long has **MOTHER** lived in Idaho? 2 Mos. yrs.

**3. RESIDENCE OF FATHER** (city, state) EMMETT, IDA.

**4. FULL NAME OF CHILD** ALVIN KENNETH KAR

5. Date of Birth of Child (Month, day, year) MARCH 29, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos. 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** CHRISTIAN P. KAR
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace DENMARK (City or town) (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business FURNITURE

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ANNIE MARIA LARSEN
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace BOXELDER COUNTY, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of District of Columbia
County of Columbia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that DOCTOR FRANK(?) LODER (First name) (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie M. Kar Signature

NOTARY PUBLIC, D. C.
My commission expires May 16, 1947.

1424 Clifton St., N.W., Washington, D.C. P. O. Address

Subscribed and sworn to before me this 3rd day of Sept., 19 42

(SEAL) Ione N. Dance Notary Public, residing at Wash. D.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mabel H. Walker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-129 003-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

SEP 11 1942 STATE OF IDAHO

State File No. 355868
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City McCAMMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City McCAMMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 MO. ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) McCAMMON, IDA

**4. FULL NAME OF CHILD** RALPH EURBEN GREEN

5. Date of Birth of Child (Month, day, year) SEPT. 29, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

**FATHER OF CHILD**

10. **FULL NAME** HIRAM WILLARD GREEN
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace PORTAGE (City or town), UTAH. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ELIZABETH KLUSMAN
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace CONCORDIA (City or town), MISSOURI (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Mary Goodwin (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Klusman Green Signature

Medical Lake, Wash. P. O. Address

Subscribed and sworn to before me this 8 day of September, 1942

(SEAL) A. Victor Notary Public, residing at Medical Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

149-124009 395

355883

United States
Department of Commerce
Bureau of the Census

SEP 14 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Priest River - Idaho

**4. FULL NAME OF CHILD** Cecil Rhodes Amis

**5.** Date of Birth of Child (Month, day, year) Dec. 24-1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, ~~2nd, 3rd~~ **8.** No. months of Pregnancy **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Potter Amis
**11.** Color or Race white **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace (City or town) Playla (State or foreign country) Ky.
**14.** Exact Occupation Steam Engineer
**15.** Industry or Business Saw Mill

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Addie Linton
**17.** Color or Race white **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace (City or town) (State or foreign country) Ind.
**20.** Exact Occupation house wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Osborne } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 37 years, and that Cecil Rhodes Amis (First name) Mordecai Johnson (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John G. Amis Signature
Downs Kans. P. O. Address

Subscribed and sworn to before this 10 day of Sept, 1942

(SEAL) Com. Exp. 9/24/43 C. D. Jones Notary Public, residing at Downs Ks.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651-119 029-781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 355996
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Princeton Idaho

**4. FULL NAME OF CHILD** Lester Herbert Weaver

**5.** Date of Birth of Child (Month, day, year) June 19, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Weaver
**11.** Color or Race White **12.** Age at time of THIS birth 45 yrs.
**13.** Birthplace Batavia (City or town) N.Y. (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Maggie Phaye
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace — (City or town) Missouri (State or foreign country)
**20.** Exact Occupation
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for ____ years, and that Mrs. Pleger Weaver (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Weaver Signature

Princeton, Ida. P. O. Address

Subscribed and sworn to before me this 12 day of September, 1942

(SEAL) [signature] Notary Public, residing at Moscow, Latah, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-116003 231

United States
Department of Commerce
Bureau of the Census

SEP 15 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 356003
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. P.O.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. P.O.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello Ida

**4. FULL NAME OF CHILD** George Victor Brandon

**5.** Date of Birth of Child (Month, day, year) July 16, 1902

**6.** Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Arch Leroy Brandon
**11.** Color or Race white **12.** Age at time of THIS birth 21 yrs.
**13.** Birthplace Portersville (City or town) Utah (State or foreign country)
**14.** Exact Occupation Fireman R.R.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Susan Stanger
**17.** Color or Race white **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Slatersville (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution in eye
**23.** Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Washington
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 40 years, and that Dr Castle (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Stanger Brandon Signature
1262 Alki Ave Seattle Wash. Address

Subscribed and sworn to before me this 10th day of September, 1942

(SEAL) Helen L. Walker Notary Public, residing at Seattle Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel McCroper, Registrar.

SEP 15 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-00001 849

United States
Department of Commerce SEP 15 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 356022
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Robert James Marrs

**5.** Date of Birth of Child (Month, day, year) 2/10/42

**6.** Sex Male **7.** Twin or Triplet No- If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Issac D Marrs-
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Montanna- (City or town) (State or foreign country)
**14.** Exact Occupation Laborer
**15.** Industry or Business Farm.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary E Hurst ~~Marrs~~
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Boise, Idaho- (City or town) (State or foreign country)
**20.** Exact Occupation Housewife-
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary E Thompson Signature
513½ main St Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 8 day of Sept, 1942

(SEAL) Nomeith Lipps Notary Public, residing at Lewiston,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756 116022115

356035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City REXBURG
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 6 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City REXBURG
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) REXBURG, IDA

**4. FULL NAME OF CHILD** THOMAS CLARENCE GEORGE JR.

5. Date of Birth of Child (Month, day, year) MARCH 16, 1902

6. Sex MALE

7. Twin or Triplet ONE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9Mo.

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** THOMAS GEORGE
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace BYROOT (City or town) SYRIA (State or foreign country)
14. Exact Occupation COOK
15. Industry or Business CAFE

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY HILMA JANSON
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace SANDY, (City or town) UTAH. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum DON'T KNOW

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of MADISON } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 40 years, and that DR. LORIN (First name) RICH (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X J. D. Janson Signature

REXBURG, IDAHO. ROUTE #1 P. O. Address

Subscribed and sworn to before me this 12th day of September, 1942

(SEAL) Lillian M. Burch Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-108014-765

356079

356079

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 356079
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette Idaho

**4. FULL NAME OF CHILD** Albert Richard Ireton

**5.** Date of Birth of Child (Month, day, year) 12-8-1902

**6.** Sex Male **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Thomas Tweedie Ireton
**11.** Color or Race White **12.** Age at time of THIS birth 54 yrs.
**13.** Birthplace Belfast (City or town) Ireland (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elise Geller
**17.** Color or Race White **18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Thoune (City or town) Switzerland (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 39 years, and that Dr. Delano (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elise Ireton ..... Signature
Payette, Idaho ..... P. O. Address

Subscribed and sworn to before me this 1st day of September, 1942.
(SEAL) John H. Morris Notary Public, residing at Payette, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mary F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 5

JUN 27 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 214001-295 SEP 25 1942 356082

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 356082
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Ida.

**4. FULL NAME OF CHILD** Coral Josephine Wilson

5. Date of Birth of Child (Month, day, year) 12-14-1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Alfred Wilson
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Lee Bingman
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Decauter, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Dottie Bowers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosa Wilson Signature
~~Emmett~~ Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) Margaret Smoot Notary Public, residing at Emmett, Idaho.
My Commission Expires Oct. 13, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-22-2080-655

356097

356097

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 356097
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Caldwell Route #2

3. RESIDENCE of FATHER (city, state): Caldwell, Idaho

4. FULL NAME OF CHILD Edena Edwards

5. Date of Birth (Month, day, year) Jan. 22, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Eddie Elmer Edwards
11. Color or Race Anglo Saxon
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mineral Point, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile

## MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elliott O'Neill
17. Color or Race Anglo Saxon
18. Age at time of THIS birth 19 yrs.
19. Birthplace Townsend, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Anna Edwards (First name) (Last name), who is related to this child as mother (Mother, etc.)

Mrs. Edwards

26. (a) SEP 29 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Anna Edwards M.D. (D.O., Midwife, etc.)
and address Caldwell, Idaho Date 9/21/42

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eddie Elmer Edwards, being first duly sworn, say that I am father (Related to (or) acquainted with) Edena Edwards (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Leathers (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eddie Elmer Edwards, Signature
Route #2 Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of September, 19 42.
(SEAL) Chas. L. Shoffler Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 29 1942

JAN 30 1951

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-701 029-231

357138

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 18 1942

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Linden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Linden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Linden Ida

**4. FULL NAME OF CHILD** Clarence Emmett Jenks

5. Date of Birth of Child (Month, day, year) Nov. 1, 1902

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Henry Jenks
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Astoria (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Edna Starr
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Milton Penn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Mrs. Ellen Starr (First name) (Last name), who attended this birth is paralized (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Starr Iverson Signature

Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 13 day of June, 19 42

(SEAL) Mae Mason Notary Public, residing at Kamiah Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9101 Idaho Code Annotated)

Received for filing on SEP 18 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 357171
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 534 No. Main
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 534 No. Main
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello Idaho

**4. FULL NAME OF CHILD** Leo Leonidas Packer

5. Date of Birth of Child (Month, day, year) Dec. 30, 1942

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Leonidas Packer
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha W. Nelson
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Ulrich (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 39 years, and that Dr. (First name) Castle (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha M. Ulrich Signature

My Commission expires May 10, 1943

P. O. Address

Subscribed and sworn to before me this 9th day of Sept, 19 42

(SEAL) Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1967

SEP 2 3 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to [illegible] any birth which has occurred subsequent to such date, such [illegible] may be received and filed by the local registrar for record in [illegible] ~~of Vital Statistics for the purposes and uses prescribed in~~ [illegible] 2, Title 38, Idaho Code Annotated, when such report is accom- [illegible] by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-123004-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1942

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357258
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at her home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Montpelier, Idaho
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD George Benjamin Miller
5. Date of Birth (Month, day, year) Sept. 23, 1902
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Albert E. Wentworth Miller Sr.
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Fairfield, Iowa (City or town) (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Hannah Crossley
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Liberty (City or town), Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mrs. E. Miller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Don Poyner M.D. (D.O., Midwife, etc.)
and address 4691 E. Valmont Long Beach Calif. Date 9-18-42

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Albert E. Miller, being first duly sworn, say that I am Related to (Related to (or) acquainted with) George Benjamin Miller (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Poorter (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert E. Miller Signature
Oxford, Ida RD#1 P. O. Address

Subscribed and sworn to before me on this 3rd day of September 1942

(SEAL) Albert E. Jones Notary Public, residing at Montpelier Idaho
Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1967

SEP 28 1942

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

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United States
Department of Commerce
Bureau of the Census

SEP 22 1942

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County: Nez Perce (b) City: Webb P.O.
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county: 4 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Nez Perce
(c) City: Lapwai
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address: Lapwai
3. **RESIDENCE OF FATHER** (city, state): dead

4. **FULL NAME OF CHILD:** Cecil Benoni Carpenter
5. Date of Birth (Month, day, year): Mar. 10-1902
6. Sex: Male
7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME:** Jos. Ben. Carpenter
11. Color or Race: White
12. Age at time of THIS birth.....yrs.
13. Birthplace: Lacrosse (City or town) Wisconsin (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business.....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Bertha Beatrice Galbreath
17. Color or Race: White
18. Age at time of THIS birth: 24 years
19. Birthplace: Webb P.O. (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Carpenter (First name) (Last name), who is related to this child as Mother (Mother, etc.) No Doctor

26. (a).....(Date received) (b) Mary [illegible] (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of IDAHO
County of NEZ PERCE } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Carpenter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil Benoni Carpenter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Etta Barnes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Carpenter ..... Name
Lapwai, Idaho, ..... P. O. Address

Subscribed and sworn to before me on this 19th day of September, 1942.

(SEAL) [illegible] ..... Notary Public, residing at Lewiston, Idaho.

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

SEP 28 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-209001 813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357264
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 3 months 4 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Mabel Marie Engelhorn

5. Date of Birth of Child (Month, day, year) Oct. 9-1942

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full term 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Joseph Engelhorn
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lansing (City or town) Iowa (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Operating Power House

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel Nellie Hall
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hamilton (City or town) Nevada (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Butte } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person all her life ~~for~~ years, and that the Doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mabel Hall Engelhorn Signature

P. O. Address

Subscribed and sworn to before me this 18th day of September, 19 42

(SEAL) Lucille D. Hobbeck Notary Public, residing at Chico, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mabel F. Eldson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-114019-319

United States
Department of Commerce
Bureau of the Census

SEP 26 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357385
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 10 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Challis, Ida

4. **FULL NAME OF CHILD** Vernal Gardell Richards
5. Date of Birth of Child (Month, day, year) April 14th 1942
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Aaron Houghton Richards
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bingham (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Caroline Larter
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Moroni (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Caroline Larter Richards (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Hadey Elder ~~M.D.~~ Midwife Address 317½ No 8 Bruce Ave Date Sept 16-1942

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1967

SEP 29 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275 223040-493

357404

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Sho. Shone (b) City Mullan
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Sho. Shone
(c) City Mullan
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Shone, Idaho

**4. FULL NAME OF CHILD** HELEN BERNICE SPEAR

5. Date of Birth of Child (Month, day, year) Aug. 23, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** HARRY DONALD SPEAR
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Kansas, U.S.A. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business None

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** LAURA TENNESSEE MITCHELL
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Illinois, U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Mendocino } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 40 years, and that Dr. (First name) Keyes (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura T. Rangtsch Signature

Box 106, Calpella, Mendocino County, California P. O. Address

Subscribed and sworn to before me this 22nd day of September, 1942

(SEAL) Wanda L. Burke Notary Public, residing at Ukiah, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mary F. Cafer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 9 194

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-228007-212

357538

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City on ranch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City on Loving ranch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Esther Margaret Loving

5. Date of Birth of Child (Month, day, year) June 28, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Thomas Loving
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bertha Dora Matilda Baker
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Mrs. Carey (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Baker Loving — Signature
Gooding Idaho — P. O. Address

Subscribed and sworn to before me this 22nd day of September, 1942

(SEAL) Lemuel W. Fickle — Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Mary L. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 663-228-035-755

357550

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac (near)
(d) Street Address or R.F.D. No. (No R.F.D.)
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Culdesac, Ida

**4. FULL NAME OF CHILD** Wilma Ruth Wolford

5. Date of Birth of Child (Month, day, year) July 28, '02

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William John Wolford
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pawnee, Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Belle Pentzer
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Delphos, Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by Anna B. Wolford (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John H Lenz M.D. ~~Midwife~~ Address Redondo Beach Calif Date Sept 25, 1942

State of WASHINGTON
County of KING } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FLIGHT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that Dr Lenz (First name) (Last name), who attended this birth ✓ (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orphea L. Morgan Signature
30 N. B. S.E. Auburn, Wash. P. O. Address

Subscribed and sworn to before me this 28 day of August, 194[illegible]

(SEAL) Notary Public, residing at AUBURN

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-129014-294

United States
Department of Commerce
Bureau of the Census

OCT 1 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357586
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) CALDWELL, IDAHO

**4. FULL NAME OF CHILD** HOWARD WESLEY SUTTON.

5. Date of Birth of Child (Month, day, year) JUNE, 29, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** HARVEY WASHINGTON SUTTON
11. Color or Race AMERICAN
12. Age at time of THIS birth 42 yrs.
13. Birthplace TASWELL (City or town) TENNESSEE (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARGARET MAY KIMPLE
17. Color or Race AMERICAN
18. Age at time of THIS birth 36 yrs.
19. Birthplace BRIDGEPORT (City or town) CONN. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business FARMING.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by HARVEY (First name) SUTTON (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIF.
County of LOS ANGELES } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 40 years, and that DR. O. W. HALL (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harvey W Sutton Signature

803 Hollywood Dr Monte P. O. Address

Subscribed and sworn to before me this 29 day of September, 1942

C. P. PEYERS NOTARY PUBLIC in and for the County of Los Angeles, State of California

(SEAL) C P Peyers Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759/24 022-339

United States
Department of Commerce
Bureau of the Census

OCT 2 1942

(Because the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357614
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 24 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Glen Worth Perham,

5. Date of Birth of Child (Month, day, year) 7-24-1902

6. Sex Male, 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** H. W. Perham,
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Corvallis, (City or town) Oregon, (State or foreign country)
14. Exact Occupation Carpenter,
15. Industry or Business Carpenter,

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maude Myrtle Cline,
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Diamond City, (City or town) Montana, (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown,
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maude M. Perham, (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho,
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Dr. W. J. Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude M. Perham Signature

P. O. Address

Subscribed and sworn to before me this 1st day of October, 1942

(SEAL) Notary Public, residing at St. Anthony,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-114003-414

United States
Department of Commerce
Bureau of the Census

OCT 5 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1306 So. 3rd Ave.
(d) Name of Hospital or Maternity Home: - - - - - - - - - - - - - -
(e) Mother's stay **BEFORE** delivery: IN THIS county — years 7 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1306 So. 3rd Ave.
(e) How long has **MOTHER** lived in Idaho? 7 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, I.

4. **FULL NAME OF CHILD** Joseph Otto Smith

5. Date of Birth of Child (Month, day, year) Oct. 14, 1902

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Clande Otto Smith
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Schuyler, Hancock Co., Nebraska (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Railroad

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Jane Madsen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Gunnison, Sanpete Co., Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

City and State of California
County of San Francisco } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Annie (First name) Bird (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane E. Smith Signature

2785 Bryant St., San Francisco, California. P. O. Address

Subscribed and sworn to before me this 30th day of September, 19 42.

(SEAL) PETER TAMONY Notary Public, residing at San Francisco, California.
My Commission Expires Nov. 20, 1942
(Note: Perjury is punishable as a felony. Idaho Code, sec. 17-314, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 357674
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. IDAHO ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 7 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. IDAHO ST.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) BOISE IDAHO

**4. FULL NAME OF CHILD** MILTON GEORGE BARLOW

**5.** Date of Birth of Child (Month, day, year) JUNE 8 - 1942

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** GEORGE MASHALL BARLOW
**11.** Color or Race WHITE **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace OTNEY (City or town) ILLINOIS (State or foreign country)
**14.** Exact Occupation MINER
**15.** Industry or Business MINING

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** NETTIE ISABELLE SMITH
**17.** Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace OLA (City or town) IDAHO (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie M. Lewis (First name) (Last name), who is related to this child as Midwife (Mother, etc.).

**25.** Attendant's **OWN** signature Minnie Marie Lewis M.D. Midwife Address Date

State of YAKIMA
County of WASH. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 24 years, and that Minnie M. Lewis (First name) (Last name), who attended this birth alive (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Geo M Barlow Signature
R.3 Box 245 YAKIMA WASH. P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942.
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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254 209 035 634

United States
Department of Commerce
Bureau of the Census

OCT 5 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357694
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nez Perce Idaho

**4. FULL NAME OF CHILD** Beulah Emily Knudson

5. Date of Birth of Child (Month, day, year) March 9, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Ben Knudson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Decorah (City or town), Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Flugstad
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace St. Croix (City or town), Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California, County of Los Angeles, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for ~~since~~ 40 years, and that Dr (First name) Powell (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Knudson Signature
1317 Conn St. Los Angeles, Calif. Address

Subscribed and sworn to before me this 3rd day of October 1942

(SEAL) Jane I. Sullivan Notary Public, residing at 1529 W. Olympic Blvd. Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1963

OCT 7 1963

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 124002-2/3

357712

United States
Department of Commerce
Bureau of the Census

OCT 5 - 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home of mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Council, Ida.

**4. FULL NAME OF CHILD** Charles Harvey Shaw

5. Date of Birth of Child (Month, day, year) Juyl 24, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Ben Shaw
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mondamon, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catherine Rebecca Bacus
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Holland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lincoln } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 69 years, and that Sarah Shaw (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Rebeca Austin Signature

Newport Oregon P. O. Address

Subscribed and sworn to before me this 3rd. day of October, 1942

(SEAL) O. Gilbaland Notary Public, residing at Newport, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Exp. Feb. 26 1944

Received for filing on OCT 5 - 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 111 025 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

OCT 3 1942

State File No. 357720
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ira Morris Lockwood

5. Date of Birth of Child (Month, day, year) Sept. 11, 1902.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Lincoln Lockwood
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Hitacha, Arkansas. (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amy Agusta Roberts
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pittsburg, Penn. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Evelyn Lockwood (First name) (Last name), who is related to this child as Wife (Mother, etc.)

25. Attendant's **OWN** signature Mrs Meathea Jenkins ~~M.D.~~ Midwife Address Date 9/29/42

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 29 day of Sept, 19 42

(SEAL) Mary Nelson Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 3 1942 by Mary Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 206044433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 3 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 357746
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Idaho

**4. FULL NAME OF CHILD** Mary Lucretia McMannamay

5. Date of Birth of Child (Month, day, year) July 6, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Isaac Roland McMannamay
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Syracuse (City or town) Indiana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Viola McConnell
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Topeka (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of MULTNOMAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for almost 40 years, and that Dr. Stevens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Viola McMannamay Nollingsworth Signature
1144 NE 76th Ave Portland Ore. P. O. Address

Subscribed and sworn to before me this 19th day of June, 1942
(SEAL) K B Davis Notary Public, residing at Portland Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 3 1942 by Mabel Hazlett, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-20-40-44-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357819
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Weiser
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser Idaho

**4. FULL NAME OF CHILD** LeNora Bebb Folsom

5. Date of Birth of Child (Month, day, year) Aug. 7th 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

**FATHER OF CHILD**

10. **FULL NAME** William Gregory Folsom

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Saltlake City Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Vida May Bebb

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Port Allen Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr. Shirley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Vida Bebb Folsom Signature

Mapleton Oregon P. O. Address

Subscribed and sworn to before me this 5th day of October, 1942.

(SEAL) Ina J. Duncan Notary Public, residing at Florence Oregon
(Notary Public, for Oregon)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My commission expires Feb. 5, 1945

Received for filing on OCT 7 - 1942 by Maud Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-229-016-513

357850

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 9 5/12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Albion, Idaho

**4. FULL NAME OF CHILD** Harryot Hope Thornton

**5.** Date of Birth of Child (Month, day, year) March 29-1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Harry Hubert Thornton
**11.** Color or Race White
**12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Clinton (City or town) Iowa (State or foreign country)
**14.** Exact Occupation School Teacher
**15.** Industry or Business Educational

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lavella Bee Vallette
**17.** Color or Race White
**18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace Circleville (City or town) Ohio (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Usual

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that R. T. (First name) Story M.D. (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry H. Thornton ..... Signature
No. Hollywood, Calif ..... P. O. Address

Subscribed and sworn to before me this 3rd day of October, 1942

(SEAL) Lucille Paul ..... Notary Public, residing at San Gabriel, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 9 1942 by Max Hulen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-210-003-294

357881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: unknown
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years 7 months -- days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 7 mo. ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Mammie McNeer

**5.** Date of Birth of Child (Month, day, year) Mar.10,1902

**6.** Sex female **7.** Twin or Triplet ----- If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Fabin McNeer
**11.** Color or Race white **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Danville, (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Railroad Fireman
**15.** Industry or Business Railroad Fireman

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lillie Alice Simpson
**17.** Color or Race white **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Bluehill, (City or town) Nebraska (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum unknown

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Kern } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 40 years, and that [redacted] (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Horace D. McNeel Signature

C/o Bar B Co. Ogden, Utah P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942.

(SEAL) Louis A. Sandusi Notary Public, residing at Bakersfield, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-219-029-296

357899

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

OCT 9 - 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow

**4. FULL NAME OF CHILD** Effie Lenore Foster

5. Date of Birth of Child (Month, day, year) Nov 19 - 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** David Lawson Foster
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Charlottetown P.E.I. Can (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Effie Mary Brown
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr Gitman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira L. Passom Signature

326 E 6th St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of September, 1942

(SEAL) Harry A Thatcher Clerk of District Court By Jessie Cobrock Deputy Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on OCT 9 - 1942 by Mary Williams, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

331-20/1028-211

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 357904
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Granite, Ida.

**4. FULL NAME OF CHILD** Wanda Theodosia Clark

5. Date of Birth of Child (Month, day, year) Aug. 4, 1902

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Archie Joel Clark
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Harrisburg, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura Ann Saar
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Sevenmile, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does **not** sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Dr. Frank Wemz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Albert C. Noble, Signature

Route 5, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 8th day of October, 1942.

(SEAL) C. Lewis Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 19

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-228-021-815

357974

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Phoebe Gertrude Keller

**5.** Date of Birth of Child (Month, day, year) July 28, 1902

**6.** Sex Female **7.** Twin or Triplet xxx If so—born 1st, 2nd, 3rd xx **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Hyrum Keller
**11.** Color or Race White **12.** Age at time of THIS birth 23 yrs.
**13.** Birthplace Mink Creek (City or town) Idaho (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Adeline Hansen
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Bear River City, (City or town) Utah (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that (do not remember) (First name) Petersen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adeline Hansen Keller Signature
Tremonton, Utah P. O. Address

Subscribed and sworn to before me this 16th day of July, 1943
My com. exp Oct 5. 1945 (SEAL) James Baugh Notary Public, residing at Tremonton, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mae Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-217-022 816

357979

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Menan
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

**3. RESIDENCE OF FATHER** (city, state) Menan, Ida

**4. FULL NAME OF CHILD** Ira Marie Haig

5. Date of Birth of Child (Month, day, year) Aug. 17, 1902

6. Sex Fe.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Basil Milton Haig
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Hawker
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cottonwood Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Tulare } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Janette Poole (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Haig Signature
807 W. Oak St. Visalia, Calif. P. O. Address

Subscribed and sworn to before me this 5 day of October, 1942.

(SEAL) Loring W. Pulaster Notary Public, residing at Visalia, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 12 1942 by Mabel F. Geldin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-208-028-365

358015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 3 mos. yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Ella Pearl Dutton

5. Date of Birth of Child (Month, day, year) Feb. 8, 1902

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Allen Dutton
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fairbault (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ina May Conant
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace New Lisbon (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. ~~Number of children of this mother: (a) At time of birth~~ and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Douglas } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 40 years, and that Dr. (unknown) (First name) Wens (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva May Longacre
Signature

Waterville Washington
P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL)

Court Commissioner Waterville
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-104-021-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 14 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 358039
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 308 Broadway
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years – months – days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 308 Broadwa y
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise-Idaho

**4. FULL NAME OF CHILD** Ogden William Smith, Jr.

**5.** Date of Birth of Child (Month, day, year) 2/4/02

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** O.W. Smith
**11.** Color or Race white **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Bloomington, Illinois (City or town) (State or foreign country)
**14.** Exact Occupation business man
**15.** Industry or Business seed and grain business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Marie Shepard
**17.** Color or Race white **18.** Age at time of THIS birth 43 yrs.
**19.** Birthplace St. Louis, Missouri (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of ILLINOIS
County of COOK } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that W. D. Springer, M. D. (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. W. Smith Signature
2320 Sheffield Ave., Chicago, Ill. P. O. Address

Subscribed and sworn to before me this 21st day of January, 19 42.
(SEAL) Edna B. Feldman Notary Public, residing at Chicago, Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary Helen ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-118-014-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 358063
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 1 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 mo. yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette Idaho

**4. FULL NAME OF CHILD** Elmer Frederick Griep

5. Date of Birth of Child (Month, day, year) August 18, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Fred W. Griep
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Ann King
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Bellevue (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon, County of Malheur } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that Mary (First name) Jane (Last name) King, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Ann Griep — Signature
Fruitland, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942.

(SEAL) My Commission Expires Oct 20, 1944 Notary Public for Oregon residing at Ontario, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mary E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-131-001-693

358116

358116

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R. D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months 60 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R. D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Frank James Monroe

5. Date of Birth of Child (Month, day, year) Aug. 31, 1902

6. Sex M

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Francis Marion Monroe
11. Color or Race W
12. Age at time of THIS birth 46 yrs.
13. Birthplace Keosauqua (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Salome Wittel
17. Color or Race W
18. Age at time of THIS birth 37 yrs.
19. Birthplace Crawford (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business *

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 40 years, and that Mrs. Webster (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie A. Desmond Signature

R. D. No. 1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of October, 1942.

(SEAL) Frank Martin Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-211-073-532

358121

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 358121
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state Rexburg, Ida.

**4. FULL NAME OF CHILD** Henrietta Minson

**5.** Date of Birth of Child (Month, day, year) Nov. 11, 1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Arthur Minson
**11.** Color or Race White **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Paris, Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Salesman
**15.** Industry or Business Operated own mercantile business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Rachel Eckersell
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Wellsville, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business None

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rachel (First name) Eckersell Minson (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature Midwife deceased M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Mae Nelson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Eckersell Minson Signature

214 E. Jefferson, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) Margaret Fuseman Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mary F. Edw, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-212-001-692

358141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 358141
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD** Emma Edna Swan

5. Date of Birth of Child (Month, day, year) Jan. 12 1902

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Wood Swan
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer + stockman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Sophia Fisher
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Dresden (State or foreign country) Saxony
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Margie Vincen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Fisher Swan Signature

P. O. Address

Subscribed and sworn to before me this 28th day of October, 1942.

(SEAL) Marion E. Ore Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 8 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-215 w/b-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 358159
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Urilda McBride Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Ida.

**4. FULL NAME OF CHILD** Dagmar Dorothy Nelson

5. Date of Birth of Child (Month, day, year) July 15, 1902

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Carl Christian Nelson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Emma Workman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ibapah, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person ~~10~~ all / her life ~~years~~ and that Urilda McBride (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Workman Nelson Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of October, 1942

(SEAL) Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mary Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1964

OCT 20 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-103-D16-451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 358171
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: None (at home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malta, Idaho

**4. FULL NAME OF CHILD** Lew Wallace Caldwell

5. Date of Birth of Child (Month, day, year) June 3, 1902

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Leroy Wallace Caldwell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace St. Johns, Utah (City or town) (State or foreign country)
14. Exact Occupation Live stock farmer
15. Industry or Business Knowing live stock

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Samantha Evelyn Meador
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cassville, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeping a home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mary Bishop (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's No Doctor in attendance M.D. Midwife
**OWN** signature X Mrs. Mary Bishop Address Route #1 Wilder, Idaho Date 10/ /42

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1972

OCT 20 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-227-014-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 358214
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) ~~Street~~ Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

**3. RESIDENCE OF FATHER** (city, state) Parma Idaho

**4. FULL NAME OF CHILD** Faye Marilla Farley

5. Date of Birth of Child (Month, day, year) February 27, 1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Wright Willis Farley
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Richmond (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Catherine Schrader
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Athens (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 40 years, and that Lydia Ann Falwell (First name) (Last name) who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mary Catherine Farley Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October, 1942

(SEAL) John O. Evans Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on ..... by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1960

OCT 20 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-20h2022-349

OCT 21 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359336
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Howe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Howe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Howe, Idaho

**4. FULL NAME OF CHILD** Doris Jones

5. Date of Birth of Child (Month, day, year) 1-2-1902

6. Sex F M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Byron Jones
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Kemprville, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Josie Price Curtis
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Maroni Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Joanna (First name) Curtis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie Price Curtis Jones Signature

2234 "C" Street San Diego, Calif. P. O. Address

Subscribed and sworn to before me this 19 day of October 1942

(SEAL) A. N. Anderson Notary Public, residing at San Diego Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel H. Leffler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-212-035-213

359337

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City near Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Faye Helen Hosley

5. Date of Birth of Child (Month, day, year) 1-12-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Herbert Thomas Hosley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Mendota (City or town) Illinois (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elsie Elizabeth Ball
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Concordia (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that the doctor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Elizabeth Hosley Signature

2719 Berkeley Place, Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 16 day of October, 1942

(SEAL) Lorraine S. Keller Notary Public, residing at 2735 Glendale Blvd LA.

(Note: Perjury is punishable as a felony. Idaho Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 13, 1946

Received for filing on OCT 21 1942 by Mabel H. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 3 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-102-035-457

359398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City LaPwai
(c) Street Address or R.F.D. No. 9CN Delivery
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City LaPwai
(d) Street Address or R.F.D. No. 9CN Delivery
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Chester ELFord Rowland

**5.** Date of Birth of Child (Month, day, year) 7-2-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9. **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Robert Edward Lee Rowland
**11.** Color or Race White **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Trenton (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Loretta DePortee
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Salt Lake (City or town) Utah (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ~~still~~ Born (Born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Archie Rowland (First name) (Last name), who is related to this child as Brother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that Lee Rowland (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Archie Rowland Signature
1503 10 Ave Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 13 day of October, 1942.

(SEAL) Tom Hoarner Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mabel Weeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344-[illegible]-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

OCT 23 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359404
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No. Star R
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 6 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No. Star R
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address (for registration notice): Peck Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Peck Idaho

4. FULL NAME OF CHILD Lena Mae Tumelson
5. Date of Birth (Month, day, year) July 19 1942
6. Sex F
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Jesse E. Tumelson | 16. FULL MAIDEN NAME Cora E. Symington |
| 11. Color or Race W | 17. Color or Race W |
| 12. Age at time of THIS birth 28 yrs. | 18. Age at time of THIS birth 19 yrs. |
| 13. Birthplace Kansas (City or Town) (State or foreign country) | 19. Birthplace Kansas (City or Town) (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housewife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nit
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Cora E. Tumelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mark Hedges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature J. M. Lyle M.D. (D.O., Midwife, etc.)
and address Lewiston Ida Date 3-14-42

OCT 23 1942

## REGISTRATION OF BIRTHS
## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

259-205-007866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 26 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359419
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: BLAINE (b) City: MOORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE- BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: IDAHO (b) County: BLAINE
(c) City: MOORE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) MOORE IDAHO

**4. FULL NAME OF CHILD** MARGARET KERR

**5.** Date of Birth of Child (Month, day, year) AUG 5 1902

**6.** Sex FEMALE

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** JAMES EDWARD KERR
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace MOUNT PLEASANT IOWA (City or town) (State or foreign country)
**14.** Exact Occupation FARMER AND TEAMSTER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** SARAH ELIZABETH HOOPER
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace SALTLAKE CITY UTAH (City or town) (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of YOLO } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 40 years, and that DR. GUE (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H. Kerr — Signature
430 E ST. DAVIS CALIF — P. O. Address

Subscribed and sworn to before me this 21st day of October, 1942

(SEAL) James Nelson Long Notary Public, residing at Davis California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-910 Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mabel Hessler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-203-016.249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 359429
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 6 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Albion
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho, Albion

**4. FULL NAME OF CHILD** Frances K Burke

**5.** Date of Birth of Child (Month, day, year) Nov 3 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph Edwin Burke
**11.** Color or Race white **12.** Age at time of THIS birth 50 yrs.
**13.** Birthplace Quincy (City or town) Ill (State or foreign country)
**14.** Exact Occupation Quincy, Ill
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna D Burke
**17.** Color or Race white **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Muscotah (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum argerol

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Normal (Born alive, stillborn) at Albion, Idaho, M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Burke (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature Mary E Robison M.D. Midwife Address Albion, Idaho Date Nov. 3. 1902.

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mart Hooper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-109-029-752 359463 359463

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

OCT 30 1942

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow, Ida.
(c) Street Address or R.F.D. No. 710 S. Main St.
(d) Name of Hospital of Maternity Home: Gritman Hospital
(e) Mother's stay **BEFORE** delivery: IN THIS county years months 4 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Genesee, Ida.

**4. FULL NAME OF CHILD** Charles Aloysius Lorang

5. Date of Birth of Child (Month, day, year) Sept. 9, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Lorang
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Johnsburg, Wisconsin, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Anna Gesellchen
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Mt. Calvary, Wisconsin, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Smolt Signature

Walnut Street, Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of October, 19 42

(SEAL) Notary Public, residing at Genesee, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1942 by Mark H. Ellis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

NOV 5 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-108-035-764

United States
Department of Commerce
Bureau of the Census

OCT 23 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359502
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 8 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Herman Carl Hopf

**5.** Date of Birth of Child (Month, day, year) Dec. 8-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Carl C. Hopf
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Krawinkel (City or town) Germany (State or foreign country)
**14.** Exact Occupation Minister
**15.** Industry or Business Medical Missionary

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bertha Pomplum
**17.** Color or Race White **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Stettin (City or town) Germany (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, ~~above~~, that I am now 46 years of age, that I have known this person for 39 years, and that M. Stoneburner (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Hopf Reitz Signature
Kahlotus - Washington P. O. Address

Subscribed and sworn to before me this 17th day of October 1942

(SEAL) [illegible] Notary Public, residing at Kahlotus Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1960

SEP 19 1961

NOV 12 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-221-022-799

United States
Department of Commerce
Bureau of the Census

OCT 26 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 359518
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Cache Idaho
(c) Street Address or R.F.D. No. Country home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 5 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Cache
(d) Street Address or R.F.D. No. Country home
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state) Fremont Co.

**4. FULL NAME OF CHILD** ETTA-Irene-Deakin

**5. Date of Birth of Child** (Month, day, year) March 21-1902

**6. Sex** Female **7. Twin or Triplet** Twin If so—born 1st, 2nd, 3rd **8. No. months of Pregnacy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** John William Deakin
**11. Color or Race** White **12. Age at time of THIS birth** 31 yrs.
**13. Birthplace** (City or town) Wellsville (State or foreign country) Utah
**14. Exact Occupation** Farming
**15. Industry or Business** "

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Elisabeth
**17. Color or Race** White **18. Age at time of THIS birth** 27 yrs.
**19. Birthplace** (City or town) Oxford (State or foreign country) Idaho
**20. Exact Occupation** House wife
**21. Industry or Business** "

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 12

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 40 years, and that Mrs James (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorna Elizabeth Deakin Signature
Blue Creek Utah P. O. Address

My Com Exp Oct 5-1945

Subscribed and sworn to before me this 23 day of October, 1942
(SEAL) James Brough Notary Public, residing at Fremonton Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mark Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

8 81-102-036-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359579
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: confined at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 11 months 8 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Preston, Id

**4. FULL NAME OF CHILD** Francis Lyman Shaffer

5. Date of Birth of Child (Month, day, year) 8/2/02

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Washington Shaffer
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Millville (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Christina Jensen
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Preston (City or town), Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Fannie Swann McQueen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Shaffer Signature

Route #2, Preston, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of October, 1942

(SEAL) Selma Shaffer Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-207-035-634

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359584
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County NEZPERCE (b) City IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZPERCE
(c) City CAMERON IDA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address CAMERON IDA

**3. RESIDENCE of FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** LAURA MARTHA BLUM

**5.** Date of Birth (Month, day year) 3-7-1902

**6.** Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** HERMAN A BLUM
**11.** Color or Race White **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace GERMANY (City or town) (State or foreign country)
**14.** Exact Occupation BLACKSMITH
**15.** Industry or Business SAME

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ANNIE MARIE OLDAG
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace NEW RICHLAND MINN (City or town) (State or foreign country)
**20.** Exact Occupation Housekeeper
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) OCT 29 1942 (Date Received) (b) Mark Hetzler (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of LATAH } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ANNA MARIE BLUM being first duly sworn, say that I am related to (Related to (or) acquainted with) LAURA MARTHA BLUM (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR WALTE (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Marie Blum Signature
CAMERON IDAHO P. O. Address

Subscribed and sworn to before me on this 23 day of OCT 1942

(SEAL) Notary Public, residing at Kendrick

OCT 25 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-118-025-135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359611
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No. ——
(d) Name of Hospital or Maternity Home: ——
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county — years 5 months 17 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. ——
(e) How long has **MOTHER** lived in Idaho? 5 m yrs.

**3. RESIDENCE OF FATHER** (city, state) as above

**4. FULL NAME OF CHILD** Louis Wellmot Messinger

5. Date of Birth of Child (Month, day, year) October 28-1942

6. Sex M

7. Twin or Triplet ——

If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jessie C. Messinger
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Macmirville. Ore. (City or town) (State or foreign country)
14. Exact Occupation drayman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** May Gleason
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Elkton. South Dak. (City or town) (State or foreign country)
20. Exact Occupation married woman
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living ✓

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Province: Alberta
County of Dominion: Canada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Dr. C. H. Bailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Gleason Messinger. Signature
McLeod Valley. Alta. P. O. Address

Subscribed and sworn to before me this 17th day of October 1942

(SEAL) Notary Public, residing at McLeod Valley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 25 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-213-014-753

359748

359748

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Confinement
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 3 months 12 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 39 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Deceased

**4. FULL NAME OF CHILD** Signe Frances Soderman

**5.** Date of Birth of Child (Month, day, year) 7-13-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Nikfor William Soderman
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace (City or town) Leplax (State or foreign country) Finland
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ida Maria Peterson
**17.** Color or Race White **18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace (City or town) Peraus (State or foreign country) Finland
**20.** Exact Occupation Farming, House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's X OWN signature Deceased M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 39 years, and that (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ida Maria Soderman Signature
Rt 2 Box 277 Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942.
(SEAL) Frank T. Johnson Notary Public, residing at Tacoma Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 12 1942 by Mary F Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-229-003-313

359777

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 222 N Grant
(d) Name ~~of Hospital or Maternity~~ Home: at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 222 N Grant
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Separated

**4. FULL NAME OF CHILD** Esther Gladys Atossa Brewer

**5.** Date of Birth of Child (Month, day, year) May 29th 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Harvey Brewer
**11.** Color or Race White **12.** Age at time of THIS birth yrs.
**13.** Birthplace Nebraska (City or town) (State or foreign country)
**14.** Exact Occupation Laborer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Laura Delle Lathrop
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Pleasanton Kansas (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Dr H C Castle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Delle Ripley Signature
Arlee Montana P. O. Address

Subscribed and sworn to before me this 19th day of October 1942

(SEAL) Angie Chaffin Notary Public residing at Arlee

NOTARY PUBLIC for the State of Montana
Residing at Arlee, Montana
My Commission (Certificate) expires April 17th 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 4 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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863-214-035-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359825
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lenore, Ida

**4. FULL NAME OF CHILD** Nancy Stella Hollingsworth

5. Date of Birth of Child (Month, day, year) Mar 14 1902

6. Sex Female

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Abram Hollingsworth
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nancy Martha Booher
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Olive Hollingsworth (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hester Hollingsworth Signature
Claskatory Wash P. O. Address

Subscribed and sworn to before me this 20 day of Oct 1942

(SEAL) A. M. Raymstad Notary Public, residing at Claskatory

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary Pelfrey, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 10 1942

NOV 13 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-109-025-692

859848

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kamiah, Ida

**4. FULL NAME OF CHILD** Robert Harvey Putman

5. Date of Birth of Child (Month, day, year) Mar 9, 1902

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thurston Lane Putman
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Linn County (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Olive Harriett Wikoff
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Marshall County (City or town) Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 70 years, and that Ellen Lanway (First name) (Last name) (my sister), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Harriett Wikoff Putman Wickham Signature

1131 C St Springfield, Ore Address

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES AUG 29, 1945

Subscribed and sworn to before me this 13th day of October 1942 19

(SEAL) Lillian M Eckland Notary Public, residing at Springfield, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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NOV 10 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-201037-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359911
Local Reg. No.
Reg. Dist. No.

NOV 7 1942

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years 3 months 15 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

**3. RESIDENCE OF FATHER** (city, state) Silver City, Ida.

**4. FULL NAME OF CHILD** Sadie Frances Stoddard

5. Date of Birth of Child (Month, day, year) Dec. 1, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William John Stoddard
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Silver City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business None

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Belle O'Neil
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Tybo, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Owyhee, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Mrs. David O'Neil (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William John Stoddard Signature

P. O. Address

Subscribed and sworn to before me this 26th day of October, 19 42.

(SEAL) W. A. Lewis, Probate Judge ~~Notary Public~~, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mark Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-110030-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359928
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Gibbonsville, Ida.

**4. FULL NAME OF CHILD** Jay Allen Martin

**5.** Date of Birth of Child (Month, day, year) April 10 - 1902

**6.** Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Thomas Allen Martin
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Romine (City or town) Kentucky (State or foreign country)
**14.** Exact Occupation School teacher Miner
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary (Mamie) A. Burnett
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace Indianapolis (City or town) Indiana (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wash. } ss.
County of Snohomish }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Ch. (First name) Wright (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B. Martin ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 28 day of Oct, 1942.
(SEAL) Angus Smith Notary Public, residing at 1702 EVERETT Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

63-127006-489

United States
Department of Commerce
Bureau of the Census

NOV 6 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 359945
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years ? months ? days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** George Henry Wicks

**5.** Date of Birth of Child (Month, day, year) 3/27/1902

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** CHARLES HENRY WICKS
**11.** Color or Race White **12.** Age at time of THIS birth 37 yrs.
**13.** Birthplace BLACKWATER (City or town) ENGLAND (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MELVINA-MARY-MORRIS
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace KOKUK (City or town) VIRGINIA (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

**25.** Attendant's **OWN** signature F. W. Mitchell M.D. ~~Midwife~~ Address Blackfoot Idaho Date July

State of ..... } ss.
County of .....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 6 1942 by Mary E. Hafer, Registrar.

NOV 1 2 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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359950

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at home in country.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 1 months 9 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

**3. RESIDENCE OF FATHER** (city, state) Genesee, Ida

**4. FULL NAME OF CHILD** Carl Ernest Johnson

5. Date of Birth of Child (Month, day, year) 1-14-1942

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd No. 8. No. months of Pregnancy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** August Swen Johnson
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Blaeking (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Mary Johnson
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Gutenbong (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping up the home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho,
County of Latah. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 40 years, and that Dr. John L. Conant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Mary Johnson Signature

Genesee, Idaho R.F.D. No. 1 P. O. Address

Subscribed and sworn to before me this 26th day of October, 1942

(SEAL) [illegible] Notary Public, residing at Genesee Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 10 1947 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 9 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359961
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 Mo. yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Mary Ellen Brehman

5. Date of Birth of Child (Month, day, year) 6/10/02

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** David Bruce Brehman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Jamestown (City or town) Penn. (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Frances Smithbauer
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. James (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Francis (First name) Brehman (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Frances Brehman ~~M.D.~~ ~~Midwife~~ Address Gooding, Idaho Date 10/6/42

State of Idaho
County of Gooding } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Dr. (First name) Compton (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Brehman Signature

Box 54, Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) E. J. Hilson Notary Public, residing at Gooding Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mark Hilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NO. 13

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 359979
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy,
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 8 months 24 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy,
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Troy Ida

**4. FULL NAME OF CHILD** LEO DE LANCE ARNOT

5. Date of Birth of Child (Month, day, year) JUNE 15, 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** ARTHUR CLARENCE ARNOT
11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.
13. Birthplace DELPHI (City or town) INDIANNA U S A (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** NETTIE PARILEE BROCK
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Halsey, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all his life years, and that Dr. Hunter, Kendrick Ida (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nettie Arnot Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1942

(SEAL) Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V 269-120039-993

300011

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Neeley
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Neeley
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Rupert Andrew Sorenson

**5.** Date of Birth of Child (Month, day, year) June 20, 1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Andrew Sorenson
**11.** Color or Race White **12.** Age at time of THIS birth 22 yrs.
**13.** Birthplace Brigham, Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Minerva Richardson
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Brigham, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Student
**21.** Industry or Business None

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not known

**23.** Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now [redacted]

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for forty years, and that Dr. William (First name) Allguire (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Minerva Richardson
now Minerva Richardson McNulty Signature

1255 North Garfield Ave., Pocatello P. O. Address

Subscribed and sworn to before me this 22nd day of October, 19 42.

(SEAL) Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary F. Elsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in [redacted] this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, [redacted], Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**[illegible] birth of a child born prior to [illegible] 1911 Session Laws, has not been [illegible] any birth which has occurr[illegible] may be received and filed by [illegible] Bureau of Vital Statistics for th[illegible] Chapter 2, Title 38, Idaho Code [illegible] accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

369-128 028-249

RECEIVED JUL 8 1941

360090

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County ~~Shoshone~~ Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Sherman St.
(d) Name of Hospital or Maternity Home: Home - no house number
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 4 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County ~~Shoshone~~ Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Sherman St.
(e) How long has **MOTHER** lived in Idaho? 4 mo. yrs.
(f) Mother's mailing address Coeur d'Alene Ida.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Wendell Leon Corey

5. Date of Birth (Month, day, year) June 28 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Wingard Corey
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Litchfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Coeur d'Alene Lbr. Co.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Lasetta Smith
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Fort Madison (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not used at that time
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 8 1941 (Date Received) (b) Mabel Hedden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ida Lasetta Corey, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) of Wendell Leon Corey (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Ida Lasetta Corey Name
Huntington Park P. O. Address

Subscribed and sworn to before me on this 25 day of February 1941

(SEAL) Carmen M. Chase Notary Public, residing at Huntington Park Calif

My Commission Expires Oct. 28 1942

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

NOV 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occ[illegible] report may be received and [illegible] the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-218036-155

United States
Department of Commerce
Bureau of the Census

NOV 16 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 360123
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Glendale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Glendale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Myrtle Welthy Nelson

5. Date of Birth of Child (Month, day, year) Dec 18 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Anton Peter Nelson
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Painter and Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jensine Jensen
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 39 years, and that Samuel McQueen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma Chadwick Signature

P. O. Address

Subscribed and sworn to before me this 20 day of November 1942

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on by Mark Felsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

MAY 6 1965

OCT 11 1967

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 127028853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
NOV 16 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 360138
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootnaie (b) City Coeur d Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootnaie
(c) City Coeur d Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Selmer Kvern

**5.** Date of Birth of Child (Month, day, year) Feb. 27-1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Ole Peterson Kvern
**11.** Color or Race White **12.** Age at time of THIS birth 46 yrs.
**13.** Birthplace Norway (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sovie Helgeson
**17.** Color or Race White **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace Grand Marais Minnesota (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 40 years, and that name not known (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosine Avern Boyington Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of October, 19 42
(SEAL) [illegible] Notary Public, residing at St. Maries, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-225025-357

United States
Department of Commerce
Bureau of the Census

NOV 14 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 360157
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state Kamiah, Idaho

**4. FULL NAME OF CHILD** Lola Gertrude Adams

5. Date of Birth of Child (Month, day, year) June 25, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Lester Carroll Adams
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Jefferson, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Isabella Teats
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Palouse, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I ~~attended~~ have knowledge of the birth of this child, who was born alife (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rosa (First name) Adams (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Nellie Webster ~~M.D.~~ Midwife Address 1504 SE 17th Portland Ore Date 11-10-42

State of Washington
County of Clark } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 40 years, and that Hector Taylor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Isabell Adams Signature

910 West 37th Street
Vancouver Washington P. O. Address

Subscribed and sworn to before me this 19th day of November, 1942

(SEAL) R. Vaughn Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

532-213029-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 360158
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Edna Myrtle Eckman

5. Date of Birth of Child (Month, day, year) Dec. 15th 1902

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd None

8. No. months of Pregnancy full term

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jacob S. Eckman
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Philadelphia (City or town) Penn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Frances Eaton
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Leavenworth (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Elder Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 40 years, and that James Grant (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Beckman, Signature
Moscow, Idaho, P. O. Address

Subscribed and sworn to before me this 12th day of November, 19 42

(SEAL) Leo E. Cole Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 17 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759 216 035 693

**360163**

United States
Department of Commerce
Bureau of the Census

NOV 12 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Nez Perce (b) City: Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: NezPerce
(c) City: Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Lois Ivy Perkins

5. Date of Birth of Child (Month, day, year): Sept.16, 1902

6. Sex: Female

7. Twin or Triplet: - If so—born 1st, 2nd, 3rd: -

8. No. months of Pregnacy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME:** C.E.Perkins
11. Color or Race: white
12. Age at time of THIS birth: 40 yrs.
13. Birthplace: Ringwood, Ill. (City or town) (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: self

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Rhoda Ann Wilson
17. Color or Race: white
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: Ottumwa, Iowa (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business: home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was: alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by: C.E.Perkins (First name) (Last name), who is related to this child as: father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of: Idaho
County of: Clearwater } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the: father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now: 80 years of age, that I have known this person for: 40 years, and that Mrs. Kressler (First name) (Last name), who attended this birth: deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C.E.Perkins — Signature
Orofino, Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of November, 19 42

(SEAL) [signature] Notary Public, residing at: Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on: by: Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

468-223035996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 360191
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Nilda Maine Moyer

5. Date of Birth of Child (Month, day, year) April, 23, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Ossen Edward Moyer
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Fuel dealer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Belle Irwin
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive ~~and now living~~ 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Belle Moyer (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Mary Henderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Belle Core Signature

10046-18 Ave. N.E. Seattle Wn. P. O. Address

Subscribed and sworn to before me this 7 day of November, 19 42

(SEAL) Henry C. Fox Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-206021-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 360205
Local Reg. No. ~~540~~ 90
Reg. Dist. No. 540

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Preston, Ida

**4. FULL NAME OF CHILD** Della May Davis

5. Date of Birth of Child (Month, day, year) Oct. 6, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** David Davis
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pittsburg (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Police Officer
15. Industry or Business Preston, Idaho

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Hannah Saxton Merrill
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by David (First name) Davis (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Fannie (First name) McQueen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Davis Signature

280 N 2 E Preston, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of Nov, 19 42

(SEAL) [illegible] Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 11-13-1942 NOV 17 1942 by Emma W. Bertner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-221040-419

360257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 360257
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home
Born in cabin - no street or number
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Burke, Idaho

**4. FULL NAME OF CHILD** Termina Chiesa

**5.** Date of Birth of Child (Month, day, year) Jan. 21, 1902

**6.** Sex girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Eugene Chiesa
**11.** Color or Race white **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Santa Maria del Taro (City or town) Italy (State or foreign country)
**14.** Exact Occupation miner
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Angela Mazza
**17.** Color or Race white **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Santa Maria del Taro (City or town) Italy (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Jan 21 - A.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address Burke Date Jan 21, 1902

State of State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Mrs. La Fevers (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angela Mazza Chiesa Signature
707 - So. Delgrave St. Sun Mate P. O. Address

Subscribed and sworn to before me this 29 day of October, 1942
(SEAL) G. L. Gron Notary Public, residing at Sun Mate

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mary E. Gallagher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 216036-795

360267

United States
Department of Commerce
Bureau of the Census

NOV 18 1942

(Be sure the information is as of date of birth of THIS child)

State File No. 360267
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Cherry Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 31 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Cherry Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

**3. RESIDENCE OF FATHER** (city, state) Cherry Creek Idaho

**4. FULL NAME OF CHILD** Rose Williams

5. Date of Birth of Child (Month, day, year) Dec 16-1902

6. Sex Female 7. Twin or Triplet yes If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edwin Williams
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Emma Green
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Cherry Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Susanna (First name) Jardine (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X James L Williams Signature
2464 Eleventh Ave P.O. Address
Huntington Park Calif

My Commission Expires Oct. 17, 1946

Subscribed and sworn to before me this 16th day of Nov 1942

(SEAL) L Peterson Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1942 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 21 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-112-008-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360298

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joseph Hansel Skidmore | | | 2. Date Of Birth (month) February (day) 12, (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Boise | b. City or Town of Birth: Centerville |
| **FATHER** | 6. Full Name of Father: Frederick H. Skidmore | | | 7. State or Country of Father's Birth: Ashland, Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Terisa Youren | | | 9. State or Country of Mother's Birth: Garden Valley, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joseph H. Skidmore | | 11. Present Address of Registrant: 77585 Mich. Ave, Palm Desert Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 19 1977 | 12. Signature of Notary: Glenda Mae Larson | | 13. Notary Commission expires: Lifetime 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Passport Application | By whom issued and signed: Department of State | Date Issued: Oct.11,1959 | Date Orig. Entry: Oct.11,1959 |
| | Date of Birth: Feb.12,1902 | Birth Place: Centerville, ID | Full Name of Mother: Emma Terisa Youren | Name of Father: Frederick H. Skidmore |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #266637 | Date Issued: on file | Date Orig. Entry: child born Mar.24,1938 |
| | Date of Birth: Age: 36 | Birth Place: Centerville, ID | Full Name of Mother: -------- | Name of Father: ------- |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security # Application | By whom issued and signed: U.S. Treasury Dept. IRS | Date Issued: Nov.19,1977 | Date Orig. Entry: Dec.3,1936 |
| | Date of Birth: Feb.12,1902 | Birth Place: Centerville, ID | Full Name of Mother: Emily Theresa Youren | Name of Father: Fred H. Skidmore |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Ulick | Evidence reviewed by: cc Colleen Cunningham | Date Filed: NOV 29 1977 |

FORM BH 56067

229 102008-864

360298

United States
Department of Commerce
Bureau of the Census

NOV 17 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Centerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home at Centerville, Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Centerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Joseph Hansel Skidmore

5. Date of Birth of Child (Month, day, year) Feb. 2, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick H. Skidmore
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ashland, Oregon (City or town) (State or foreign country)
14. Exact Occupation Mining Operator
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Terisa Youren
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boise } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that His Grandmother (First name) (Last name), [redacted] attended this birth and is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Horace O. Youren — Signature
Crouch, Idaho — P. O. Address

Subscribed and sworn to before me this 10 day of October, 1942

(SEAL) Carrie E. Glennon — Notary Public, residing at Crouch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

NOV 30 1977

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 109-025 275

360326

United States
Department of Commerce
Bureau of Census

NOV 17 1942

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Grangeville

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Thomas Vernon Wilkins
5. Date of Birth (Month, day, year) 9th Dec. 1902
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9.
9. Legitimate? Yes.

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Albert Marion Wilkins | 16. ~~FULL MAIDEN~~ NAME Eric Blanche Spelling |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 32 yrs. | 18. Age at time of THIS birth 32 yrs. |
| 13. Birthplace Bentonville Ark. (City or town) (State or foreign country) | 19. Birthplace Mt. Pleasant Tex (City or town) (State or foreign country) |
| 14. Exact Occupation Farming | 20. Exact Occupation Housewife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead no (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Eric Wilkins (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) NOV 19 1942 (Date received) (b) Mary [illegible] (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Mrs. Lucella Fondren M.D. (~~D.O.~~, Midwife, etc.)
and address Grangeville Ida. Date

State of Calif.
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eric Wilkins, being first duly sworn, say that I am mother (Related to (or) acquainted with) Thomas Vernon Wilkins (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Lucella Fondren (Name of attendant at birth), who attended said birth signed above (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Eric Wilkins Signature
1326. Garfield ave. P. O. Address

Subscribed and sworn to before me on this 12 day of Nov, 1942

(SEAL) Annie Estelle Britt Notary Public, residing at 5722 Main St Holly dale

MY COMMISSION EXPIRES MAR. 27 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

JAN 10 1968

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-231 029-527

360328

United States
Department of Commerce
Bureau of the Census

NOV 17 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No. Garfield, Wn.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 18 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. Garfield, Wn.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Verna Vay Kerns

**5.** Date of Birth of Child (Month, day, year) Oct. 31, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Luther Clark Kerns
**11.** Color or Race White **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Palo (City or town) Iowa (State or foreign country)
**14.** Exact Occupation Farmer and Teacher
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lillie May Espy
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Garden Ranch (City or town) California (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. Dix (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie M. Kerns Signature
1305 Maple Pullman Wash P. O. Address

Subscribed and sworn to before me this 14 day of November, 19 42

(SEAL) T. A. Mae Gilsen Notary Public, residing at Pullman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on NOV 19 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 360351
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Robin

**4. FULL NAME OF CHILD** Edna Henderson

**5.** Date of Birth of Child (Month, day, year) 1-23-1902

**6.** Sex F **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Melvin C. Henderson
**11.** Color or Race white **12.** Age at time of THIS birth 46 yrs.
**13.** Birthplace Provo (City or town) Utah (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business farm owner

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Foster
**17.** Color or Race white **18.** Age at time of THIS birth 45 yrs.
**19.** Birthplace Kaysville (City or town) Utah (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business none

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum not known

**23.** Number of children of this mother: (a) At time ~~of birth and including~~ this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of L. Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 40 years, and that Nancy Morley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florena Stevens
Signature
2718 W. Hoover, Los Angeles,
P. O. Address

Subscribed and sworn to before me this 16 day of Nov, 1942

(SEAL) Notary Public, residing at 10551 Troon Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mark H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **360355**
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kellogg Id

**4. FULL NAME OF CHILD** Olney Vivian McMahan

5. Date of Birth of Child (Month, day, year) 6/12/1942

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Myron McMahan
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wood Co (City or town) Ohio (State or foreign country)
14. Exact Occupation Owner & operator of
15. Industry or Business Lumber Saw Mill

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Louise Smith
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Stafford Co (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) McMahan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature G M Gooey M.D. ~~Midwife~~ Address Spokane Wn Date 11/15/42

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

NOV 10 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 360366
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Rigby
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 37 years XX months XX days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Alton John Tanner

5. Date of Birth of Child (Month, day, year) May 12, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Isaac William Tanner
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace South Cottonwood, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emily Ella Hall
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Diego } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 40 years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Elizabeth Tanner Silcock Signature
Rt. 2, Box 929, Escondido, Calif. P. O. Address

Subscribed and sworn to before me this seventh day of November, 1942.

(SEAL) John P. Marken Notary Public, residing at Escondido, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary F. Eld..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-226 001-693

360406

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 360406
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 16th & Lemp Sts
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise, Idaho
(d) Street Address or R.F.D. No. 16th & Lemp Sts
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Kathryne House Hanley

**5.** Date of Birth of Child (Month, day, year) Jan. 26, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** James Monroe Hanley
**11.** Color or Race White **12.** Age at time of THIS birth 43 yrs.
**13.** Birthplace Missouri (City or town) (State or foreign country)
**14.** Exact Occupation Merchant
**15.** Industry or Business Coal Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Jane Witcher
**17.** Color or Race White **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Missouri (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ADA } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Dr. (First name) Haley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Hanley, Signature

P. O. Address

Subscribed and sworn to before me this 24th day of November, 19 40

(SEAL) Marion E. Doe Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 25-1940 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-225 016 253 NOV 30 1942 360 420

360420

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. 360420
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Freda Matilda Martindale
5. Date of Birth of Child (Month, day, year) April 25-1942
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Alonzo Martindale
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business Sheep

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Lovina Bell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace ~~Ogden~~ Burley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Janette Bayley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jos. A. Martindale — Signature
Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 27 day of Nov., 1942

(SEAL) ____ Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC, IDAHO
MY COMMISSION EXPIRES SEPT. 6, 1944

Received for filing on NOV 30 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 30 1942

NOV 27 1963
MAR 6 1967

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-268-022-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361541
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
family home in Rigby
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rigby, Idaho

**4. FULL NAME OF CHILD** Gertrude Marie Hill

5. Date of Birth of Child (Month, day, year) October 8, 1902

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Frederick Hill
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Ellen Hall
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Willard, (City or town) BoxElder Co., Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at abt. 10P M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Ellen Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Ellen Hall M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-128-035-386

United States
Department of Commerce
Bureau of the Census

NOV 20 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 361543
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Louie Ellis Hunter

**5.** Date of Birth of Child (Month, day, year) April 28th, 1902.

**6.** Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Albert Douglas Hunter
**11.** Color or Race White **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace West Plains, Missouri (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Agriculture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ida Francis Thomas
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace White Plains, Missouri (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business none

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. M. on the date and at the place stated above, and that personal particulars were furnished by Albert Hunter (First name) (Last name), who is related to this child as father (Mother, etc.)

**25.** Attendant's **OWN** signature J. M. Tyle M.D. ~~Midwife~~ Address Lewiston, Idaho Date Nov. 14th, 1942

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-212-028-235

United States
Department of Commerce
Bureau of the Census NOV 20 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361547
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootnei (b) City BonnersFerry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: wn Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kooteani
(c) City BonnersFerry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Helen Katharine Casey

**5.** Date of Birth of Child (Month, day, year) Sept 12 1902

**6.** Sex Femail **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 9 **8.** No. months of Pregnancy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Philip Casey
**11.** Color or Race White **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Houghton (City or town) Michigan (State or foreign country)
**14.** Exact Occupation Agent G N R R
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Eve Eliza Stewart
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Norwood (City or town) Ontario Canada (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

**23.** Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive/stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Eva (First name) Casey (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Tehama } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Dr Barker (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Eliza Stewart Casey Signature
Box 64 Gerber Tehama County California P. O. Address

Subscribed and sworn to before me this 16 day of November, 1942

(SEAL) W.W. Ackerman Notary Public, residing at Gerber Tehama County California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 1 1951
JAN 24 1952

562-129-044-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

NOV 21 1942

State File No. 361550
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Idaho

**4. FULL NAME OF CHILD** Clyde Eugene Noble

5. Date of Birth of Child (Month, day, year) April 29, 1902

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frank E. Noble
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace West Chehalim, Yamhill Co. Ore. (City or town) (State or foreign country)
14. Exact Occupation Stock man
15. Industry or Business self

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Olive Berry
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Linn Co, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at six P.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie O Noble (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Clarissa E. Berry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Olive Noble Signature

Orofino P. O. Address

Subscribed and sworn to before me this 18th day of November, 19 42

(SEAL) Frank L. Smith Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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666-116-036-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361589
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 5 months 5 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad Idaho

**4. FULL NAME OF CHILD** Edward J. Woozley

5. Date of Birth of Child (Month, day, year) June 16 1902

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st. 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Timothy M. Woozley
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Malad RFD1. (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ellen Jones
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Malad RFD1 (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmers Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Mary (First name) Stuart (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Jones Woozley Signature

Malad, Idaho RFD 1. P. O. Address

Subscribed and sworn to before me this 20th. day of November, 1942.

(SEAL) ____ Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

MAR 20 1969

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-117-014-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361637
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. rural route
(d) Name of Hospital or Maternity Home:
Birth took place at private home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. rural route
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) same as moth

**4. FULL NAME OF CHILD** George Parliament Bell

5. Date of Birth of Child (Month, day, year) Apr. 17, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Calvin Bell
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Greensboro, N.C. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rebbeca McIntyre
17. Color or Race white
18. Age at time of THIS birth 47 yrs.
19. Birthplace Quebec, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 40 years, and that Dr. (First name) Hall (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was present when this birth took place.

Mrs Grace Clerk
Signature

37 West Lowell St., Klamath Falls, Oregon
P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) Henry E. Pilkins
Notary Public, residing at Klamath Falls, Ore.
Notary Public In and For the State of Oregon
My Commission Expires September 15th, 1946.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-204-035-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 6 1942

361068

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County NEZ PERCE (b) City WEBB
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County NEZ PERCE
(c) City WEBB
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address WEBB IDAHO
3. **RESIDENCE OF FATHER** (city, state) Webb Idaho

4. **FULL NAME OF CHILD** CONSTANCE MILES
5. Date of Birth (Month, day, year) December 4-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charlie Miles
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wise County (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jadie Emmaline Fansler
17. Color or Race White
18. Age at time of THIS birth 19 years
19. Birthplace Randolph County (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business on farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** J. N. Alley M.D. or (D.O., Midwife, etc.)
and address Lewiston Ida Date 11-23-42

State of
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Jadie Emmaline Miles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Constance Miles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John N. Alley (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jadie Emmaline Miles Name
Wright Hotel Roseburg Oregon P. O. Address

Subscribed and sworn to before me on this 4 day of November 1942

(SEAL) G. Winterberg Notary Public, residing at Roseburg Ore

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

DEC 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964-126-018-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361675
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 5 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? — yrs.

**3. RESIDENCE OF FATHER** (city, state) 5 months

**4. FULL NAME OF CHILD** Henry Warren Rodgers

5. Date of Birth of Child (Month, day, year) 2/26/1902

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy Nine Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Warren Rodgers
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Clearwater (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lawrena Alice Tingler
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Cantwell (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Water
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -68- years of age, that I have known this person for -40- years, and that Henry Warren Rodgers (First name) (Last name), who attended this birth No Doctor (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawrena a miller ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 17 day of March, 19 41

(SEAL) M Butchers ..... Notary Public, residing at Toledo, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel H Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-214-022837

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361682
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Her own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ashton, Idaho

**4. FULL NAME OF CHILD** Myrtle Maude Kidd Millward

5. Date of Birth of Child (Month, day, year) July 14, 1902

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Earl Jackson Kidd
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oxford (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Estella Maude McGavin
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Christina Humphreys (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella M Kidd Signature

Ashton Idaho P. O. Address

Subscribed and sworn to ~~before me~~ this 25 day of Nov. 1942

(SEAL) Thos B Fargus Notary Public, residing at Ashton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-130-01K-791

361823 361823

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Neither
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Rollie Clifford Clemmons

**5.** Date of Birth of Child (Month, day, year) July 30 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? —

**FATHER OF CHILD**

**10. FULL NAME** Leonard Clemmons
**11.** Color or Race White **12.** Age at time of THIS birth 27 yrs.
**13.** Birthplace Star (City or town) Idaho (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Floraline Gray
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Middleton (City or town) Idaho (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was active (Born alive, stillborn) at 5 M. on the date and at the place stated above, and that personal particulars were furnished by Dr. Hall in dead (First name) (Last name) who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Dr. Hall of Star, Ida (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Clemmons Signature
Middleton - Idaho Address

Subscribed and sworn to before me this 7 day of December, 1942

(SEAL) Fabor Burkhart Notary Public, residing at Middleton, Ida.

(Note: Perjury is punishable as felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

APR 28 1967

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-216-020-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361901
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 11/12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Glenns Ferry, Idaho

**4. FULL NAME OF CHILD** Helen Marguerite Baugh

5. Date of Birth of Child (Month, day, year) 5-16-1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Craig Jackson Baugh
11. Color or Race White 12. Age at time of THIS birth 29 11/12 yrs.
13. Birthplace Booneville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business Drug Store

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Emma Crandall
17. Color or Race White 18. Age at time of THIS birth 23 11/12 yrs.
19. Birthplace Washington, D. C. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and~~ including this child 5 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 40½ years, and that Craig Jackson Baugh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Crandall Signature
Emma Crandall
R. F. D. #4, Murray, Utah P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) My Commission Expires May 7, 1944 Notary Public, residing at Murray, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel F. Eckles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347-105-014-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 - 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361919
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years 5 months 17 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Caldwell Idaho

**4. FULL NAME OF CHILD** HESTER CLAUD CUPP

**5.** Date of Birth of Child (Month, day, year) 10/5/1902

**6.** Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd Second **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** C. W. CUPP
**11.** Color or Race White **12.** Age at time of THIS birth 45 yrs.
**13.** Birthplace Ohio (City or town) (State or foreign country)
**14.** Exact Occupation Carpenter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** HILLIE H BLAISDELL
**17.** Color or Race White **18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace Kansas (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 40 years, and that Mhodl Potts (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ William M. Cupp Signature
R 2 Nampa Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 1942

(SEAL) C. S. Pride Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm Exp March 1946

Received for filing on DEC 4 - 1942 by Maud E Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-222-001-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361921
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Star, Idaho

**4. FULL NAME OF CHILD** Ora Lee Thornton

5. Date of Birth of Child (Month, day, year) August 22, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Franklin Thornton
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Jacksonville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Francis Potter
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Indian Territory (City or town) Okla. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Ore
County of Smith } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Or. (First name) Hall (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs M. L. Thornton — Signature
3326 S E McLaughlin — P. O. Address
Portland Ore

Subscribed and sworn to before me this 17th day of Oct 1942

(SEAL) N. Watts — Notary Public, residing at Portland Ore

NOTARY PUBLIC FOR STATE OF OREGON
MY COMMISSION EXPIRES

(Note: Perjury is punishable as a felony in Idaho; see Sec. [illegible] Annotated.)

Received for filing on DEC 8 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-107-004-981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361956
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bear Lake (b) City: Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bear Lake
(c) City: Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

**4. FULL NAME OF CHILD** Daniel Joseph Hurley

5. Date of Birth of Child (Month, day, year) March 7, 1942

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Hurley
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace County (City or town) Cork (State or foreign country) Ireland
14. Exact Occupation Bridge and Building Foreman
15. Industry or Business Union Pacific Railroad

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catherine Elizabeth Ryan
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Columbus (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Catherine (First name) Hurley (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. (First name) Hoover (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Hurley Signature
P. Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 3 day of December, 1942.

(SEAL) E. E. Dyderman Notary Public, residing at Pocatello.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mel Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942
DEC 23 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-216-006-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 361989
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 379 Lava
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 379 Lava
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Emma Arleta Holden

5. Date of Birth of Child (Month, day, year) Sept. 16, 1902

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Holden
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Lancashire, Eng. (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ann Horkley
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Staffordshire, Eng (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for Life years, and that Mrs. Cook (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Holden Signature
379 Lava St. Idaho Falls, Ida P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 42

(SEAL) W. L. Drewett ~~Notary Public~~ ~~CLERK OF THE DISTRICT COURT~~, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-106-044-694

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **362018**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Middle Valley Midvale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Middle Valley

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Archie Andrew Reed

5. Date of Birth (Month, day year) March 6,1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Andrew Mervin Reed
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ona Widner
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Prencton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Ona (First name) Reed (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 10 1942 (Date received) (b) Mary F Fletcher (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of CALIFORNIA
County of RIVERSIDE } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ONA REED, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) TO ARCHIE ANDREW REED (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that GRIFF KEITHLEY (Name of attendant at birth), who attended said birth IS NOT DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ona Reed — Signature
3050 Mulberry St, Riverside, Calif. — P. O. Address

Subscribed and sworn to before me on this 4th day of September, 1941

(SEAL) E Fletcher — Notary Public, residing at Riverside, Calif.

My Commission Expires December 5, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

JUN 25 1957

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-206 003-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362020
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** GARFAY Botilda BALLENTINE

5. Date of Birth of Child (Month, day, year) Dec-6-1902

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** HARRY BALLENTINE
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace BLAIRSville (City or town) PENN. (State or foreign country)
14. Exact Occupation Railroad TRAINMAN
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** SELMA OLSON
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace MALMA (City or town) SWEDEN (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and~~ including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by HARRY (First name) BALLENTINE (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth DO NOT REMEMBER (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Ballentine Signature

My Commission Expires April 1, 1945

2475 W 20 St P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1942

(SEAL) Gladys A. De Hoog Notary Public, residing at 222 E. 94 St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mark Feldser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-202-025-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362021
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) 3 yrs

**4. FULL NAME OF CHILD** Louise Stevenson Willis

5. Date of Birth of Child (Month, day, year) June 2, 1902

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Wherry Willis
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lane County, Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer and stockman
15. Industry or Business farming and stock-raising

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Myrtle Stevenson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Elgin (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana
County of Cascade } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Hannah (First name) Hanson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Willis
Signature

713 Eleventh Street North, Great Falls
P.O. Address

Subscribed and sworn to before me this 7th day of Dec, 1942

(SEAL) Chas Regan County Clerk & Recorder By Louise Schroeder Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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263-227, 025-152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362042
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City DIXIE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City DIXIE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) 6 yrs

**4. FULL NAME OF CHILD** CECILE CLARA BOLLMAN

**5.** Date of Birth of Child (Month, day, year) MARCH 17-1942

**6.** Sex FEMALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** THOMAS BOLLMAN
**11.** Color or Race WHITE **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace FORT YAKIMA (City or town) WASH (State or foreign country)
**14.** Exact Occupation MINE OPERATOR
**15.** Industry or Business MINEING

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** ANNA ANSON
**17.** Color or Race WHITE **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace PIKE COUNTY (City or town) ILLINOIS (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 40 years, and that UNKN (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roland A. Bollman Signature

1507-3rd Ave NW Seattle Wash P. O. Address

Subscribed and sworn to before me this 30th day of November 1942.

(SEAL) A. E. Kean Notary Public, residing at Seattle Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Mabel Telfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-105-206-V45

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362069
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: ?
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state Blackfoot, Idaho

**4. FULL NAME OF CHILD** Arthur Oran Staley

5. Date of Birth of Child (Month, day, year) Feb. 5 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Sherman Staley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Centerville, Ill. (City or town) (State or foreign country)
14. Exact Occupation School Teacher, Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillie Janett Duncan
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace ? (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Indiana
County of Marion } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 8 years, and that ? (First name) ? (Last name), who attended this birth ? (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. D. Meek J D Meek Signature

700 Test Bldg. Indianapolis, Ind. P. O. Address

Subscribed and sworn to before me this 7 day of December, 1942.

(SEAL) Grace E. McGinnis Notary Public, residing at Indianapolis

(Note: Perjury is punishable [illegible] under Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mark H. Elsen, Registrar.

My commission expires Oct. 2, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-214-095245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362130
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City OROFINO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) OROFINO, IDA

4. **FULL NAME OF CHILD** MARIE LOUISE BUESCHER

5. Date of Birth of Child (Month, day, year) 2/14/1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** JOHN GEORGE BUESCHER
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace ST LOUIS (City or town) MO (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY EMMA KUETHER
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace Minneapolis (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr. Frey (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Buescher Signature
14048 Valerio Street, Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of December, 1942

(SEAL) Grace I. Rankin Notary Public, residing at Van Nuys, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires June 8, 1946

Received for filing on DEC 14 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

FEB 19 1965

MAR 21 1967

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-14-004-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362154
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. No Street no's
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier Idaho

**4. FULL NAME OF CHILD** James Vernon Short

5. Date of Birth of Child (Month, day, year) December 14, 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Short
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Derbershire, England (City or town) (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Josephine Mary Fowler
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Argentic Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature D'Orr Poynter M.D. Midwife Address 1350 Preston Ave Kansas City Date 12-10-42

State of Missouri
County of Jackson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Dr. D'Orr Poynter (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs James Short Signature
5728 Kenwood P. O. Address

Subscribed and sworn to before me this 17th day of November, 1942

(SEAL) Jean Vaughn Notary Public, residing at Kansas City, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-207-001-556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 862159
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ada
(c) City BOISE
(d) Street Address or R.F.D. No. UNKNOWN
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE

4. **FULL NAME OF CHILD** CLARA EDRA LINZY

5. Date of Birth of Child (Month, day, year) August 7 1902

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4 8. No. months of Pregnancy 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** MOSSA ALLEN LINZY
11. Color or Race WHITE 12. Age at time of THIS birth 31 yrs.
13. Birthplace PARIS (City or town) Ill (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARIE LUCENDA NEWTON
17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace MT VERNON (City or town) MO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature Mary Allen Calloway M.D. ~~Midwife~~ Address Boise Idaho Date Dec. 11-1942

State of OKLA.
County of Tulsa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that MARY ALLEN (First name) CALLWAY (Last name) M.D. who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr Mossa Allen Linzy Signature

Tulsa OKLA 110½ North MAIN ST P. O. Address

Subscribed and sworn to before me this 7 day of DECEMBER, 1942

(SEAL) Harry W. Hamilton Notary Public, residing at Tulsa OKLA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

COM. EXP. DEC. 16 1942

Received for filing on DEC 10 1942 by Mary F. Elder, Registrar.

DEC 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513-106-028-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362164
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Jack Arnold Eaton

**5.** Date of Birth of Child (Month, day, year) 7/6/02

**6.** Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Pressley Eaton
**11.** Color or Race white **12.** Age at time of THIS birth 45 yrs.
**13.** Birthplace Wilksberry (City or town) Penn. (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Harriet Ann Stafford
**17.** Color or Race white **18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum No
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Mrs. Minnie Green (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Ann Eaton Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of December, 1942
(SEAL) M. E. Trumbley Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-228-036-253

United States
Department of Commerce
Bureau of the Census

DEC 16 42

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362196
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Whitney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Whitney, Idaho

**4. FULL NAME OF CHILD** Ennen Winward

5. Date of Birth of Child (Month, day, year) July 28, 1902

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John William Winward
11. Color or Race Cauc.
12. Age at time of THIS birth 46 yrs.
13. Birthplace South Jordan, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Loretta Beckstead
17. Color or Race Cauc.
18. Age at time of THIS birth 34 yrs.
19. Birthplace South Jordan, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for Life years, and that Mrs. Swann, Midwife (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fran W. Winward ..... Signature
Preston Idaho R.F.D. 2 ..... P. O. Address

Subscribed and sworn to before me this 9th. day of December, 1942

(SEAL) ..... Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mark T. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-207 002-662

362226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser (Council)
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

**3. RESIDENCE OF FATHER** (city, state) Los Angeles Calif.

**4. FULL NAME OF CHILD** Beth Trenam

**5.** Date of Birth of Child (Month, day, year) Feb 7-1902

**6.** Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy — **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Arthur L. Trenam
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Farmington (City or town) Wash Wisconsin (State or foreign country)
**14.** Exact Occupation Mining
**15.** Industry or Business Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Grace May ~~Trenam~~ Foote
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Omaha (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Music Teacher and
**21.** Industry or Business Housework

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum 2% Ag NO3

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature Frank E Brown M.D. ~~Midwife~~ Address Salem Oregon Date 12-9-42

State of .....
County of ..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 102039 392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 362230
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rockland

**4. FULL NAME OF CHILD** Peter Oscar Anderson

5. Date of Birth of Child (Month, day, year) 9-2-02

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Peter Anderson
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Estella May Lish
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Deer Lodge (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Emily Lish (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Anderson Signature

Rockland, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of December, 1942

(SEAL) [signature] Notary Public, residing at Am. Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

994 202037 445

362238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Riddle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 11 months 18 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Riddle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Riddle, Ida.

**4. FULL NAME OF CHILD** Grace Arlene Riddle

**5.** Date of Birth of Child (Month, day, year) Dec. 2, 1902

**6.** Sex Female

**7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Harry S. Riddle
**11.** Color or Race White
**12.** Age at time of THIS birth 40 yrs.
**13.** Birthplace Marysville, California (City or town) (State or foreign country)
**14.** Exact Occupation Stockraiser
**15.** Industry or Business Stockraising, Ranching

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Dunkin
**17.** Color or Race White
**18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Virginia City, Nevada (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Riddle (First name) (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Elko } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that W. A. Callahan, M.D. (First name) (Last name), who attended this birth, Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Riddle Signature

MY COMMISSION EXPIRES AUG. 12, 1945

425 O'Farrell St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of December, 1942

(SEAL) C. Parmelee Jr. Notary Public, residing at Owyhee, Nevada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-123-014-669

United States
Department of Commerce
Bureau of the Census

DEC 21 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363301
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1411 Cleveland Blvd.
(d) Name of Hospital or Maternity Home: private residence Mrs Willie B. Wilson
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Falk
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Falk, Idaho

4. **FULL NAME OF CHILD** William Bert Sargent

5. Date of Birth of Child (Month, day, year) July 23, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Bert Malcom Sargent
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Winnemucca (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Alice Forhan
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. Hamilton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Alice Sargent Signature
803 Evelyn Ave - Albany, Calif P. O. Address

Subscribed and sworn to before me this 18 day of December 1942

(SEAL) George Reger Notary Public, residing at Albany

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mark Hutchison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 '942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-108-040-468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363328
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mace
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mace
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mace, Idaho

**4. FULL NAME OF CHILD** Louis Paul Corcoran

5. Date of Birth of Child (Month, day, year) June 8, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Paul Corcoran
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kilnamenough, Co. Sligo, Ireland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bridget Doyle
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Cartron, Co. Sligo, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Data not Known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Kootenai, Idaho
County of ↗ } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 40 years, and that Dr (First name) Stone (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth B. Strachan Signature

715 Sherwood St., Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of Dec., 1942

(SEAL) [illegible] Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

MAR 9 1965

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-209-037-693

363392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363392
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Silver City

**4. FULL NAME OF CHILD** MARGUERITE GERLING

5. Date of Birth of Child (Month, day, year) Jan. 9, 1902

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick A. Gerling
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Celilo, Oregon (City or town) (State or foreign country)
14. Exact Occupation MiningEngineer
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Williams
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Eureka, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Dr. John S. Meyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Gerling Belmont Signature

Route 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 1942

(SEAL) Clara L. McFarlane Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1942 by Maurl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-223-006-858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363417
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Rigby Idaho
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rigby Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 73 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rudy Idaho

**4. FULL NAME OF CHILD** Thelma Talley Green

**5.** Date of Birth of Child (Month, day, year) 1-23-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** J B Talley
**11.** Color or Race W **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Rudy (City or town) Idaho (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD** Hexpend

**16. FULL MAIDEN NAME** Minnie Maud Talley
**17.** Color or Race W **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Rudy (City or town) Idaho (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Peterson (Last name), who is related to this child as aunt (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Thelma Talley Green (First name) (Last name) who attended this birth signed above (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J B Talley Signature
Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 23 day of Nov., 1942

(SEAL) Notary Public, residing at Idaho Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262-227-236-133

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363421
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: (Home)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---- days.
IN **THIS** county two years six month --- days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Malad, Idaho.

**3. RESIDENCE of FATHER** (city, state) Malad, Ida.

**4. FULL NAME OF CHILD** Anna Elizabeth Boss

**5.** Date of Birth (Month, day year) Nov 27, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Adolph Boss
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Guntlishwand Bern, Switzerland (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Agriculture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sarah Allemann
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Tschappine Graubunden Switzerland (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business --

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**26.** (a) DEC 21 1942 (Date received) (b) Mary Bolenbrook (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Utah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Allemann Boss, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Boss Hart (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Bolenbrook (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Sarah Allemann Boss Signature
293 E., 6th North, Provo, Utah. P. O. Address

Subscribed and sworn to before me on this 16th day of Sept. 19 41
(SEAL) [illegible] Notary Public, residing at Provo, Utah.
my Commission expires Apr. 20, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1942

MAY 8 1964

APR 17 1952

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-116-029-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363477
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Farmington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Farmington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Dean Martin Johnson

5. Date of Birth of Child (Month, day, year) October 16 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Rasmus Christian Johnson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Oster, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Johanna Mortensen
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Randers, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%.

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Johanna (First name) Johnson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J D Lentz M.D. ~~Midwife~~ Address Farmington Date 12-22-49

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 19[illegible] by Mabel H. Gladden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-120-029-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363484
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow Idaho

**4. FULL NAME OF CHILD** John Ewing Beames

**5.** Date of Birth of Child (Month, day, year) Jan 20th 1942

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mos **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Milton Beames
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace New London (City or town) Iowa (State or foreign country)
**14.** Exact Occupation clerk
**15.** Industry or Business Dry goods store

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nellie Mc Gaffey
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace (City or town) California (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was x (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by John Milton Beames (First name) (Last name), who is related to this child as Father (Mother, etc.) own knowledge

**25.** Attendant's **OWN** signature Mary A Crawford M.D. Midwife Address 506-11th Dearborn Date 12-17-1942

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel H. Geldner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

15

1. PLACE OF BIRTH

County of ~~Madison~~ Fremont

City of Rexburg

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

363554

# CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Earl Cureton Anderson

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth Dec. 8, 1903 (Month, Day, Year)

**FATHER**

9. Full name: John X. Anderson

10. Residence (usual place of abode) (If non-resident, give place and State): Rexburg - Ida.

11. Color or race: White | 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Hyrum Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: School

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

**MOTHER**

18. Full maiden name: Emma Eliza Moreton

19. Residence (usual place of abode) (If non-resident, give place and State): Rexburg - Ida.

20. Color or race: White | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): Salt Lake County Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: None

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Solution

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Eliza Moreton, M. D.

or Grandmother, Midwife

Address Long Beach California

Filed DEC 31 1942, 193____ Mary E. Fuller Registrar.

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. No change will be made on this record except on order of a court of competent jurisdiction. Only one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

DELAYED

54-108-022-469

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eliza Moreton being first duly sworn says that she is the Grandmother of Erl Cureton Anderson
(Relationship of child)*

born December 8, 1902 at Rexburg, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Erl Cureton Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Waltz (Magdlena), ~~MXD.~~, was the Midwife medical attendant at the birth of said Erl Cureton Anderson and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Eliza Moreton

P. O. Address Long Beach, California

Subscribed and sworn to before me this 15th day of August, 19 40

Mabel C Berry
Notary Public.

Residing at Long Beach, California, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 4 1943

318-217006-695

363571

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363571
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state Blackfoot, Ida.

**4. FULL NAME OF CHILD** Violet Gladys Taylor

5. Date of Birth of Child (Month, day, year) Sept. 17, 1902

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Franklin Taylor
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Mt. Airy (City or town) North Carolina (State or foreign country)
14. Exact Occupation
15. Industry or Business Owner of Meat Market

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hilma Fredrickson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Malmo, (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 39 years, and that (unknown) (First name) Snooks (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilma Taylor Signature
R.F.D. 2, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of September, 1942.
(SEAL) A. E. Bradley Justice of the Peace Notary Public, residing at Nampa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1942 by Maud Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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643 231028 966

363617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hope
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Hope Idaho

**4. FULL NAME OF CHILD** Bobbie Myrtle Alice Fuller

**5.** Date of Birth of Child (Month, day, year) Oct 31 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**
**10. FULL NAME** Brice Mortica Fuller
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Sanger (City or town) Texas (State or foreign country)
**14.** Exact Occupation Sawmill
**15.** Industry or Business

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Sarah Elizabeth ~~Fuller~~ Rowland
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Wheeler (City or town) Virginia (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum.....
**23.** Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 40 years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Charles E. Barney Signature
1641 E. 28 St Tacoma Wash P. O. Address

Subscribed and sworn to before me this 9th day of December, 1942.
(SEAL) [illegible] Notary Public, residing at Tacoma Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-204001-235

363624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Ida

**4. FULL NAME OF CHILD** Helen Simpson

5. Date of Birth of Child (Month, day, year) Oct. 4, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Edward Simpson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) (State or foreign country) Iowa
14. Exact Occupation Newspaper - Printer
15. Industry or Business Newspaper

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Maude Stevens
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) (State or foreign country) Ohio
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank J. Stevens Signature

Orange California P. O. Address

Subscribed and sworn to before me this 5th day of December, 1942

(SEAL) M. M. Whitney Notary Public, residing at Orange Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mabel Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

MAR 27 1962

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-216029 995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363649
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Rural farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 1 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) yes Idaho

**4. FULL NAME OF CHILD** Phylma Verna Hill

5. Date of Birth of Child (Month, day, year) Nov. 16, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Byron Hill
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Eugene (City or town), Oregon (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eva Alta Pings
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Palouse (City or town), Wn (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Mrs. Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x ~~Phylma Verna Hill Story~~ Signature

Lucile R. McIlvee, Pullman, Wn Rt. 2 P. O. Address

Subscribed and sworn to before me this 19th day of December, 1942

(SEAL) Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 222022 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363679
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 5 months 22 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Driggs, Idaho

**4. FULL NAME OF CHILD** Violet Cecilia Anderson

**5.** Date of Birth of Child (Month, day, year) 6-22-1902

**6.** Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Carl John Anderson
**11.** Color or Race White **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Krustinaham (City or town) Sweden (State or foreign country)
**14.** Exact Occupation Saloonkeeper
**15.** Industry or Business Saloon

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Cecilia Haunder
**17.** Color or Race White **18.** Age at time of THIS birth 35 yrs.
**19.** Birthplace Arvika (City or town) Sweden (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother; (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 years, and that Unknown (First name) Pratt (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl J. Anderson Signature

P. O. Address

Subscribed and sworn to before me this 28 day of December, 1942

(SEAL) James B. Haggart Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1967

JAN - 7 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

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Dup (1902) 1643

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363705
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Ammon
(c) Street Address or R.F.D. No. (Now Rte. 3, Idaho Falls,
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ammon (Now Bonneville Co.)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ammon Idaho

**4. FULL NAME OF CHILD** Charlottie Bell Owen

5. Date of Birth of Child (Month, day, year) Aug. 17, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Albert Owen
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Ellingford
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Plaiston, Essex, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Mary Ann Lords (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Rosa Owen Signature
RFD #3 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of December, 19 4 ✓
(SEAL) Jeanny Crowley Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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**363714**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R #1
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Edna May Williams

5. Date of Birth of Child (Month, day, year) April 19, 1902

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jim A. Williams
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Charleston (City or town) S. C. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Johnson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace ? (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Sol. —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at P.M. M. on the date and at the place stated above, and that personal particulars were furnished by J. A. Williams (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature John Brock M.D. Midwife Address Boise Ida Date Dec 19 42

State of.....
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.)..... of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) (Last name)....., who attended this birth.....(Is now deceased) or (Cannot be located)..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 6 1943 by Mary Fowler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 363827
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. Spring Creek Ranch
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No Spring Creek Ranch
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state Bellevue, Idaho

**4. FULL NAME OF CHILD** Caroline Gilman Pinnham

5. Date of Birth of Child (Month, day, year) July 29, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Walter Gilman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Cattle Rancher
15. Industry or Business Raising Cattle

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie E. Stamper
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Dr. (First name) Nourse (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cassie D. Hyde Signature
1410 High St. Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 7 day of Jan., 1943

(SEAL) C. F. Hyde Notary Public, residing at Eugene Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 10 1943 by NOTARY PUBLIC FOR OREGON My Commission Expires March 25, 1945, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census * New Adams

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington* (b) City Council
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington*
(c) City Council
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Council, Ida

**4. FULL NAME OF CHILD** John Jefferson Shaw

5. Date of Birth of Child (Month, day, year) May 15, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Shaw
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Elizabeth Kisling
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Adams County, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Mrs. Bacus (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Shaw
Signature

Council, Idaho
P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943

(SEAL) ..... Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

JAN 11 1960

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-207040-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 363866
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mo. ~~yrs.~~

**3. RESIDENCE OF FATHER** (city, state) Wardner, Id.

**4. FULL NAME OF CHILD** Anna May Heltzel

5. Date of Birth of Child (Month, day, year) 6-7-1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Thomas William Heltzel
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Colfax, Washington (City or town) (State or foreign country)
14. Exact Occupation Laborer in mine.
15. Industry or Business Last Chance & Bunker Hill

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ettenborough.
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Witchita Kansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business At Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash.
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that — (First name) — (Last name), who attended this birth Cannot be located (~~is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Allen Signature
1304 Buckeye Spokane Wash. Address

Subscribed and sworn to before me this 8 day of January, 1943.

(SEAL) E. W. Ritter Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mabel H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-220 031-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 364068
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Moler
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Unknown months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Garnet Mae Harris

**5.** Date of Birth of Child (Month, day, year) Oct. 20 - 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Lewis A. Harris
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Monterey (City or town) California (State or foreign country)
**14.** Exact Occupation Sheep Rancher
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Clara J. Miller
**17.** Color or Race White **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Eugene (City or town) Ore (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature ~~M.D.~~ Midwife Address Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. Fred (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Dora Bell Beeson Signature
Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1943
(SEAL) F. R. Cammell Notary Public residing at Craigmont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

JUL 7 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653 125040-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 364073
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mo. yrs.

**3. RESIDENCE OF FATHER** (city, state) Gem, Idaho

**4. FULL NAME OF CHILD** Claude Sedric Wells

5. Date of Birth of Child (Month, day, year) Nov. 25, 1902

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Seymour Jesse Wells
11. Color or Race white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Marion, Ohio (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mines

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jeannette Grace Wavener
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Lauderdale County, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jeanette (First name) Wells (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of Jasper } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Doctor (First name) Barnard (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jeanette Grace Wells Mother
Signature

My commission expires Jan. 31, 1946 1114 Central Ave., Joplin, Mo. P. O. Address

Subscribed and sworn to before me this 13th day of January, 1943

(SEAL) Harriett Dawson Notary Public, residing at Joplin, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

JUL 16 1945

MAY 18 1966

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-209044-48

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 364082
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R. F. D. # 2
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser,
(d) Street Address or R.F.D. No. R. F. D # 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** OLENA MAY THORNTON

**5.** Date of Birth of Child (Month, day, year) Feb. 9, 1902

**6.** Sex Female

**7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy X

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William P. Thornton
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Douglas County Oregon (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Clementine Mayfield
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Oregon City, Oregon (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of ~~Cross~~ Lane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 40 years, and that Dr. Waterhouse (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mentor J. Thornton Signature

my comm. expires 5-22-44 1468 4th St. Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 4 day of January, 1943.

(SEAL) John W. Henning Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-226025-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 364088
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Denver, Idaho.

**4. FULL NAME OF CHILD** Cora Alta Goodwin

5. Date of Birth of Child (Month, day, year) April 26, 1907

6. Sex Female 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Walter Goodwin
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Neosho, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ailsie Lonzada McFarlin.
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Little Rock, Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OKLAHOMA
County of Delaware } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr. Stockton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ailsie Lonzada Goodwin Signature

Jay, Oklahoma. P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943.

Com Exp 4-27-45 (SEAL) Leslie Jordan Notary Public, residing at Jay Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235 101 003 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 364103
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 622 N. Garfield
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 622 N. Garfield
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

**4. FULL NAME OF CHILD** Albert Pascal Kleeman

**5.** Date of Birth of Child (Month, day, year) June 1, 1902

**6.** Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd 4th **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Albert Otto Kleeman
**11.** Color or Race White **12.** Age at time of THIS birth 42 yrs.
**13.** Birthplace Alton, (City or town) Illinois (State or foreign country)
**14.** Exact Occupation Real Estate & Insurance Agent
**15.** Industry or Business Partnership

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Margaret Agnes Stafford
**17.** Color or Race White **18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace Keokuk, (City or town) Iowa (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business —

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature Attending Physician now deceased M.D. Midwife Address No midwife Date

State of California
County of Kern } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 40 years, and that Nora (First name) Wade (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Otto Kleeman Jr. Signature

My Commission Expires February 18, 1945

Box 151, Fellows, California P. O. Address

Subscribed and sworn to before me this 9th day of January, 1943.

(SEAL) H. C. Farrey Notary Public, residing at Fellows Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Hulse, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1943

FEB 29 1944

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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249-126044-693

364162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Council Idaho

**4. FULL NAME OF CHILD** Earl Harold Smith

5. Date of Birth of Child (Month, day, year) 11-26-1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Henery Smith
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie E Fitch
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Utica New York (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 2%

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Frank E Brown M.D. M.D. ~~Midwife~~ Address 1695 State St, Salem Oregon Date 1-14-43

State of Oregon
County of Marion } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that F. E. Brown (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie E Fitch Smith Signature

1695 N 4th St Salem Ore P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942

(SEAL) M B Steagner Notary Public, residing at Salem Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com expires Apr 27/46

Received for filing on JAN 19 1943 by Mark H Cole, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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799-130 006 557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365258
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** ALICE LUELLA GRIFFITH

**5.** Date of Birth of Child (Month, day, year) Nov 30, 1902

**6.** Sex White **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John J. Griffith
**11.** Color or Race White **12.** Age at time of THIS birth 34 yrs.
**13.** Birthplace Milford (City or town) Utah (State or foreign country)
**14.** Exact Occupation General Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Alice England
**17.** Color or Race White **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Plain City (City or town) Utah (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Alice Griffith (First name) (Last name) who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature Alice Griffith M.D. Decreased. Midwife Address Date

State of Idaho
County of Jerome } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Mary A Hatch (First name) (Last name), who attended this birth Decreased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Griffith Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1942

(SEAL) William T. Comstock ~~Notary Public~~, residing at Jerome
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Ex-Officio Clerk

Probate Judge or Ex-Officio Clerk

Received for filing on OCT 23 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-219 016-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365304
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Cassia (b) City: Albion Idaho
(c) Street Address or R.F.D. No.: Bland Ranch
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Albion
(d) Street Address or R.F.D. No.: Ranch
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) 10 years 1902

**4. FULL NAME OF CHILD** Sena Josephine Bland

**5.** Date of Birth of Child (Month, day, year) August 19th 1902

**6.** Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Wesley Bland
**11.** Color or Race White **12.** Age at time of THIS birth 39 yrs.
**13.** Birthplace Missouri (City or town) Indiana (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lillia Amanda Fisher
**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Ft Collins (City or town) Colorado (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of Erie City of Buffalo } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Dr R. T. Story (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mark Twain Fisher Signature
296 Carolina St., Buffalo, N.Y. P. O. Address

Subscribed and sworn to before me this 2nd day of June 1942
(SEAL) Byron E. Litson, Commissioner of Deeds, Buffalo, N.Y. Notary Public, residing at 1122 Lovejoy St. Buffalo, N.Y.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mark Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513 108010-317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365328
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14yr yrs.

**3. RESIDENCE OF FATHER** (city, state) Priest River Idaho

**4. FULL NAME OF CHILD** Angelo Joe Naccarato

5. Date of Birth of Child (Month, day, year) Sept. 8 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Naccarato
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Grimaldi Italy (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Theresa Caprai
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Lama Di Peligno Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness: Margaret Naccarato, Helen Naccarato

Her mark + Theresa Naccarato Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 23rd. day of January, 1943

(SEAL) Georgia Hagman Notary Public, residing at Priest River Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Maud Hesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1966

JAN 27 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134 128036-155

[redacted] 365870

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365870
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

**3. RESIDENCE OF FATHER** (city, state) Preston, Idaho

**4. FULL NAME OF CHILD** Orin Johnson Alder

5. Date of Birth of Child (Month, day, year) June 28, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Alfred WM Alder
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace StLouis Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Christina Jensen
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lehi Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family (First name) record (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Nancy E. Beckstead M.D. Midwife Address Preston, Idaho Date 12/21/42

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1943 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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318-112021-155

365390 365390

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

**3. RESIDENCE OF FATHER** (city, state) Fairview Idaho

**4. FULL NAME OF CHILD** Joseph Henry Taylor

5. Date of Birth of Child (Month, day, year) 1-12-1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Yancy Taylor
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Harrisville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Matilda May Jensen
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Maria Maughn (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Yancy Taylor Signature

Downey Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943

(SEAL) H. C. Olson Justice of the Peace ##### residing at Downey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1943

## DELAYED REGISTRATION LAW

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997 101-035-117

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365520
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Peck Idaho

**4. FULL NAME OF CHILD** Lloyd Garnett Riggs

5. Date of Birth of Child (Month, day, year) March 1, 1902

6. Sex Male

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Garnett Lewis Riggs
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace State of Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Chloe May Baggers
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lincoln Ill. (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Chloe Riggs (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Tyle M.D. ~~Midwife~~ Address Lewiston Ida Date Jan-14-43

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Merl Teeters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

FEB 17 1970

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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756 201 004 663

365542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bearlake (b) City Dingle
(c) Street Address or R.F.D. No. xxx
(d) Name of Hospital or Maternity Home: Xxx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bearlake
(c) City Dingle
(d) Street Address or R.F.D. No. xxx
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Nancy Elizabeth George

5. Date of Birth of Child (Month, day, year) Oct. 1, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John Reuben George
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mendon, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranch

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Follick
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum xxxx
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Martha Follick George (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Jane Sparks, Midwife M.D. Midwife Address now deceased was Dingle, Idaho Date

State of Utah
County of Weber } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Jane Sparks, Midwife (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha George Signature

3024 Adams ave Ogden Utah P. O. Address

My Commission Expires Mar. 23 1945

Subscribed and sworn to before me this 11 day of January, 1943

My Commission Expires Mar. 23 1945

(SEAL) Beryl Everett Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JAN 30 1943

Received for filing on by Mary L. Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

## DELAYED REGISTRATION LAW

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355-208 022 412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365554
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Felt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Felt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Felt, Idaho

**4. FULL NAME OF CHILD** Glennis Hendrickson

**5.** Date of Birth of Child (Month, day, year) Nov. 8, 1902

**6.** Sex Girl **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd " **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Cornelius M. Hendrickson
**11.** Color or Race White **12.** Age at time of THIS birth 38 yrs.
**13.** Birthplace Smithfield (City or town), Utah (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lillie S. Dakin
**17.** Color or Race White **18.** Age at time of THIS birth 33 yrs.
**19.** Birthplace Austin (City or town), Nevada (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Mesa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 40 years, and that Fannie Hendrickson (First name) (Last name) who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie S. Hendrickson Signature
Eckert Colorado P. O. Address

My Commission Expires January 7, 1947

Subscribed and sworn to before me this 26 day of January 1943

(SEAL) Carl E. Newton Notary Public, residing at Eckert Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-910, Idaho Code Annotated)

Received for filing on JAN 30 1943 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394 115 035 265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365565
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nezperce, Ida.

**4. FULL NAME OF CHILD** Marion Francis Crumpacker

5. Date of Birth of Child (Month, day, year) 4-15-02

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Ellis Crumpacker
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Weston (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Bridget Sweeny
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Hays (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Dr. William (First name) Coburn (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Bridget Crumpacker Signature

W. 1029 First Avenue, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 29 day of January, 1943

(SEAL) Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible], Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659 112-032 466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 365586
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho, (b) County Lincoln.
(c) City Shoshone,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Shoshone, Idaho.

**4. FULL NAME OF CHILD** Mount Frederick Wernicke.

**5.** Date of Birth of Child (Month, day, year) July 12, 1902.

**6.** Sex Male. **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Charles William Wernicke.
**11.** Color or Race German. **12.** Age at time of THIS birth 56 yrs.
**13.** Birthplace Germany. (City or town) (State or foreign country)
**14.** Exact Occupation County Treas.
**15.** Industry or Business Hardware.

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ann Downs.
**17.** Color or Race White. **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Detroit, Michigan. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife.
**21.** Industry or Business Housewife.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Lincoln, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person ~~for~~ since his birth ~~xxxx~~ and that Dr. Emerson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Downs Wernicke Signature

Shoshone, Idaho. P. O. Address

My Commission Expires Mar. 26, 1945.

Subscribed and sworn to before me this 26th. day of January., 19 43.

(SEAL) Ross B. Haddock Notary Public, residing at Shoshone, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by Mark Hetherington, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1965

FEB 4 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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466-129 028 655

365672

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

**3. RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

**4. FULL NAME OF CHILD** Rex Albert Mooney

**5.** Date of Birth of Child (Month, day, year) Apr. 29, 1902

**6.** Sex Male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Fred Russel Mooney
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Clear Lake, Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Woodsman
**15.** Industry or Business Logging

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ruby Irene Weeks
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Long Prairie, Minnesota (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Dr. Scallon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Irene Mooney Signature

Star Route, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1943

(SEAL) Notary Public, residing at Coeur d'Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689 229 018 437

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 365736
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Pierkem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home of my Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 21 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Pierkem Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 years
**3. RESIDENCE OF FATHER** (city, state) Dead

**4. FULL NAME OF CHILD** Gladys Whittington
**5.** Date of Birth of Child (Month, day, year) Oct 26 1902
**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**
**10. FULL NAME** Benjamin Whittington
**11.** Color or Race White **12.** Age at time of THIS birth Dead yrs.
**13.** Birthplace Asheville (City or town) North Carolina (State or foreign country)
**14.** Exact Occupation Deceased
**15.** Industry or Business

**MOTHER OF CHILD**
**16. FULL MAIDEN NAME** Nancy McGuire
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Mabel (City or town) N. Carolina (State or foreign country)
**20.** Exact Occupation unemployed
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lincoln } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 years, and that Margaret McGuire (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Shelton Signature
Depoe Bay, Oregon. P. O. Address

Subscribed and sworn to before me this 1st day of February, 1943

(SEAL) Roy A. Gibbs Notary Public, residing at Taft, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1943

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-213 030-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365765
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery; IN **THIS** county 14 years 7 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Salmon, Ida.

**4. FULL NAME OF CHILD** Edith Iona Benedict

**5.** Date of Birth of Child (Month, day, year) May 13, 1902

**6.** Sex Female **7.** Twin or Triplet no. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes.

**FATHER OF CHILD**

**10. FULL NAME** Ernest Richard Benedict
**11.** Color or Race White **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace Winnebago Co. Illinois (City or town) (State or foreign country)
**14.** Exact Occupation Ranching
**15.** Industry or Business Cattle raising

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jessie Palmer
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Mineral Ridge, Ohio (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that husband E. R. Benedict (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Benedict Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 1943
(SEAL) May V. Hom Notary Public, residing at Leadore Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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364 109 032 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365801
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Near Bliss
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Near Bliss
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bliss-Ida

4. **FULL NAME OF CHILD** Vivan Earl Courtnay

5. Date of Birth of Child (Month, day, year) Nov-9-1942

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** Lincoln S Courtnay
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace walla walla (City or town) Wash (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel Ruth Bray
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Hamond (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child Sixth (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Frances (First name) Bray (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel R Courtnay Signature
Route 2, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 19 43

(SEAL) E Mayborn Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1959

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is~~ accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 211040 675

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365805
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ..... (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State ..... (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Mabel Effie Long

**5.** Date of Birth of Child (Month, day, year) April 11, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Austin I. Long
**11.** Color or Race White
**12.** Age at time of THIS birth 48 yrs.
**13.** Birthplace Marcomb (City or town), Union Co. Ill. (State or foreign country)
**14.** Exact Occupation House Painter
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Lucia Field
**17.** Color or Race White
**18.** Age at time of THIS birth 36 yrs.
**19.** Birthplace Downiville (City or town), California (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Rose Mae Luton (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Butte }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sonia G. Stufflotem — Signature

Canadise, California — P. O. Address

Subscribed and sworn to before me this 7th day of January, 1943

(SEAL) Elsie B. Hamburger — Notary Public, residing at Canadise, Calif.

My Commission Expires June 10, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895-113-044-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365940
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R. F. D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Ida.

**4. FULL NAME OF CHILD** BILL HINDMAN

5. Date of Birth of Child (Month, day, year) Mar. 13, 1902

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** ALBERT HINDMAN
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Evernston, Wyo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** IVA WELLS
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace LaGrande, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Hindman Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 43

(SEAL) E. R. Coulter Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary E. Ledger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1943

MAR 2 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-202-014-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365956
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 24 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Anna Donahue

5. Date of Birth of Child (Month, day, year) Oct 2. 1902

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas F Donahue
11. Color or Race white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Montreal (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah McKelvey
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Coaldale (City or town) Penn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Great Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Merritt (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Davidson Signature
1018 Bradbury Boise P. O. Address

Subscribed and sworn to before me this 17 day of February, 1943
(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary F Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 4 1967

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-117014149

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 365969
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~years~~ 4 months ~~days~~

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Box 514 - Mt. Home (mailing address)
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** George William Mayse Jr

**5.** Date of Birth of Child (Month, day, year) 1/17/1902

**6.** Sex Male **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George William Mayse Sr
**11.** Color or Race W **12.** Age at time of THIS birth 42 yrs.
**13.** Birthplace No. (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Virginia Embrey
**17.** Color or Race W **18.** Age at time of THIS birth [illegible] yrs.
**19.** Birthplace No. (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

**23.** Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mr George Mayse Sr (First name) (Last name), who is related to this child as father (Mother, etc.)

**25.** Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Ida Date Feb 17 1943

State of .....
County of ..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 18 1943 by Carl F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1943

NOV 9 1953

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

216-219-606-753

366010

**366010**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Wapello
(c) Street Address or R.F.D. No. F
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Wapello
(d) Street Address or R.F.D. No. F
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wapello Idaho

**4. FULL NAME OF CHILD** Marie E Sjostrom

**5.** Date of Birth of Child (Month, day, year) Nov. 19, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Gustave Sjostrom
**11.** Color or Race white **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Logan (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sadie M. Peterson
**17.** Color or Race white **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Logan (City or town) Utah (State or foreign country)
**20.** Exact Occupation
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Washington
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Mrs. Bethel (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie M. Smith Signature
Puget Sound Hotel, Seattle Wn. P. O. Address

Subscribed and sworn to before me this 8th day of February, 1940.
(SEAL) Rudolph Rovar Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Maurice E. Eddon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

MAR 27 1956

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-102006 356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 366128
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Approx. 258 D Street
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Aprox. 258 D St.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Falls,

**4. FULL NAME OF CHILD** Grant Edward Dahlstrom

5. Date of Birth of Child (Month, day, year) January 2, 1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Nephi Dahlstrom
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Norkoping (City or town) Sweden (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Fredreka Lefgren
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Hedamora (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Mrs. Cook (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nephi Dahlstrom Signature

Ogden, Utah P. O. Address

Subscribed and sworn to before me this 19th day of February, 1943

(SEAL) Josephine Cruddy Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Maurl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 130001 255

367230

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367230
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Elton Clark Clapp.

5. Date of Birth of Child (Month, day, year) Sept. 30 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Clark Ervin Clapp.
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Jenningsville Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Adella Snell
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Maquokata Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Umatilla } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Dr Compton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Clara Williams Signature
309 SW 17th Pendleton Oregon P. O. Address

Subscribed and sworn to before me this 27 day of February, 1943

(SEAL) Irma Denison Notary Public, residing at Pendleton Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1943 by Maurel H. Coder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-215001-259

367251

367251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1315 River St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 1 months 10 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho, (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1315 River St
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Daisy-Pearl Wilmot

5. Date of Birth of Child (Month, day, year) Oct, 15, 1902

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate yes

**FATHER OF CHILD**

10. **FULL NAME** Ery A. Wilmot
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Winona (City or town) Minn. (State or foreign country)
14. Exact Occupation Contractor & Builder
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary E. Bertsch
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Centerville S. Dak. (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address is now deceased ..... Date

State of Idaho
County of ABA } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Emily A. Wilmot (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ery A Wilmot
Signature

714 Mckinley Ave, Boise Idaho.
P. O. Address

Subscribed and sworn to before me this 12th day of March, 1943

(SEAL) W A Hoffler
Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) Name of hospital or institution (If not in hospital or institution, give street address or location)
(b) County
(c) Street Address or P.O. No. 1312 River St.
(d) Place (If outside of hospital or institution)

(a) City Boise
(b) County Ada
(c) Inside City Limits? Yes
(d) Is place on farm?

2. FULL NAME OF CHILD Baby Pearl Hilmot

3. Sex Female
4. Twin or triplet? No
5. Date of Birth of Child (Month, day, year) Oct. 15, 1902
6. No. months of Pregnancy 9
7. Legitimate? Yes

MOTHER OF CHILD

8. Maiden Name Ely A. Hilmot
9. Color or Race White
10. Age at time of this birth 35
11. Birthplace (State or country) Illinois
12. Residence (Street address, city or town, county, state) Ada
13. Exact Occupation Contractor & Builder
14. Industry or Business

FATHER OF CHILD

15. Name Henry S. Bertsch
16. Color or Race White
17. Age at time of this birth 27
18. Birthplace (City or town, state or country) Centerville S. Dak.
19. Exact Occupation Lumberjack
20. Industry or Business

21. Single or married? Married
22. Number of children born to this mother: (a) Living 2 (b) Dead 0 (c) Total 2

ATTENDANT'S CERTIFICATE

23. I HEREBY CERTIFY that I attended the birth of this child, who was born alive at 12 M. on the date stated above.

24. Attendant's signature Ida Ice Greenwood
Date
25. Address

AFFIDAVIT to be completed when the attendant does not sign

State of Idaho
County of Ada

I, the undersigned, being first duly sworn, on oath, state that I am the father of the person whose name appears in Item 4 above; that I am 72 years of age; that I have known the person named 40 years and that Henry S. Hilmot was married to the mother, Ely A. Hilmot, on the date shown above; that I am the father of the child described in Item 2 above; that I have read the birth record made under my direction and that the statements therein are true to the best of my knowledge and belief.

Signature
Address P.O. Box 14 Boise, Idaho.

Subscribed and sworn to before me, this 20th day of Oct. 1902.

Notary Public at Boise, Ada County, Idaho.

Registrar

Received

Registrar

THE ONLY BLACK INK or BLACK BOND PRINTING-TYPE PERSONS AS PRINTED CORP. 1971 PRINTED IN U.S.A.

THE ONLY BLACK INK or BLACK BOND PRINTING-TYPE PERSONS AS PRINTED CORP. 1971 PRINTED IN U.S.A.

CERTIFICATE OF VITAL RECORD
This certificate is issued under the authority of Vital Statistics, Dept. of Health, Idaho, for the use of the person named herein. Any other use is prohibited.

681 213035-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367318
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Florence Elsie Wyatt

5. Date of Birth of Child (Month, day, year) 6-13-1902

6. Sex female

7. Twin or Triplet one — If so—born 1st, 2nd, 3rd 00

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** David Johnston Wyatt
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Clairmont Co. (City or town) Ohio (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Augusta Balsley
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Syracuse (City or town) Newyork (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Mrs (First name) Marcia Balsley (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Johnston Wyatt
Signature

1117-17th-Street Lewiston, Idaho
P. O. Address

Subscribed and sworn to before me this 23 day of February, 1943

(SEAL) C. P. Hindle Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary F. Eld..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-202006 897

**367331**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bingham (b) City Sunny Dell
(c) Street Address or R.F.D.No. 0
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.
(f) Mother's mailing address deceased

**3. RESIDENCE of FATHER** (city, state) Ida. deceased

**4. FULL NAME OF CHILD** Luella Weeks

5. Date of Birth (Month, day year) 9/2/02

6. Sex female

7. Twin or Triplet ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9mos. 9. ~~Legitimate?~~ yes

**FATHER OF CHILD**

10. **FULL NAME** Willard H. Weeks
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Hartland (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emmerlene Higgins
17. Color or Race white
18. Age at time of THIS birth 33 yrs
19. Birthplace Canterbury (City or town) Kent Co. England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10
(c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 26 1943 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake City } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. B. Weeks, being first duly sworn, say that I am related to (Related to (or) acquainted with) Luella Weeks (Name of person on certificate above), as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charlot Neves (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. B. Weeks. Signature

1877 So. State, Salt Lake City P. O. Address

Subscribed and sworn to before me on this 17th day of September, 1942

(SEAL) Alf Kay Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of BOISE.
No. 2616 Jefferson. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

367348

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MARVIN WESLEY HARGIS

3. Sex Male.

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 3, 1902. (Month, Day, Year)

FATHER

9. Full name Frank Marion Hargis.

10. Residence (usual place of abode) (If non-resident, give place and State) 2616 Jefferson.

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Yuba. (State or Country) California.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Owner.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheep shearing plant.

16. Date (month and year) last engaged in this work Deceased., 1929

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emily Kaye.

19. Residence (usual place of abode) (If non-resident, give place and State) 2616 Jefferson St.

20. Color or race White | 21. Age at last birthday about 18 (years)

22. Birthplace (city or place) Hailey (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none.

25. Date (month and year) last engaged in this work deceased., 1923

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) 1
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed MAR 1 - 1943 193.

Mary F Elder
Registrar.

DELAYED

819-102-001-318

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of ALAMEDA } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

REUBEN E. HARGIS being first duly sworn says that he is the half-brother (Relationship of child)* of MARVIN WESLEY HARGIS born July 2, 1902 (Date of birth) at Boise, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Marvin Wesley Hargis hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that unknown to me M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is unknown (Now deceased (or) cannot be located)

Name of Affiant Reuben E Hargis

P. O. Address 259-24th Street, Oakland, California

Subscribed and sworn to before me this 19th day of February, 1943

Eleanor Kellner
Notary Public.

Residing at 627 Central Bank Building Oakland, California, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTE: I, Reuben E. Hargis, am son of Frank Hargis, but not son of Emily Laye.

MAR 1 1948

313 202 006893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367352
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years none months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Geneva Catron

5. Date of Birth of Child (Month, day, year) Apr. 2, 1902

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Peter Hopus Catron
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Taswell County Virginia (City or town) (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Malinda Catherine Hill
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Mendon Utal (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Sheridan } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Mrs. Major Moore (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malinda Catherine Catron Signature

P. O. Address

Subscribed and sworn to before me this 16 day of February, 1943

(SEAL) F. G. Dixon Notary Public, residing at Longview, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849 110 003 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367369
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida ho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Swan Lake

**4. FULL NAME OF CHILD** ROBERT HENRY QUIGLEY

5. Date of Birth of Child (Month, day, year) July 10, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Robert George Quigley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Swan Lake, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Walker
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarkston, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Jane Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Quigley Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 43

(SEAL) ..... Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-214 014-493

367415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Irene Valentine Bethel

5. Date of Birth of Child (Month, day, year) Feb. 14, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Simpson Bethel
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie Irene Dickson
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for since birth years, and that Rachel Dickson, Midwife (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Irene Bethel Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 43.

(SEAL) Emma E. Thompson, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-223003-168

367436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Central, Idaho

**4. FULL NAME OF CHILD** Edna Sophia Anderson

**5.** Date of Birth of Child (Month, day, year) Sep 23-1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes.

**FATHER OF CHILD**

**10. FULL NAME** Gustaf Erick Anderson
**11.** Color or Race white **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Darlarna (City or town) Sweden (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sophia Johnson
**17.** Color or Race white **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Vingaker (City or town) Sweden (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Mrs Egbert (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia Johnson Anderson Signature
4844 Bancroft St. San Diego P. O. Address

Subscribed and sworn to before me this 25th day of February, 1943

(SEAL) Edith M. Jones Notary Public, residing at San Diego Calif.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

EDITH M. JONES, Notary Public
for the County of San Diego, State of California

Received for filing on MAR 3 - 1943 by Mark H. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-105-009-751

367567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Clarence Emil Lindstrom

**5.** Date of Birth of Child (Month, day, year) Oct. 5, 1902

**6.** Sex Male

**7.** Twin or Triplet No — If so—born 1st, 2nd, 3rd —

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Peter Lindstrom
**11.** Color or Race White
**12.** Age at time of THIS birth 41 yrs.
**13.** Birthplace Sweden (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Pearson
**17.** Color or Race White
**18.** Age at time of THIS birth 39 yrs.
**19.** Birthplace Sweden (City or town) (State or foreign country)
**20.** Exact Occupation House wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 40 years, and that Dr. Ped (First name) ..... (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 159, 1887 Session Laws.

Mrs Anna Lindstrom Signature
Dover Idaho P. O. Address

Subscribed and sworn to before me this 1st day of November, 1944

(Seal) Roy A. McCrea Notary Public residing at .....
(Any false oath or perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Idaho
Residing at Sandpoint, Idaho
My commission expires June 3, 1946

Received for filing on MAR 8 - 1943 by Mabel F. Eldon Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 9 1943

FEB 2 1981

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-207-003-849

367574

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 318 So 2nd Ave
(d) Name of Hospital or Maternity Home: 'at home'
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 318 S. 2nd.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

**4. FULL NAME OF CHILD** Edna Lee Hicks

**5.** Date of Birth of Child (Month, day, year) July 7-1902

**6.** Sex female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Brisco Hicks
**11.** Color or Race white
**12.** Age at time of THIS birth 47 yrs.
**13.** Birthplace Cass County (City or town), Missouri (State or foreign country)
**14.** Exact Occupation Council man.
**15.** Industry or Business ...

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Leva M. Smith
**17.** Color or Race white
**18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Shawnee (City or town), Kansas (State or foreign country)
**20.** Exact Occupation housewife.
**21.** Industry or Business ...

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum 'unknown'
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for ~~25~~ 40 years, and that Dr. O. B. Steely (First name) (Last name), who attended this birth is not deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lizzie Kirkendall Signature
234 South 3rd, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 12 day of ~~April~~ February, 19 43.
(SEAL) Theodore R. Gates Notary Public, residing at Pocatello, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1970

MAR 9 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-113-025-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 367591
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Idaho (b) City: Ferdinand
   (c) Street Address or R.F.D. No.: Home.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Idaho
   (c) City: Ferdinand.
   (d) Street Address or R.F.D. No.: None.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD**: Hale Irving Grugley

5. Date of Birth of Child (Month, day, year): Mar 13, 1902

6. Sex: Male

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd: 1st

8. No. months of Pregnancy: 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME**: Horace C. Grugley
11. Color or Race: White
12. Age at time of THIS birth: 43 yrs.
13. Birthplace: State of Iowa. (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Luella N. Donaldson
17. Color or Race: White
18. Age at time of THIS birth: 39 yrs.
19. Birthplace: State of Iowa (City or town) (State or foreign country)
20. Exact Occupation: House Wife.
21. Industry or Business: None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None.

23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Wm. Irwin (First name), (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H. Donaldson Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 3 day of Mar., 1943

(SEAL) John L. Kilgore, Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Maud Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-213-03-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 367680
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Russell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Russell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Louise Margaret Schlader

5. Date of Birth of Child (Month, day, year) December 13, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Nicholas B. Schlader
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Randolph County, Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business retired

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Michels
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that Mrs Henry Schlader (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nicholas B. Schlader — Signature

Nezperce, Idaho — P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 43

(SEAL) S. C. Pennell, Notary Public, residing at Nezperce, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Mina F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1971

MAR 1 2 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-414-009-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367684
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNER (b) City PRIEST RIVER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City PRIEST RIVER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Priest River, Idaho

**4. FULL NAME OF CHILD** JACob FINSTAd

**5.** Date of Birth of Child (Month, day, year) 3/14/1943

**6.** Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** JACob C. FINSTAd
**11.** Color or Race WHITE **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace OSLO (City or town) NORWAY (State or foreign country)
**14.** Exact Occupation FARMER
**15.** Industry or Business Own farm

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** EVA L. SPRIGGS
**17.** Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
**19.** Birthplace Janesville (City or town) OHIO (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business own home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 40 years, and that Elizabeth Keyser, (Midwife) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. A. Finstad Signature

Laclede, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1943

(SEAL) F. A. Wenrich Notary Public, residing at Priest River, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

84K-109.020-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367713
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mt.Home,Idaho
(c) Street Address or R.F.D. No. Bennett Street-do not recall No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. Bennett Street
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mountain Home Idaho.

**4. FULL NAME OF CHILD** Gerald Jay Hudson

**5.** Date of Birth of Child (Month, day, year) Dec.9, 1902.

**6.** Sex Male **7.** Twin or Triplet Single child If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

**FATHER OF CHILD**

**10. FULL NAME** Sydney Gilbert Hudson
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Linden, Alabama (City or town) (State or foreign country)
**14.** Exact Occupation Salesman
**15.** Industry or Business Grocery business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bertie Lillian Hall
**17.** Color or Race White **18.** Age at time of THIS birth 18 yrs.
**19.** Birthplace Newton City (City or town) Kansas (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Not employed.

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Not any used.

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Pierce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years (his entire life) and that Dr. Jay William Nieukirk (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bertie Lillian Hudson Signature
c/o 301 So. 50th, Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 22nd day of February, 19 43
(SEAL) M E Earle Notary Public, residing at Tacoma, Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-110-030-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 367747
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City May, Idaho.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Lemhi
(c) City May.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) May, Idaho.

4. **FULL NAME OF CHILD** Claude Arnold Christian.

5. Date of Birth of Child (Month, day, year) May 10th 1902.

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** John Franklin Christian
11. Color or Race White American Age at time of THIS birth 45 yrs.
13. Birthplace not known (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Belle Hallaran.
17. Color or Race White American. 18. Age at time of THIS birth 31 yrs.
19. Birthplace New Orleans, La. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Mrs Fortune. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henry Nichols, Signature
Challis Idaho. P. O. Address

Subscribed and sworn to before me this 12th day of March, 1943.

(SEAL) Henry Nichols, Probate Judge (Notary Public), residing at Challis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

736-107-022515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 367749
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Is Dead Marysville

4. **FULL NAME OF CHILD** Raymond Glover

5. Date of Birth of Child (Month, day, year) June 7th 1902

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Byrum Glover
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Edith Van Orden
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Marysville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was attendant (Born alive, stillborn) at is Dead M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Edith Glover Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Edith Glover (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Midwife Elizabeth (First name) Goodie (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Glover Signature
Marysville Idaho P. O. Address

Subscribed and sworn to before me this 13 day of March, 1943.

(SEAL) Thos B Margis, Notary Public, residing at Ashton, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1967

MAR 17 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-119-029-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367801
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATHA (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** WALTER ELMER SPITLER

5. Date of Birth of Child (Month, day, year) 1902-19th July

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** ISAAC SPITLER
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace OHIO (City or town) (State or foreign country)
14. Exact Occupation
15. **Industry** or **Business**

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MINNIE MCCARTHUR
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace KANSAS (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic ~~used to prevent~~ Ophthalmia Neonatorum

23. **Number** of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash.
County of Pierce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Dorothie (First name) Gritman (Last name), who attended this birth, is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A Spitler Signature
P. O. Address

Subscribed and sworn to before me this 8 day of March, 1943
(SEAL) Howard Mutley Notary Public, residing at Tacoma Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

MAR 17 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-206-040-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 367834
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of her Mother
(e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kingston Idaho

4. **FULL NAME OF CHILD** Dorothy Elsie Murphy

5. Date of Birth of Child (Month, day, year) 4/16/1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Sam Murphy
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Woods —

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Edith Grace Hallond
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Portland (City or town) Ore. (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of WHITMAN } ss.

**AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 41 years, and that MARY (First name) GAY (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rosamond F. Arment Signature

704 California St., Pullman, Wn. P. O. Address

Subscribed and sworn to before me this 15th day of March, 1943.

(SEAL) H. A. Mueller Notary Public, residing at Pullman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1943 by Paul F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

not authorized

249-231-006-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 367840
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Sarah Elizabeth Smith

5. Date of Birth of Child (Month, day, year) Oct. 31, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Lewis Mott Smith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lake City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Grain elevator laborer
15. Industry or Business Grain and Feed Co.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Phebe Ann Smith
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Macedon, New York (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of TWIN FALLS } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr. Pendleton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe A. Smith, Signature
Filer, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1943
(SEAL) Leah Cedarholm, Notary Public, residing at Filer, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1943 by Maud F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1967

MAR 22 1943

MAY 7 1953

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-226-007-291

367847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 63 yrs.

**3. RESIDENCE OF FATHER** (city, state) Corral, Idaho

**4. FULL NAME OF CHILD** Viola Blanche Gibbons

5. Date of Birth of Child (Month, day, year) July 26, 1902

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Edward F. Gibbons
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Galena (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Viola Bray
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wichita (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Camas } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr Ayer Higgs (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to ~~have this birth recorded under~~ Chapter 139, 1937 Session Laws.

Chas C Barrow Signature
Corral, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 1943
(SEAL) Roland L Edwards CLERK OF DISTRICT COURT ~~Notary~~ Public, residing at Fairfield, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1943 by Maud F Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-226-018-432

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367848
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
~~In Hosp. or Mat.~~ Home days.
IN **THIS** county ~~years~~ 6 months days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No. R. F. D
(e) How long has **MOTHER** lived in Idaho? 6 mos ~~yrs.~~
(f) Mother's mailing address Orofino - Idaho

3. **RESIDENCE of FATHER** (city, state) Orofino, Ida

4. **FULL NAME OF CHILD** Thelma Frances Hill

5. Date of Birth (Month, day, year) Sept 26th 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Abram T. Hill
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Paris (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Effie Vena McKinney
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Madison (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Effie Vena Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 20 1943 (Date received) (b) Maud Fielder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lloyd M. Hill, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thelma Francis Hill (Name of person on certificate above) as a Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jesse Cunningham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lloyd M. Hill Signature
#6 Garden Road Salem Ore. Address

Subscribed and sworn to before me on this 16 day of March 1943

(SEAL) H. C. Shields Notary Public, residing at Salem Ore

Com. Exp 4-17-44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-116-040-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 367872
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kingston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kingston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? — 2 — yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Arthur David Hunt

5. Date of Birth of Child (Month, day, year) 8/16/1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert William Hunt
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Colfax Co. (City or town) Nebraska (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Eliza Tucker
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pony City (City or town) Oregon (State or foreign country)
20. Exact Occupation Home Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child — 1 — (b) Born alive and now living none

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash.
County of King } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for — 40 — years, and that Dr. Crockett (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert W. Hunt — Signature
R. 1, Box 374 Kirkland Wash. — Address

Subscribed and sworn to before me this 11th day of March, 1943

(SEAL) T. Magnusson, Notary Public, residing at Redmond

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Maurice Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1943

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1544-204-025-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 367908
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R.F.D. No.: No address
(d) Name of Hospital or Maternity Home: In house
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Grangeville Ida

**4. FULL NAME OF CHILD** Genevieve Claire Edmundson

5. Date of Birth of Child (Month, day, year) March 4, 1902

6. Sex: female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Lawrence Elsworth Edmundson
11. Color or Race: White
12. Age at time of THIS birth: 31 yrs.
13. Birthplace (City or town): Independence (State or foreign country): Kansas
14. Exact Occupation: Printer
15. Industry or Business: Newspaper

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel Claire Lincoln
17. Color or Race: White
18. Age at time of THIS birth: 23 yrs.
19. Birthplace (City or town): Lawrence (State or foreign country): Minn.
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Dr. Edward Bibby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Claire Lincoln Edmundson
Signature

P. O. Address

Subscribed and sworn to before me this 15th day of March, 1943.

(SEAL) [illegible] Notary Public, residing at Los Angeles Calif.

My Commission Expires July 6, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAR 23 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 116 063 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 367913
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yr. 8 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) McCammon

4. **FULL NAME OF CHILD** George William Thornley

5. Date of Birth of Child (Month, day, year) Nov. 16 1902

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Stuart Thornley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lydia Baker Hamp
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Rounds (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 40 years, and that Althea Lewis (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Thornley Signature
McCammon Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1943

(SEAL) J. F. Whitney, Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 120 026 - 151

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 367924
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Drake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Drake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Drake Idaho

4. **FULL NAME OF CHILD** JOHN J. SAUER

5. Date of Birth of Child (Month, day, year) May 20, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Wm. Sauer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) (State or foreign country) Germany
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Agnes Grubert
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) (State or foreign country) Germany
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 4 years, and that Katie Moll (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm Sauer — Signature
Rigby Idaho #1 — P. O. Address

Subscribed and sworn to before me this 17th day of March, 1943.

(SEAL) George M. Larsen, Notary Public, residing at Menan, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mark H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

MAR 22 1943

State File No. 367925
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Genesee, Ida.

**4. FULL NAME OF CHILD** Clayton Ray Welch

5. Date of Birth of Child (Month, day, year) 3/3I/I902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Welch
11. Color or Race White 12. Age at time of THIS birth 56 yrs.
13. Birthplace New Brunswick, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Jane Jeffreys
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Glenn } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for his lifetime years, and that Unknown Affant (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Fred Welch Signature
× 632 So Butte St Willows Calif. P. O. Address

Subscribed ~~and sworn to~~ before me this 27 day of March 19 43

(SEAL) Anna Enoch Notary Public, residing at Willows Caly

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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AFFIDAVIT

STATE OF WASHINGTON)
)SS.
COUNTY OF PIERCE. )

I, CLAYTON RAY WELCH, first being duly sworn, on oath, do depose and say: That I am the applicant for Delayed Birth Registration in the State of Idaho, as set forth in the annexed instrument, to wit: and affidavit signed by Fred Welch, March ~~23rd.~~ 2nd, I943, and certified by Elma Knock, Glenn County, California,-a notary public, and due to the fact that the affiant did not testify to all the facts required, I, in response to a demand from the State of Idaho, do supply the deficiencies, as follows, and authorize the same to be inserted in the records: The birth place of my father was in New Brunswick, Canada, and at the time of my birth he was about 56 years of age, and his occupation at the time of my birth was a farmer. That my mother was born in Missouri, her occupation at the time of my birth was housewife, and her age at the time of my birth was 38.

WITNESS my hand and seal this I8th day of March, I943.

Clayton Ray Welch
AFFIANT.

Subscribed and sworn to before me this I8th day of March, 1943.

Mark Barlett
Notary Public in and for the State of Washington, residing at Tacoma.

MAR 23 1943

AFFIDAVIT

STATE OF MASSACHUSETTS )
COUNTY OF ESSEX. ) ss.

I, [illegible] [illegible] MELOCH, first being duly sworn, on oath, do depose and say: That I am the applicant for Delayed Birth Registration in the State of Idaho, as set forth in the annexed instrument, to wit: and affidavit signed by Fred Melon, Sarah [illegible], and certified by Jim [illegible], Clerk County, California,-a notary public, and due to the fact that the affiant did not testify to all the facts required, I, in response to a request from the State of Idaho, do supply the deficiencies, as follows, and authorize the same to be inserted in the records: The birth place of my father was in New Brunswick, Canada, and at the time of my birth he was about 55 years of age, and his occupation at the time of my birth was a farmer. That my mother was born in Missouri, her occupation at the time of my birth was housewife, and her age at the time of my birth was 36.

WITNESS my hand and seal this 16th day of March, 1943.

[illegible]
AFFIANT.

Subscribed and sworn to before me this 16th day of March, 1943.

[illegible]
Notary Public in and for the State of Massachusetts, residing at Lynn.

AVA 3-2 RAM

245-11-004243

369034

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier Idaho

**4. FULL NAME OF CHILD** Alfred Arnold Kunz

**5.** Date of Birth of Child (Month, day, year) 9/11/1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Jacob Kunz
**11.** Color or Race White **12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Bern, Switzerland (City or town) (State or foreign country)
**14.** Exact Occupation Farmer Jack
**15.** Industry or Business none

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Sutter
**17.** Color or Race white **18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace Bern, Switzerland (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business None

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none that I know of.
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that Mrs. Chas. Bridges, midwife (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Sutter Kunz Signature
Pegram, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1943

(SEAL) Chas. E. Kauri Notary Public, residing at Montpelier, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Maurl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-205-039-962

369035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rockland Ida.

**4. FULL NAME OF CHILD** Josephine Effie Webb

**5.** Date of Birth of Child (Month, day, year) Aug 5 1902

**6.** Sex girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Seth Taft Webb
**11.** Color or Race White **12.** Age at time of THIS birth 53 yrs.
**13.** Birthplace Salt Lake City (City or town) Utah (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Kate Robinson
**17.** Color or Race White **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace Meshoppen (City or town) Penn. (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Etta M. (First name) Webb (Last name), who is related to this child as sister (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Placer } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Dr (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Etta M. Webb Russell Signature
1200 Earl Ave, Roseville, Cal P. O. Address

Subscribed and sworn to before me this 16 day of March, 1943

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-110-630-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369051
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5yrs yrs.

**3. RESIDENCE OF FATHER** (city, state Salmon, Idaho

**4. FULL NAME OF CHILD** David Grier Thornburg

5. Date of Birth of Child (Month, day, year) June 10, 1902

6. Sex Male

7. Twin or – Triplet – If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William J. Thornburg
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Borth Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Sophronia Rose
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Humbolt Co., Calif (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Dr. W. C. Whitwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Holmes Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of March, 19 43

(SEAL) W. A. Simmons Clerk of the District Court ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1948

MAR 18 1955

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-213-026-814

369149

United States
Department of Commerce APR 5 1943
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 369149
Local Reg. No.
Reg. Dist. No.

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rudy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rudy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho.

**4. FULL NAME OF CHILD** Harriet Venna Anderson

**5.** Date of Birth of Child (Month, day, year) 11-13-1902

**6.** Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Ole Anderson
**11.** Color or Race White **12.** Age at time of THIS birth 44 yrs.
**13.** Birthplace Denmark (City or town) (State or foreign country)
**14.** Exact Occupation Railroad
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nancy Eunice Hadley
**17.** Color or Race White **18.** Age at time of THIS birth 44 yrs.
**19.** Birthplace Bountiful, Utah (Davis Co.) (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Margaret Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nancy Eunice Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 43

(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-209-023-168

369191

369191

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 369191
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Hatch
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 10 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Hatch
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hatch, Idaho

4. **FULL NAME OF CHILD** Christina Higginson

5. Date of Birth of Child (Month, day, year) September 9, 1902

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Young Higginson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sophia Johnson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sophia (First name) Higginson (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Christina (First name) Young Higginson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia J. Higginson Signature
Bancroft, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of april, 1943.

(SEAL) Willard Cable, Notary Public, residing at Bancroft, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Maurl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-121-036-799

369 [illegible]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 26 1943

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369222
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Rural Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county several years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City ~~Pocatello~~ Malad
(d) Street Address or R.F.D. No. Rural Route
(e) How long has **MOTHER** lived in Idaho? several yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad Idaho

**4. FULL NAME OF CHILD** Melvin C. Anderson

**5.** Date of Birth of Child (Month, day, year) Sept 21-1902

**6.** Sex male

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Andrew Anderson
**11.** Color or Race white **12.** Age at time of THIS birth yrs.
**13.** Birthplace Lund (City or town) Sweden (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Frances Clifford Price
**17.** Color or Race white **18.** Age at time of THIS birth yrs.
**19.** Birthplace Paris Idaho (City or town) USA (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Dr J. M. Kerns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. D. Clifford Price Signature

Malad City R.1 Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April 1943

(SEAL) Edward Worsley Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-126-029-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369261
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years 2 months 26 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Moscow~~ Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow Idaho.

**4. FULL NAME OF CHILD** Lloyd Edwin Harris

5. Date of Birth of Child (Month, day, year) 1-26-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** George Dayton Harris
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Roseburg (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lizzie Josephine Beasley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life years, and that Dr. Hinkle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lizzie Beasley Harris Signature

633-10 St Kamiah Idaho P. O. Address

Subscribed and sworn to before me this ____ day of MAR 24 1943, 19____

(SEAL) [signature] Notary Public residing at ____
NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON.
MY COMMISSION EXPIRES JULY 21, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary E. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1967

APR 2 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-203-212-442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369276
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Butte (b) City: Near Moore, Ida.
(c) Street Address or R.F.D. No.: Rural
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Butte
(c) City: Near Moore
(d) Street Address or R.F.D. No.: Rural
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moore, Idaho

**4. FULL NAME OF CHILD** Audrey Moore

**5.** Date of Birth of Child (Month, day, year) June 3, 1902

**6.** Sex Female

**7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Gilbert Motier Moore
**11.** Color or Race White **12.** Age at time of THIS birth 42 yrs.
**13.** Birthplace Linius (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Florence Virginia Musgrave
**17.** Color or Race White **18.** Age at time of THIS birth 31 yrs.
**19.** Birthplace Charleston (City or town) West Virginia (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of ~~children~~ of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Deschutes } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that Elizabeth (First name) Beaverland (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. F. V. Moore ..... Signature
223 S.E. 81st, Portland, Oregon. ..... P. O. Address

Subscribed and sworn to before me this 20th day of March, 1943.

(SEAL) N. R. Gilbert ..... Notary Public, residing at Bend, Oregon.
My Comm. expires Jan. 30, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Maud E. Gordon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-228-032-44X

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369309
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: ---------
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** BERTHA JANE BUTLER

**5.** Date of Birth of Child (Month, day, year) April 28, 1902

**6.** Sex Fem. **7.** Twin or Triplet ---- If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Alvin Loyd Butler
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace (City or town) Oklahoma (State or foreign country)
**14.** Exact Occupation farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Lavina Dudley
**17.** Color or Race White **18.** Age at time of THIS birth 26 yrs.
**19.** Birthplace (City or town) (State or foreign country)
**20.** Exact Occupation housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Ag nos Silver Nitrate 1%
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4-9 M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature [signature] M.D. Midwife Address Shoshone Idaho Date March 31/43

State of .....
County of ..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by Mary E Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 22 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

442-102-005-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369338
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Green Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home of Sister (Teresa Sonnen)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Green Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Ferd Henry Dust

5. Date of Birth of Child (Month, day, year) 2-2-1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Henry Dust
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Teutopolis (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Caroline Josephine Rieman
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Teutopolis (City or town) Ill. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used at this time
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Teresa Sonnen (First name) (Last name), who is related to this child as Aunt (Sister to Mother) (Mother, etc.)

25. Attendant's **OWN** signature Teresa Sonnen M.D. X Midwife Address Cottonwood, Idaho Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-110-022-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 369363
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** RULON WILLIS GODFREY

5. Date of Birth of Child (Month, day, year) July 10, 1902

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** JOHN GODFREY
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace North Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** IDA COWLES
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Princeton, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Gem } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Mrs. Orr (Midwife) (First name) (Last name), who attended this birth Don't Know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Godfrey Signature

P. O. Box 512, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 19 43.

(SEAL) H. Burnham Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Maud E. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

76 8-131-002-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369391
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County ADAMS (b) City COUNCIL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADAMS
(c) City COUNCIL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** NEALE ELVIN POYNOR

5. Date of Birth of Child (Month, day, year) JULY 31, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** CHARLES ANDREW POYNOR
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace ARKANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MAUDE HARPE
17. Color or Race WHITE
18. Age at time of THIS birth 17 yrs.
19. Birthplace COUNCIL IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: 0
23. Number of children of this mother: (a) At time of this birth 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nevada
County of Lander } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that CELIA (First name) POYNOR (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Poynor Signature
Austin, Nevada P. O. Address

Subscribed and sworn to before me this 19th day of June, A. D., 1942

My Comm. (SEAL) Beth Acree Notary Public, residing at Austin, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Maud F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be prepared and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 4, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-216-026-245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 369401
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County JEFFERSON (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** MARY ELIZABETH RICHARDS

5. Date of Birth of Child (Month, day, year) APRIL-16-1962

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? 9

**FATHER OF CHILD**

10. **FULL NAME** Jacob Ernest Richards
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Alsace-Lorraine (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Clothing

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Anna Kuntzler
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Cincinatti, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Kootenai } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Miss (First name) Coon (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Richards Signature
935 Birch Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 30th day of March, 1943.

(SEAL) M E Trenham, Notary Public, residing Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-229-022-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 5 1943

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369407
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Violet Marie Berger

5. Date of Birth of Child (Month, day, year) Nov. 29, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Berger
11. Color or Race Caucasian
12. Age at time of THIS birth 36 yrs.
13. Birthplace Prague (City or town) Czechoslovakia (State or foreign country)
14. Exact Occupation Meat Dealer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Wilson
17. Color or Race Caucasian
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr. Wilson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Eliza Jane Wilson. Signature

2036 Cerritos Ave. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 30th day of March, 1943, 19

Commission Expires April 22, 1945 (SEAL) Verne Creswell Notary Public, residing at Long Beach, Cali

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Mard F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Y32-131-035-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369408
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Weippe
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: ----
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Weippe
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weippe, Ida.

**4. FULL NAME OF CHILD** HAROLD EUGENE MCBRIDE

5. Date of Birth of Child (Month, day, year) May 31, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George F. McBride
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Stockton, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cora Barry
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Stockton, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 p.M. on the date and at the place stated above, and that personal particulars were furnished by George & Cora McBride (First name) (Last name), who is related to this child as father & mother (Mother, etc.)

25. Attendant's **OWN** signature Ella Henderson M.D. Midwife Address 11206 21st S. W. Seattle, Wash. Date March 29, 1943

State of ..... } ss.
County of .....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Maurl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 0 1 2007

APR 6 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-126-508-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 369417
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home (residence)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 10 months 28 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

**3. RESIDENCE OF FATHER** (city, state) Fish Haven, Id.

**4. FULL NAME OF CHILD** Cornell Scofield

**5.** Date of Birth of Child (Month, day, year) Feb. 26, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Ernest Nelson Scofield
**11.** Color or Race Am. (white) **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Agriculture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Zina Elvira Booth
**17.** Color or Race Am. (white) **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace St. Charles, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business House-keeping

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by my self (First name) (Last name), who is related to this child as aunt (Mother, etc.)

**25.** Attendant's **OWN** signature Rosaline Stock ~~M.D.~~ ~~Midwife~~ Address Date Mar. 20

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now x 73 years of age, that I have known this person for 41 years, and that Dr. W.B. West (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosaline Stock Signature

Fish Haven, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 1943

(SEAL) Lei Allard Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Maud F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-229-014-765

369459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Canyon (b) City: Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Canyon
   (c) City: Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Gladys Marjorie Hoffer

5. Date of Birth of Child (Month, day, year) Jan. 29, 1902

6. Sex: Female

7. Twin or Triplet: x If so—born 1st, 2nd, 3rd: x

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edwin Frederick Hoffer
11. Color or Race: White
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Silver City, Idaho (City or town) (State or foreign country)
14. Exact Occupation: Sheepman
15. Industry or Business: Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Florence Pfeiffer
17. Color or Race: White
18. Age at time of THIS birth: 16 yrs.
19. Birthplace: Owensville, Mo. (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all her life years, and that Dr. Isham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin Frederick Hoffer Signature

Box 305, Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1943

(SEAL) Geo. R. Coulter, Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1973

APR 10 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-111-003-217

369461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bannock (b) City: Virginia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bannock
   (c) City: Virginia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Virginia, Idaho

4. **FULL NAME OF CHILD** John Kennahh Pitcher

5. Date of Birth of Child (Month, day, year) August 11-1902.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Henry George Pitcher
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Shipdhan (City or town) England (State or foreign country)
14. Exact Occupation: R R Section Foreman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Ann Saxton
17. Color or Race: White
18. Age at time of THIS birth: 30 yrs.
19. Birthplace: Patterson (City or town) New Jersey (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother: (a) At time of birth and including this child~~ (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Sarah ann Pitcher (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Martha (First name) Richardson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah ann Pitcher — Signature

Smithfield, Utah — P. O. Address

Subscribed and sworn to before me this 24 day of March, 19 43.

(SEAL) Geo G Nilson, Notary Public, residing at Smithfield, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-123-006-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 369482
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot

4. **FULL NAME OF CHILD** Ellis JOHNSON

5. Date of Birth of Child (Month, day, year) Nov. 23, 1902

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles H. Johnson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Murray, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Laborer.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha A. Priest.
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Uinta Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Augusta Wadsworth (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha A. Johnson Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 10 day of April, 19 43

(SEAL) Basil R. Bennett, Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-110-018-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 369515
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Clearwater (b) City: Weippe
   (c) Street Address or R.F.D. No.: Glen Del
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Clearwater
   (c) City: Weippe
   (d) Street Address or R.F.D. No.: Glen Del
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weippe Idaho

4. **FULL NAME OF CHILD** Albert Joseph Thomas

5. Date of Birth of Child (Month, day, year) June 10 1902

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Manford Thomas
11. Color or Race: White
12. Age at time of THIS birth: 44 yrs.
13. Birthplace: Richland Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Julia Ann Chambers
17. Color or Race: White
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Osage Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Butte } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Mrs Mary Spurgeon (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Ann Thomas Signature
Po Box 822 Chico Calif P. O. Address

Subscribed and sworn to before me this Sixth day of April, 1943

(SEAL) Jessie L. Dean, Notary Public, residing at Chico Calif.
My Commission Expires July 8, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-211-025-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 369656
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at the family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

**3. RESIDENCE OF FATHER** (city, state) same as mother

**4. FULL NAME OF CHILD** Muriel Joyce Crowe

**5.** Date of Birth of Child (Month, day, year) Feb. 11, 1902

**6.** Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd ---- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** George Watson Crowe
**11.** Color or Race White **12.** Age at time of THIS birth 35 yrs.
**13.** Birthplace New Annen, Nova Scotia, Dom. of Canada (City or town) (State or foreign country)
**14.** Exact Occupation Quartz Miner
**15.** Industry or Business Mining

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Jane Hollingshead
**17.** Color or Race White **18.** Age at time of THIS birth 23 yrs.
**19.** Birthplace Imlay City, Michigan, USA (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business same as above

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum none used

**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Jane Hollingshead Crowe Signature
Kamiah, Idaho. P. O. Address

Subscribed and sworn to before me this 24 day of March, 19 43
(SEAL) [illegible] Notary Public, residing at Kamiah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Maud Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1965

MAY 5 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-119-021-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 369661
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Franklin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Arthur Richard Chatterton

5. Date of Birth of Child (Month, day, year) Sept. 19-1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Arthur Richard Chatterton
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura Buckley
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Millville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Franklin } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40-½ years, and that Mary Ann Hawkes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura B. Chatterton Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of April, 1943

(SEAL) Ben B Johnson, Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1943 by Mary F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 228001 249

370774

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Episcopal Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county - years 1 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State California (b) County San Francisco
   (c) City San Francisco
   (d) Street Address or R.F.D. No. 3109 Folsom Street
   (e) How long has **MOTHER** lived in Idaho? one month ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) San Francisco, Calif

4. **FULL NAME OF CHILD** Margaret Mary Breckenridge Rose

5. Date of Birth of Child (Month, day, year) Jan. 28, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Louis Rose
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation Actor
15. Industry or Business Theatre

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dixie Sabina Frances Burke
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace San Francisco, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neosilvo
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Dr. Springer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dixie S. F. Rose — Signature

5904 Tipton Way, Los Angeles, California — P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 43.

(SEAL) ..... Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not ~~been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

916-205 022-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 24 1943

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 370776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg Rt.3
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. R.F.D.3
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Sarah Elizabeth Rawson

5. Date of Birth of Child (Month, day, year) Nov.5th 1902.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Harry Rawson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Swanwick Derbyshire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Boyl
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Mary Waltz (First name) (Last name), who attended this birth, deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Rawson Signature

Rexburg, Idaho R.F.D.No. 3. P. O. Address

Subscribed and sworn to before me this 29th day of March, 1943.

(SEAL) Daniel Rufs, Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1943 by Mavel F Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 717006-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 370787
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. Basalt
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years ~~[illegible]~~ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 12 - 7 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Basalt Idaho

4. **FULL NAME OF CHILD** Albert Thomas Crofts

5. Date of Birth of Child (Month, day, year) 12-17-02

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Albert Oliver Crofts
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Cedar City (City or town) Utah (State or foreign country)
14. Exact Occupation Police Officer & Rail Road
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Laurena Hansen
17. Color or Race Danish-Dec-
18. Age at time of THIS birth 22 yrs.
19. Birthplace Manti City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bingham } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since Birth years, and that Mrs. (First name) Jennrett (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Laura Crofts. Signature

..... P. O. Address

Subscribed and sworn to before me this 15 day of April, 1942

(SEAL) M. L. Hirt Justice of the Peace, Notary Public, residing at Shelley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Maud E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 25 1952

446 119 025 434

United States Department of Commerce
Bureau of the Census

APR 22 1943 (Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 370829
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: out either one
(e) Mother's stay **BEFORE** delivery: home
**IN THIS** county yes years 20 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Everett G Duff.

**5.** Date of Birth of Child (Month, day, year) July 19. 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Frank Garson Duff.
**11.** Color or Race White **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Ohio (City or town) (State or foreign country)
**14.** Exact Occupation Carpenter.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Margaret Ann McDaniel
**17.** Color or Race White **18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Wisconsin (City or town) (State or foreign country)
**20.** Exact Occupation home wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Mrs. Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ann McDaniel Duff Signature
P. O. Address

Subscribed and sworn to before me this 14 day of April, 1943
(SEAL) Burt C Walley Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1943 by Maud F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 2 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 214-046-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 26 1943

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 370855
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Wallace
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Delivery in homes
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Wallace Idaho

**4. FULL NAME OF CHILD** Florence Garrahan

**5.** Date of Birth of Child (Month, day, year) March 14, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Garrahan
**11.** Color or Race White **12.** Age at time of THIS birth 46 yrs.
**13.** Birthplace Plymouth (City or town) Pennsylvania (State or foreign country)
**14.** Exact Occupation Railroad Engineer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Flora Etta Curtiss
**17.** Color or Race White **18.** Age at time of THIS birth 29 yrs.
**19.** Birthplace Brookfield (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Ira Ryerat (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Flora Etta Garrahan Signature

My Commission Expires Dec. 19, 1945

4823 W 112th St Inglewood Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1943

(SEAL) Eva M. Gaugh Notary Public, residing at Inglewood, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Maurice F. Feldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895-119-019 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 370867
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Houston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Houston, Idaho

4. **FULL NAME OF CHILD** John William Hinman

5. Date of Birth of Child (Month, day, year) 1/19/02

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Sherman Hinman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Sheep

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Ann Daniels
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Daniels (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Dr. Gue Midwife Address Houston Idaho Date

**AFFIDAVIT**

State of Nevada
County of Clark } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Dr Gue Margaret (First name) Daniel (Last name), who attended this birth Are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Hinman Woody Signature
417 No 7th St Las Vegas Nevada Address

Subscribed and sworn to before me this 22nd day of April, 1943.

(SEAL) A. B. Harrington, Notary Public, residing at Las Vegas Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Maud E. Eddy, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-205029-655

370885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. BLAIN SCHOOL DIST.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years no months 21 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 70 Weeks Ranch
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) MOSCOW, IDA.

**4. FULL NAME OF CHILD** NELLIE JUANITA CLARK

5. Date of Birth of Child (Month, day, year) APRIL 5, 1902

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** FRED CLARK
11. Color or Race white 12. Age at time of THIS birth 20 yrs.
13. Birthplace MOSCOW, IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** CLARA EMILIA WEEKS
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace MOSCOW, IDAHO (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by GERTRUDE (First name) WEEKS (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 41 years, and that Dr Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Leona Jeffries Signature

LEWISTON IDAHO P. O. Address

Subscribed and sworn to before me this 19 day of April, 1943.

(SEAL) Philip Weisgerber Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1943 by Mark F Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418123 016-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 370891
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10yrs yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Idaho

**4. FULL NAME OF CHILD** Edward LeRoy Dahlquist

**5.** Date of Birth of Child (Month, day, year) 10-23-1902

**6.** Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** John Albert Dahlquest
**11.** Color or Race white **12.** Age at time of THIS birth 65 yrs.
**13.** Birthplace Sweden (City or town) (State or foreign country)
**14.** Exact Occupation painter & Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ida Peterson
**17.** Color or Race White **18.** Age at time of THIS birth 42 yrs.
**19.** Birthplace Sweden (City or town) (State or foreign country)
**20.** Exact Occupation hosuewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Minidoka
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that Dr. Nielson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Albert Dahlquist Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42
(SEAL) [signature] Notary Public, residing at Rupert, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-126 (002-213)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 370902
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Dale P. O.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Dale P. O.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dale, Idaho

4. **FULL NAME OF CHILD** Roland Dale Wilkie

5. Date of Birth of Child (Month, day, year) 4/26/1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick Adams Wilkie
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Vineland (City or town) New Jersey (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Farming and Building

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sallie Edith Wilkie Bach
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ibapah (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living three

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M., M. on the date and at the place stated above, and that personal particulars were furnished by Sallie E. Wilkie (First name) (Last name), who is related as mother of child (Mother, etc.)

25. Attendant's **OWN** signature Fred A Wilkie M.D. Address 2126 Grove St., National City, Calif. Date 4/27/1943.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of California, County of San Diego, } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Fred A. Wilkie (First name) (Frederick Adams Wilkie) (Last name), who attended this birth is living. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Sallie E. Wilkie Signature
2126 Grove St., National City, Calif. P. O. Address

Subscribed and sworn to before me this 27th day of April, 1943.

(SEAL) Helen M. Bond, Notary Public, residing at National City, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Nov. 5, 1943

Received for filing on APR 29 1943 by Maurel F. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chcpter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

VR 618 728 025 695

370949 370949

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. Rural - Farm
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Rural, -P. O., Cottonwodd
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yr. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Frederick Lewis Wahl

5. Date of Birth of Child (Month, day, year) Sept. 28, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Fayette L. Wahl
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Cole County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Winchester
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Seward County, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living five

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for over 40 years, and that Russell (First name) Truitt (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Lamb Signature
(Formerly, Alice Wahl)
Route 5, Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 28 day of April, 19 43.

(SEAL) James O. Lenz, Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 - 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

662-113-001-962

370996

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
IN **THIS** county 2 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Philip Harvey Foss

**5.** Date of Birth (Month, day year) Nov. 13, 1902

**6.** Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Edward Joseph Foss
**11.** Color or Race white **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Eugene (City or town) Oregon (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Myrtle May Robinett
**17.** Color or Race white **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Albany (City or town) Oregon (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

**26.** (a) MAY 4 1943 (Date received) (b) Mabel Fedors (Registrar's signature)

**27.** Given name added on ....by ....(Registrar's signature)

**25.** Attendant's **OWN** signature deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

**AFFIDAVIT** To be completed when the attendant ~~at birth is~~ NOT LIVING or CANNOT BE LOCATED

I, Lebel Washime, being first duly sworn, say that I am ....(Related to (or) acquainted with) related (Name of person on certificate above) as cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Webb (Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mabel Washime Signature
1840 16th N. W. Seattle P. O. Address

Subscribed and sworn to before me on this 24 day of May, 1943
(SEAL) Notary Public, residing at Richmond Highlands

MAY 6 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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371020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Chesterfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Chesterfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chesterfield Idaho

4. **FULL NAME OF CHILD** Joseph LeRoy Tolman

5. Date of Birth of Child (Month, day, year) February 7, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Holbrook Tolman
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Tuella City, Utah (City or town) (State or foreign country)
14. Exact Occupation Wheel right
15. Industry or Business Blacksmith-saw mill operator

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ellen Cahoon
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Mary Ann Tolman (First name) midwife (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Tolman Signature

Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of April, 19 43

(SEAL) W. Kaisler, Notary Public, residing at Lava Hot Springs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-224031 314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 371101
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce, Idaho.

4. **FULL NAME OF CHILD** Rose Schmidlkofer

5. Date of Birth of Child (Month, day, year) June 24, 1902

6. Sex female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Math Schmidlkofer
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Calumet County, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Lauby
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Fondulac County, Wisc. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living eight

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

**AFFIDAVIT**

State of Washington
County of Stevens } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy years of age, that I have known this person for all of her life years, and that Dr. Powell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Schmidlkofer Signature
Chewelah, Washington P. O. Address

Subscribed and sworn to before me this 8th day of May, 19 43

(SEAL) Albert Kreitzer, Notary Public, residing at Chewelah, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-221022-799

United States
Department of Commerce
Bureau of the Census

MAY 5 1943

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 371120
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Cache
(c) Street Address or R.F.D. No. Country Home
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 5 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Cache
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Cache Idaho

**4. FULL NAME OF CHILD** Zetta Ilene Deakin

**5.** Date of Birth of Child (Month, day, year) 3-21-1902

**6.** Sex Female **7.** Twin or ~~Triplet~~ If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John William Deakin
**11.** Color or Race White **12.** Age at time of THIS birth 32 yrs.
**13.** Birthplace Willsville (City or town) Utah (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Annie Elizabeth Griffiths
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Oxford (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 41 years, and that Mrs James (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elona Elizabeth Deakin Canfield Signature
Blue Creek, Utah P. O. Address

My Com Exp Oct 5 1945

Subscribed and sworn to before me this 1st day of May, 1943

(SEAL) James Bunch Notary Public, residing at Tremonton, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mabel F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533 215001 268

371211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 3 1943

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 371211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**: Rosa Bell Ellingford

5. Date of Birth of Child (Month, day, year): June 15, 1902

6. Sex: female

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME**: John Robert Ellingford
11. Color or Race: white
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Charlotte Maude Boylan
17. Color or Race: white
18. Age at time of THIS birth: 21 yrs.
19. Birthplace: Winfield (City or town) - Kansas (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: two (b) Born alive and now living: two

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Gooding } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 yrs years, and that Dr Edith (First name) Kiesler (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Maude Boylan Signature

Wendell Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1943.

(SEAL) [illegible], Notary Public, residing at Wendell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1943 by Mark F. Eldridge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344 227044 619

371223

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 371223
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida

4. **FULL NAME OF CHILD** Marjorie Lenore Cuddy

5. Date of Birth of Child (Month, day, year) Oct 27 - 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edward D. Cuddy
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Cambridge (City or town) Ida (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Vera May Warne
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Melrose (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Vera May Cuddy-Steele (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr. Green (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera M. Steele Signature

1952½ Fleco St. (Mt.) P. O. Address

Subscribed and sworn to before me this 8 day of June, 19 43 Los Angeles Cal.

(SEAL) Paulene Anderson, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 8 - 1943 by Maud F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 203032 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 371237
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Hagerman,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) /

**4. FULL NAME OF CHILD** Edna Matilda Bell

**5.** Date of Birth of Child (Month, day, year) Dec 3, 1942

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** James Franklin Bell
**11.** Color or Race white **12.** Age at time of THIS birth 24 yrs.
**13.** Birthplace Parsons (City or town) Kansas (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Cuba May Barker
**17.** Color or Race white **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Bloomfield, (City or town) Iowa. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address ~~Date~~

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr. Thornson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. F. Bell Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1943

(SEAL) S. H. Kunau Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAY 14 1943

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

645-214-018 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 371306
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Clearwater (b) City: Orofino
   (c) Street Address or R.F.D. No.: Route I
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Clearwater
   (c) City: Orofino
   (d) ~~Street Address or~~ R.F.D. No.: I
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Blanche Valentine Funkhouser

5. Date of Birth of Child (Month, day, year) Feb. 14, 1902

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

### FATHER OF CHILD

10. **FULL NAME** Aaron Flonzo Funkhouser
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Appanoose County, Iowa (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

### MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Wilson
17. Color or Race: White
18. Age at time of THIS birth: 19 yrs.
19. Birthplace: Southwick (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: I (b) Born alive and now living: I

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

### AFFIDAVIT

State of Oregon
County of Tillamook } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 4I years, and that Dr. (First name) Beck (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to Mark:
E. L. McGhee - Tillamook Oregon.
E. A. McGhee, Tillamook, Oregon

Aaron Flonzo (Mark) Funkhouser Signature
Mark
..... P. O. Address

Subscribed and sworn to before me this 11th day of May, 1943.

(SEAL) E. L. McGhee, Notary Public, residing at Tillamook Ore.
My Comm. exp: June 22-1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1943 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 0 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

573-217-024-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 372402
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Latah (b) City: Moscow
   (c) Street Address or R.F.D. No.: Polk St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Latah
   (c) City: Moscow
   (d) Street Address or R.F.D. No.: Polk St.
   (e) How long has **MOTHER** lived in Idaho? 3 mo's ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Gladys England

5. Date of Birth of Child (Month, day, year) June 17, 1902

6. Sex: female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Hans England
11. Color or Race: white
12. Age at time of THIS birth: 40 yrs.
13. Birthplace: Cambridge (City or town) Iowa (State or foreign country)
14. Exact Occupation:
15. Industry or Business:

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Isabelle Martina Thompson
17. Color or Race: White
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: Story City (City or town) Iowa (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: six (b) Born alive and now living: six

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for life years, and that Dr. (First name) ? Olson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans England — Signature
Moscow Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of May, 1943.

(SEAL) O.W. Schroeder, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Mark H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-213-029-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 372411
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 25 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Elizabeth Gertrude Haymond

5. Date of Birth of Child (Month, day, year) 11/13/1902

6. Sex Female

7. Twin or Triplet —— If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Albert Alison Haymond
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Le Mars (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Mary Cunningham
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bathurst (City or town) New Brunswick (State or foreign country) Canada
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ——

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

**AFFIDAVIT**

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for Forty-one years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harold A. Haymond Signature
Genesee Idaho P. O. Address

Subscribed and sworn to before me this 10th day of May, 1943

(SEAL) O. A. Jury, Notary Public, residing at Genesee Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1943,

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

368-226-040-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372413
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 124 Cedar Street
(d) Name of Hospital or Maternity Home: Born at home, 124 Cedar Street
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 124 Cedar Street
(e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace, Idaho

4. **FULL NAME OF CHILD** Frances Rae Cohn

5. Date of Birth of Child (Month, day, year) June 26, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Julius Cohn
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Janowitz, Germany (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Michaels
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Gnesen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Ninety years of age, that I have known this person for over forty years, and that Dr. (First name unknown) Magee (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Julius Cohn Signature

5320 Alta Canyada Road, La Canada, California P. O. Address

Subscribed and sworn to before me this 20th day of May, 1943.

(SEAL) H. S. Shapiro, Notary Public, residing at Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Mark F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1964

MAY 25 1943.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-229-026-296

372528

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Labelle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Labelle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Veda Arllie Campbell
5. Date of Birth of Child (Month, day, year) 11-29-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Daniel Campbell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Unknown. (City or town) (State or foreign country)
14. Exact Occupation Labor.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eva Browning.
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Utah. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the niece (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Mrs. Benj. Campbell, Midwife (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Inez Irvin Signature

P. O. Address

Subscribed and sworn to before me this 25th day of May, 1943

(SEAL) L. Crawley, Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 3 1943 by Verna Hilden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1943

DEC 12 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-223 006-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 1 1942

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 372544
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Six years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? six yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

**4. FULL NAME OF CHILD** Edna Victoria Anderson

**5.** Date of Birth of Child (Month, day, year) January 23, 1902

**6.** Sex Female **7.** Twin or Triplet Neither If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Andrew A. Anderson
**11.** Color or Race White **12.** Age at time of THIS birth 42 yrs.
**13.** Birthplace Odes Oge (City or town) Sweden (State or foreign country)
**14.** Exact Occupation Farming
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hilma Victoria Peterson
**17.** Color or Race White **18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace Smaland (City or town) Sweden (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Housewife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

**23.** Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hilma Victoria (First name) / Anderson (Last name), who is related to this child as Mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 41 years, and that midwife (don't recall name) (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilma Victoria Anderson Signature
Rt. #2, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of May, 1943.

(SEAL) Robert W. McClure Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 5 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-106-028-719

372554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 3 1943

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Near Coeur D'Alene
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Near Coeur D'Alene
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Both deceased.

4. **FULL NAME OF CHILD** Harry Lewis Olinger

5. Date of Birth of Child (Month, day, year) Nov 6th 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Isaac Lewis Olinger
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Gaily
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I was the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for Since the birth years, and that Frank P Witter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dana W Garwood Signature
2603 N Stevens Spokane Wash P. O. Address

Subscribed and sworn to before me this 1st day of June, 19 43.

(SEAL) Isabelle J Smith, Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1943 by Mark E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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195-121-007-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 372651

State File No. 372651
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Blaine (b) City: Carey
   (c) Street Address or R.F.D. No.:
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Blaine
   (c) City: Carey
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**: Lorous Melvin Ainsworth

5. Date of Birth of Child (Month, day, year): Aug. 21, 1902

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME**: Joseph Leon Ainsworth
11. Color or Race: White
12. Age at time of THIS birth: 24 yrs.
13. Birthplace: Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Theresa Maud Howard
17. Color or Race: White
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: Skelmersdale, Lanc., England (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 12

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Elizabeth Howard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresa Maud Ainsworth Signature
637-3rd Ave., W., Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 1943.

(SEAL) John B. Robertson, Notary Public, residing at Twin Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1943

JUN 25 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

787-33-8191-391

372656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 372656
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Goldburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Goldburg,
(d) Street Address or R.F.D. No. 0
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Goldburg Ida

4. **FULL NAME OF CHILD** Samuel Alphonso Popejoy

5. Date of Birth of Child (Month, day, year) Sept-23-1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Lee Popejoy
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Lenora Crane
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Elizabeth Barselow (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lenora Popejoy Signature
2942 Laguna St, SF. P. O. Address

Subscribed and sworn to before me this 21st day of June, 1943

(SEAL) Maurita Ann Wilder, Notary Public, residing at San Francisco, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) My Commission Expires Nov. 2, 1946

Received for filing on JUN 24 1943 by Mary F. Elder, Registrar.

JUN 24 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-227.001-695

372676 372676

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 372676
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** BERTHA LUCRETIA COMPTON

**5.** Date of Birth of Child (Month, day, year) 5/27/1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** FREDERICK WILLIAM COMPTON, M.D.
**11.** Color or Race WHITE **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Henry Co. (City or town) Missouri (State or foreign country)
**14.** Exact Occupation Physician
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MARTHA ELLEN FINNELL
**17.** Color or Race WHITE **18.** Age at time of THIS birth 32 yrs.
**19.** Birthplace Marshall, (City or town) Missouri. (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Dr. Frederick W. Compton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H Compton Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me this 6 day of July, 1943
(SEAL) H. W. Zimmerman Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1943 by Mark F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1943

MAR 17 1947

APR 16 1970

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

246-208-028-443

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Squaw Bay
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Squaw Bay
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Squaw Bay

3. RESIDENCE of FATHER (city, state) Squaw Bay

4. FULL NAME OF CHILD Clara Ann Brown

5. Date of Birth (Month, day year) Nov. 8-1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME William Henry Brown | 16. FULL MAIDEN NAME Nora Emiline Mulkey |
| 11. Color or Race White 12. Age at time of THIS birth 34 yrs. | 17. Color or Race White 18. Age at time of THIS birth 24 yrs |
| 13. Birthplace Homer (City or town) Iowa (Hamilton Co) (State or foreign country) | 19. Birthplace Corvalis (City or town) Oregon (Benton Co) (State or foreign country) |
| 14. Exact Occupation Miner | 20. Exact Occupation House Wife |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 14 1943 (Date received) (b) Mary E Leader (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and addre ..... Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Nora Brown Ashford, being first duly sworn, say that I am an older sister (Related to (or) acquainted with) Clara Ann Brown (La Moure) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wenz (Name of attendant at birth), who attended said birth deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nora Brown Ashford Signature
Rt 15, Box 1860, Portland, 16, Oregon P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1943

(SEAL) Nevelline Gilyeu Notary Public, residing at Portland, Oreg.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

MAR 4 1963

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or' if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

168-230-024-863

United States
**Department of Commerce**
Bureau of the Census

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372724
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City
(c) Street Address or R F D No. R # 1 Troy Ida.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 15 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Inez Mildred Johnson
5. Date of Birth (Month, day, year) 8-30-1902
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** August Magnus Johnson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Tekla Elizabeth Hallner
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 14 1943 (Date received) (b) Mark Field (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tekla Elizabeth Hallner Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Inez Mildred Johnson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Tekla Elizabeth Hallner Johnson Name
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of April 1943

(SEAL) E. L. Thompson Notary Public, residing at Moscow, Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.*

JUN 2 3 194

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

758-216-029-594

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 372733
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. RFD #1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City GENESEE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) GENESEE IDAHO

4. **FULL NAME OF CHILD** IRENA ELFRIEDA GENKE

5. Date of Birth of Child (Month, day, year) SEPT. 16-1902.

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN PAUL GENKE
11. Color or Race WHITE
12. Age at time of THIS birth 49 yrs.
13. Birthplace BRASLAU (City or town) GERMANY (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** PAULINE ERDMANN
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace BRASLAU (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 41 years, and that MINNA (First name) ROSENAU (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Ida Flomer Signature
905 N.E. 78 ave portland ore P. O. Address

Subscribed and sworn to before me this 11 day of June 1943

(SEAL) [signature], Notary Public, residing at Notary Public for Oregon
My Commission expires Dec. 18, 1946

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1943 by Maud Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-123-003-758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372843
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City near DOWNEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City near DOWNEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) DOWNEY IDAHO

4. **FULL NAME OF CHILD** LARS EARIEL CHRISTIANSEN

5. Date of Birth of Child (Month, day, year) AUG 23, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** ELIAS CHRISTIANSEN
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace HYRUM (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** POLLIE GEHRING
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business FARMING

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

**AFFIDAVIT**

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for All his life years, and that Lena Wakley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jerry Christiansen Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June, 1943.

(SEAL) Elvin Christiansen, Notary Public, residing at Downey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Maurl F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1943

OCT 1 1953

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 212-003165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 374046
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 429 No Harrison Ave
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 429 On. Harrison
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Anna Mae Chapman

5. Date of Birth of Child (Month, day, year) 12-12-1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Burt Hard Chapman
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Plymouth (City or town) Indiana (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ann Jones
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living six

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Weber } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventythree years of age, that I have known this person for 41 years, and that Anna (First name) Bird (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Ann Chapman Signature

2584 Tyler, Ogden, Utah P. O. Address

Subscribed and sworn to before me this 17th day of June, 1943

(SEAL) N. H. Jackson, Notary Public, residing at Ogden, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1943 by Mark F. Felger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1967

JUN 28 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593 219 029-319

374151

United States
Department of Commerce
Bureau of the Census

JUN 28 1943

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Trey Springs
   (c) Street Address or R.F.D. No. #2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years life months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Trey, Idaho
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Trey, Idaho

4. **FULL NAME OF CHILD** Nellie May Vittetoe

5. Date of Birth of Child (Month, day, year) July 18, 1942

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Alfard Hiram Vittetoe
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Powder Springs, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Ann Carter
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Piedmont, Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Tenn.
County of Union } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for life years, and that Lissa Bare (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A H Vittetoe — Signature

Luttrell, Tenn. — P. O. Address

Subscribed and sworn to before me this 31 day of May, 1943

(SEAL) James E. Parks, Notary Public, residing at Luttrell, Tenn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Maurl Helder, Registrar.

Use only black ink. Use typewriter ribbon in completing this certificate. Mail COMPLETE record typewriter ribbon in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1964

JUL 2 7 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 2 4 1943

246 103 039 253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 374179
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Nez Perce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Nez Perce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Idaho

4. **FULL NAME OF CHILD** Oliver Wendell Buoy

5. Date of Birth of Child (Month, day, year) Apr. 3, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph George Buoy
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Creswell, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Moriah Kelly
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace PORTLAND, OREGON (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of ~~children of this mother:~~ (a) ~~At time of birth and including this child~~ 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Josephine } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for since birth years, and that doctor (name unknown) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd K. Dowler — Signature
Grants Pass, Oregon — P. O. Address

Subscribed and sworn to before me this 27th day of May, 19 43

(SEAL) G. O. Pike, Notary Public, residing at Portland, Oregon
My Commission Expires May 6, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 - 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-217022-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 374215
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Burton
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Ten years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Burton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. **RESIDENCE OF FATHER** (city, state) Burton Idaho

4. **FULL NAME OF CHILD** Grace Anderson

5. Date of Birth of Child (Month, day, year) Feby 17-1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9. 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Alfred S. Anderson
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emily L. Britzee
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Grouse Creek, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Wm H Hughes (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred S. Anderson Signature
Long Beach P. O. Address

My Commission Expires Oct. 11, 1946

Subscribed and sworn to before me this 30th day of June, 1943

(SEAL) Fred P. Bentower, Notary Public, residing at Long Beach Calif.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mary E. Elder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-112004-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 374238
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BEAR LAKE (b) City GEORGETOWN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 10 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BEAR LAKE
   (c) City GEORGETOWN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) UTAH

4. **FULL NAME OF CHILD** HAROLD DEVARL FREEMAN

5. Date of Birth of Child (Month, day, year) NOV 12-1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** ORSEN FREEMAN
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace HERRIMAN (City or town) UTAH (State or foreign country)
14. Exact Occupation LIVESTOCK
15. Industry or Business SHEEP

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** SARAH FRANCIS SIZEMORE
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace GEORGETOWN (City or town) - IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of UTAH
County of SALT LAKE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 of age, that I have known this person for 41 years, and that SARAH FRANCIS FREEMAN (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Francis S Freeman Signature

P. O. Address

Subscribed and sworn to before me this 30 day of June, 1943

(SEAL) Henry G. Templet, Notary Public, residing at Midvale, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 - 1943 by Mark F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691 227 022 294

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: residenc
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6. years 7 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Hazel Ivy Fransen

5. Date of Birth of Child (Month, day, year) Nov 27. 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Lars Peter Fransen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Florence Amanda Kimball
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Paris, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of ~~this mother: (a) At time of birth and including this child~~ 4 (b) Born ~~alive and now living~~ 9---7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Sena Fransen (First name) (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Sena Fransen ~~M.D.~~ Midwife Address Ashton Idaho Date June 30 43

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 16-1943 by Mabel Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census 28-126-001 491

(Be sure the information is as of date of birth of THIS child.) 374311

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 374311
Local Reg. No.
Reg. Dist. No. 374311

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. No St address or R.F.D. those days
   (d) Name of Hospital or Maternity Home: in So. Boise, at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 1 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1613 Hays
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) 905 Beacon. Boise Ida

4. **FULL NAME OF CHILD** Daniel Arery Say

5. Date of Birth of Child (Month, day, year) June 26, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** DeLacey Graham Say
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace N. Platte (City or town) Nebraska (State or foreign country)
14. Exact Occupation Logging Contractor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clara Susan Drake
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Budds Lake (City or town) New Jersey (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

**ATTENDANT'S CERTIFICATE**

24. **I HEREBY CERTIFY** That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature Dr Hailey M.D. or Midwife Address Date

deceased

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Dr Geo Hailey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Susan Drake Flagler Signature

905 N. Main P. O. Address

Subscribed and sworn to before me this 17 day of April, 1943

(SEAL) S. T. Stowell, Notary Public residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Mary ..., Registrar.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-208007 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 374332
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Soldier
   (c) Street Address or R.F.D. No. On farm
   (d) Name of Hospital or Maternity Home: At home on farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Idaho

4. **FULL NAME OF CHILD** Cleatis Iowa Bundy

5. Date of Birth of Child (Month, day, year) June 8 1902

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Ebner Nelson Bundy
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Wayne Station (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura Jane Bradford
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Stockport (City or town) Iowa (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Laura (First name) Bundy (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Camas } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy six years of age, that I have known this person for forty one years, and that Mrs. Adelaide Wardrop (First name) (Last name), who attended this birth is suffering a mental conditio (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura J. Bundy Signature

Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June 1943

(SEAL) S. W. SEEBLE, Notary Public, residing at NOTARY PUBLIC FOR IDAHO FAIRFIELD, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires April 6, 1946

Received for filing on JUL 7 - 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-130-029-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 374490
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. ONE
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. ONE
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW IDAHO

4. **FULL NAME OF CHILD** RALPH EDGAR BARNETT

5. Date of Birth of Child (Month, day, year) JUNE 30 1902

6. Sex MALE

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** FRANK GEORGE BARNETT
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace THREE OAKS (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation LUMBERMAN
15. Industry or Business LUMBER

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** RUTH MAY WATSON
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace CENTERVILL (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that DR. CHARLES GRITMAN (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth May Barnett Signature

2124 Marrison Everett P. O. Address

Subscribed and sworn to before me this 12 day of July, 1943

(SEAL) [illegible] Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1943 by Mary E. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1960

JUL 16 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated, when such report is accompanied~~ by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-203-029-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 375644
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 8 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs. - 8 mos.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Sara Irma Thompson

5. Date of Birth of Child (Month, day, year) March 3, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William McClung Thompson
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace West Rushville, Ohio (City or town) (State or foreign country)
14. Exact Occupation Grain Buyer
15. Industry or Business Hay and Grain Dealer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Manie Myra Andrus
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Joliet, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Manie M. Thompson Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 30 day of July, 1943

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Feb. 1, 1944

Received for filing on JUL 23 1943 by Mavel F. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-[illegible]-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 375670
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lorenzo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mina Margaret Slater

5. Date of Birth of Child (Month, day, year) Jan. 29, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Henrey Slater
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Massachusetts (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cynthia R. Gilson
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Gorine Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all her life years, and that those (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet R. Gladdon Signature

Preston, Idaho, Route #2 P. O. Address

Subscribed and sworn to before me this 7th day of July, 1943

(SEAL) [illegible] Rasmussen, Notary Public, residing at Murray, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by [illegible] Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 8 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-205-214-645

375694

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 37594

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Canyon (b) City: Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Canyon
   (c) City: Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Serena May Davis

5. Date of Birth of Child (Month, day, year) March 5, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Fred Moodie Davis
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Johnson City Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ida Ode
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace North Freedom Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

**AFFIDAVIT**

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Doctor (First name) Hamilton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Moodie Davis Signature
119 Balmer Nampa Address

Subscribed and sworn to before me this 17 day of July, 19 43

(SEAL) Donald C. Patten, Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 29 1943 by Maud H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-205-4032-714

375706

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 375706
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Hagerman
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Hagerman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dollie Josephine Boyer

5. Date of Birth of Child (Month, day, year) Dec. 5, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Le Roy Boyer
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Corinthia Jane Padgitt
17. Color or Race white
18. Age at time of THIS birth 47 yrs.
19. Birthplace Thorneto (City or town) Indiana (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above that I am now 46 years of age, that I have known this person for life years, and that Mrs. Conklen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle A. Willig Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of August, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 3-1943 by Maud E. [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1965

AUG 3 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-106.010.243

375722

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375722
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** James Homer Nelson

5. Date of Birth of Child (Month, day, year) Feb. 6, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Nelson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace St. Joseph, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Marie Sullivan
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Callahan, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Dr. (First name) Pendleton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Nelson Signature

910 N. 22nd St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of August, 1943.

(SEAL) Walter W. Fisher, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Merl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-203-007-433

375745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 375745
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida.

4. **FULL NAME OF CHILD** Viola Violet Corrilles

5. Date of Birth of Child (Month, day, year) Dec 3 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John Corrilles
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pittsburg (City or town) Penn. (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eva Mable McLaughlin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Peoria (City or town) Ill. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eva Mable Corrilles Signature
911 9 ave South Nampa P. O. Address

Subscribed and sworn to before me this 24 day of August, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 24-1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-108-028-284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375825
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootney (b) City Coeuerdlane
(c) Street Address or R.F.D. No. Gen. Del
(d) Name of Hospital or Maternity Home: at the residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Kootney.
(c) City Coeuerdlane.
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has **MOTHER** lived in Idaho? about 3 year yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ernest Cardwell.

5. Date of Birth of Child (Month, day, year) june 8 th 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Richard Cardwell.
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Nashville .Tenisee. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nancy Jane Shumake
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Miller County Mo. (City or town) (State or foreign country)
20. Exact Occupation country
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at Pm M. on the date and at the place stated above, and that personal particulars were furnished by Walter Cardwell (Last name), who is related as Brother (Mother, etc.)

25. Attendant's **OWN** signature Midwife M.D. Midwife Address unknown Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 41 years, and that Unknown (First name) unknown (Last name), who attended this birth Midwife. now unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Walter W. Cardwell Signature

P. O. Address

Subscribed and sworn to before me this 15 th day of July, 1943

(SEAL) J. S. Onckmarey NOTARY PUBLIC FOR OREGON Notary Public, residing at 8733 N Jersey St Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES JAN. 1, 1944

Received for filing on Mar 1 1 Eder by AUG 3 1943, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1949

NOV 14 1963

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-210-038-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375830
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 mos.

3. **RESIDENCE OF FATHER** (city, state) On Ranch, Idaho

4. **FULL NAME OF CHILD** Nettie Estelle Enlow

5. Date of Birth of Child (Month, day, year) April 10, 1902

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Francis Enlow
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Visalia (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eva E Hammer
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Nebo (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eva Enlow (First name) (Last name), who is related as Mother. (Mother, etc.)

25. Attendant's **OWN** signature I. R. Woodward M.D. ~~Midwife~~ Address Payette Idaho Date 7-28-43

State of California
County of Fresno } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva E Enlow Signature
Rt 4 Bx 156 - Fresno, Cal. P. O. Address

Subscribed and sworn to before me this 3d day of August, 1943.

(SEAL) J. H. Salem, Notary Public, residing at Fresno Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1943

MAR 18 1964

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-231010-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 375851
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state) 24

**4. FULL NAME OF CHILD** Ethel May Crowley

5. Date of Birth of Child (Month, day, year) May 31 - 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Benjamin Clinton Crowley
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Lafayette (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Elgina Forbush
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that Sarah Beech (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ben Forbush Signature
284 Lava St. Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 28 day of July, 1943

(SEAL) John M. Stone Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-101-004-747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 375870
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bear Lake (b) City: St Charles,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: family home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Bear Lake
(c) City: St Charles, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**: Rulon Pugmire Keetch

5. Date of Birth of Child (Month, day, year): Nov. 1, 1902

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME**: Elijah Charles Keetch
11. Color or Race: white
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: St Charles, Idaho (City or town) (State or foreign country)
14. Exact Occupation: Farmer & Stock-raising
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**: Annie Staniforth Pugmire
17. Color or Race: white
18. Age at time of THIS birth: 34 yrs.
19. Birthplace: St Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Staniforth Pugmire Keetch (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of Idaho, County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Dr. Warren B. West, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie S. P. Keetch Signature

St Charles, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 43

(SEAL) Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Mary E. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 0 1945

AUG 9 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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751-216-028-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 375911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnai (b) City Post Falls
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Child born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City Post Falls
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Post Falls, Idaho

4. **FULL NAME OF CHILD** Beatrice Etha Pearce

5. Date of Birth of Child (Month, day, year) Sept 16, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel W. Pearce
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Springfield (City or town) Missourri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Truck Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Cisco
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Kent (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 40 years, and that Nancy Jane Cisco (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora A. Cotein Signature
4110 S. J. Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 27th day of July, 1943

(SEAL) John Jorgenson Notary Public, residing at Tacoma, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Maurl F. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

935-28-028-736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 375920
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Post Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Post Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Post Falls, Idaho

4. **FULL NAME OF CHILD** Adelia Janette Stengel

5. Date of Birth of Child (Month, day, year) April 9th, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Louis Stengel
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hamburg (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Carolina Plonske
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Baldwin (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Adelia Janette Stengel (First name) (Last name) Henrietta Plonske, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Hudson — Signature
1659 - W. 11th Place, LA — P. O. Address

Subscribed and sworn to before me this 5th day of August, 19 43

(SEAL) Diane Silva, Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5-12-107-040-862

375944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Sho Shone (b) City Burke
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Home of John East
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Sho Shone
(c) City Burke
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

**3. RESIDENCE OF FATHER** (city, state) Burke Idaho

**4. FULL NAME OF CHILD** William East

5. Date of Birth of Child (Month, day, year) Dec 7, 1902

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John East
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fredonia (City or town) Kansas (State or foreign country)
14. Exact Occupation Minning
15. Industry or Business Minning

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lola Hoskins
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Carthage (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth ~~and~~ including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Dr Hinmers (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola East
Signature

Wallace, Idaho
P. O. Address

Subscribed and sworn to before me this 28 day of July, 1943

(SEAL) Anna Battick Notary Public, residing at Wallace, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by Maurel H Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in [illegible] of vital statistics for the purpose and as prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-124-132-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 376003
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Harry Raymond Maxon

5. Date of Birth of Child (Month, day, year) 6-24-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Silas Davis Maxon
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Vancouver (City or town) Washington (State or foreign country)
14. Exact Occupation Peace Officer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amanda Catherine Maxon
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ophir (City or town), Nevada (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 40 years, and that Dr. John Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs S D Maxon Signature

1124 Franklin St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of June, 1943

(SEAL) L Dawson Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Mary F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 25 1957

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 16 1943

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 376010
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Swan
(c) Street Address or R.F.D. No. ranch near Valley
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City ranch near Swan Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ranch near Swan Valley, Idaho

**4. FULL NAME OF CHILD** JAMES ERNEST BRUCE

5. Date of Birth of Child (Month, day, year) Febr 10, 1902

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Hamilton Bruce
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Scotland (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business ranch

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rachel Weir
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Carluke (City or town) Scotland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of ~~King~~ Clark } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that My Mother ~~[illegible]~~ midwife (First name) (Last name), who attended this birth is now deceased ~~cannot be located~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sarah W. Bell Signature

#8013 East 3rd St. McLaughlin Hts. ~~750 Ogden~~ Vancouver, Wash P. O. Address

Subscribed and sworn to before me this 9th day of August, 1943.

(SEAL) Harry R. Porter Notary Public, residing at Vancouver, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Maud F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-114-003-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

376046
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. N. arthur
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. N. arthur
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) 60

4. **FULL NAME OF CHILD** Lester Le Ray Perton

5. Date of Birth of Child (Month, day, year) March 14 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd first

8. No. months of Pregnancy 9 months

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Ephrium J. Perton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah A Goodson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Lester Le Ray (First name) Perton (Last name), who attended this birth Dr. Perton Sr. (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah A. Perton Signature
Box 185 Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 1943

(SEAL) Marianne M. Jackson, Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1943 by Maurl E. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-208-003-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Robin, Idaho

4. **FULL NAME OF CHILD** Pearl Roene Hall

5. Date of Birth of Child (Month, day, year) August 8, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Seven

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Arthur Petus Hall
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Richmond (City or town) Virginia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Elizabeth Curtis
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Mrs. John Marley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X A. O. Hall Signature

1222 N. Main, Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 10th day of August, 19 43.

(SEAL) R. E. Parker, Notary Public, residing at Pocatello, Ida.

(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-112-036-751

377273 377273

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 377273
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Joshua Guy Evans

5. Date of Birth of Child (Month, day, year) Jan. 12, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joshua Williams Evans
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catherine Peabody
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Cassia
County of Cassia } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 41 years, and that Francis (First name) Peabody (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Irene Lindley. Signature
1306 Orange Ave Santa Ana Calif. P. O. Address

Subscribed and sworn to before me this 16th day of Aug, 19 43

(SEAL) Mildred L. Lukens, Notary Public, residing at Santa Ana Calif.
Approved Julie 5/29/48

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on SEP 8 1943 by Mary Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1949

OCT 17 1966

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-222-036-415

377413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: at parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Dorothy Davis Jones [redacted]

5. Date of Birth of Child (Month, day, year) July 22, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Parry Jones
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dina Ann Davis
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for ~~23~~ 41 years, and that Dr. J. M. Terns (First name) (Last name), who attended this birth deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dina Davis Jones Signature
Malad Idaho P.O. Box 505 P.O. Address

Subscribed and sworn to before me this 30th day of August, 1943

(SEAL) Edwin D. Hatch Notary Public, residing at Salt Lake City, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1948

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-224-222-144

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 377526
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

**4. FULL NAME OF CHILD** Bowers, Marjorie Floy

5. Date of Birth of Child (Month, day, year) March 24, 1942

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Bowers, Benjamin Charles
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Navarre (City or town) Ohio (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jump, Lettie Amelia
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Indianapolis (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Dr. (First name) Middleton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Mabel Walter Signature
5307 2nd Ave Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 7th day of September 1943

(SEAL) Lenet Watney Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-112-035-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 37539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Nezperce (b) City: Nezperce
   (c) Street Address or R.F.D. No.: R. F. D.
   (d) Name of Hospital or Maternity Home: Own residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Nezperce
   (c) City: Nezperce
   (d) Street Address or R.F.D. No.: R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce, Idaho

4. **FULL NAME OF CHILD** Verne Hazelton Eastman

5. Date of Birth of Child (Month, day, year) Oct. 12, 1902

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Ansel Eastman
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Jones County (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel Anna Ware
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Hastings (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Maryland
County of Prince George's } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-two years of age, that I have known this person for forty years, and that Dr. Powell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Anna Eastman Signature
3735 17th Place N. E. Washington D. C. P.O. Address

Subscribed and sworn to before me this 21st day of August, 1943

(SEAL) Eileen Elizabeth Lee, Notary Public, residing at Mt. Rainier, Md.
My Commission Expires May 7, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 16 1943 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1943

DEC 16 1969

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/3 115016-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 378813

State File No. 378813
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Crago Callender

5. Date of Birth of Child (Month, day, year) Nov. 15-1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** William Thomas Callender
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fremont (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Lucinda Crago
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rices Landing (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that no doctor (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x William Thomas Callender Signature
1686 N. 12 Boise P. O. Address

Subscribed and sworn to before me this 30 day of September, 19 43

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 30-1943 by Mary Hicks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-230001 239

378815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 378815
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) ~~Street Address or~~ R.F.D. No. 3
(d) Name of ~~Hospital~~ or ~~Maternity Home~~:
Born at Home Address above
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 10 months 27 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD** Hazel Gladys Seaman

5. Date of Birth of Child (Month, day, year) Oct. 30, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Lewis Seaman
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sullivan Co., Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Venona Ardell Strong
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wintersville Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Ada, } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Dr. Elizabeth Spaulding (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Lewis Seaman — Signature
Rural Route 3, Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 18th day of September, 1943.
(SEAL) Anton Gordon — Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1943 by Mabel Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

219-121 003666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

378821 378821

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Soda Springs
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home – Days
In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City
(d) Street address or R. F. D. No. life.
(e) How long has MOTHER lived in Idaho? All her yrs.
(f) Mother's mailing address (For registration notice):
Soda Springs, Idaho.
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Burdick Lou Barnard

5. **DATE OF BIRTH** (Month, day, year) 9-21-02

6. Sex M

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

10. **FULL NAME** Harry I. Barnard

11. Color or Race

12. Age at time of THIS birth 35 yrs.

13. Birthplace Ut.
(City or Town) (State or foreign country)

14. Exact Occupation Hotel Operator

15. Industry or Business –

## MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Lee Rebecca Modall

17. Color or Race

18. Age at time of THIS birth 24 yrs.

19. Birthplace Vista Mo.
(City or Town) (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Minne L.B.Banard (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Ellis Mackley M. D. (D. O., Midwife, etc.)
and address Soda Springs, Idaho Date 9-27-43, 7 P.M.

26. (a) OCT 1 1943 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 4 1943

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

949 119 001-789

378843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 378843
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 609 No. 7th
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 609 No 7th
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Walter Edwin Zurcher

5. Date of Birth of Child (Month, day, year) June 19, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Oscar Walter Zurcher
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace St. Gallen (City or town) Switzerland (State or foreign country)
14. Exact Occupation Monumental Craftsman
15. Industry or Business Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Grace Phillips
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Yutan (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living six

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Dr. (First name) Halley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Walter Zurcher Signature

..... P. O. Address

Subscribed and sworn to before me this 12 day of Oct., 1943

(SEAL) R. Barton, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 11 1943 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743 214040-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

378855

State File No. 378855
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Burke
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home in burke
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 year yrs.

3. **RESIDENCE OF FATHER** (city, state) Missouri

4. **FULL NAME OF CHILD** Elsie Pulaski

5. Date of Birth of Child (Month, day, year) July 14, 1902

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edward C. Pulaski
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Ohio U.S. (City or town) (State or foreign country)
14. Exact Occupation Plumber laterin the
15. Industry or Business U.S. Forestry dept.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Joe Dickinson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Detroit Mich. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont Know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living unknown

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Adopted mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

[illegible]ing first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, [illegible] years of age, that I have known this person for life years, and that [illegible]t birth (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further [illegible]icate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, [illegible]

Mrs. Emma Joe Pulaski Signature

[illegible]ur d'Alene Ida. 301 Walnut Ave. Ida. P. O. Address

[illegible] before me this 14 day of Oct, 1943

Geo. W. Walker, Notary Public, residing at Wallace, Ida.

([illegible] punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by Mabel Helder, Registrar.

Use only BLACK [illegible] PLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS [illegible] Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance [illegible] money order or coin.

OCT 20 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-130040-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 378876
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Shoshone (b) City: Osburn
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Shoshone
   (c) City: Osburn
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Osburn Idaho

4. **FULL NAME OF CHILD** Ernest Nelson Fleming

5. Date of Birth of Child (Month, day, year) May 30, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Clarence James Fleming
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Niles City (City or town) Ohio (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Jane Jones
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Wm. Penn (City or town) Pa., (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 41 years, and that Mrs. Lula Hellar (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Evelyn F. LeTage Signature

Box 198 Wallace Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Sept., 1943

(SEAL) Commission expires July 30, 1945 Mary M. Stout Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1943 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1965

SEP 28 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-126-022944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 379064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Hayden.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years ? months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont.
(c) City Hayden.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) as above.

4. **FULL NAME OF CHILD** Frank Emory Adams.

5. Date of Birth of Child (Month, day, year) Nov. 26 1902

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Normal Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Emory Gilbert Adams.
11. Color or Race White. 12. Age at time of THIS birth 32 yrs.
13. Birthplace ? (City or town) West Virginia. (State or foreign country)
14. Exact Occupation School Teacher.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Martha Rudolph.
17. Color or Race White. 18. Age at time of THIS birth 20 yrs.
19. Birthplace Scotia, (City or town) Nebraska. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California.
County of Alameda. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Mary Pitt (First name) (Last name), who attended this birth Cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Martha Adams Signature

1643-101- Ave. Oakland P. O. Address

Subscribed and sworn to before me this 10th day of September, 1943.

(SEAL) Leo J. Dougan Jr. Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 9 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613-207036-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 379085
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Whitney
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Whitney
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Whitney, Idaho

4. **FULL NAME OF CHILD** Ruth Elizabeth Wallace

5. Date of Birth of Child (Month, day, year) Aug. 7, 1942

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Yes

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Weister Green Wallace
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Beachville, Ky. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Florence Boston
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace East Fork, Ky. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Davis } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Dr. ——— Cutler (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Weister Green Wallace Signature
Farmington, Utah P. O. Address

Subscribed and sworn to before me this 21st day of July, 19 43

(SEAL) Zada W. Hardy, Notary Public, residing at Farmington, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires April 9, 1947

Received for filing on OCT 19 1943 by Mabel Fowler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1943

15-0

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-211029-632

380416

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Agnes Mary (Marie) Olson

5. Date of Birth of Child (Month, day, year) 3/11/02

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Andrew H. Olson
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Bleking (City or town) (Sweden) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Maine Olson
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Bleking (City or town) (Sweden) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that Dr. C. S. Litman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew H. Olson Signature
Moscow, Idaho Rt. 2 P. O. Address

Subscribed and sworn to before me this 19 day of October, 1943.
(SEAL) ow Schroeder Notary Public, residing at Moscow, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [illegible] by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-218040-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File [redacted]0
Local Re[redacted]
Reg. Dis[redacted]No[redacted]

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Blackbear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At ti[redacted]rth)
(a) State Idaho (b) County S[redacted]one
(c) City Blackbear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Pheobe Esther Russell

**5.** Date of Birth of Child (Month, day, year) April 18-1902

**6.** Sex Fe-Maale. **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Edward Russell
**11.** Color or Race White **12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Zeneca (City or town) Missouria (State or foreign country)
**14.** Exact Occupation Miner
**15.** Industry or Business -

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Pearl Mae Harper
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Steelville, (City or town) Missouria (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by William E. Russell (First name) (Last name), who is related to this child as Father (Mother, etc.)

**25.** Attendant's **OWN** signature X M.D. Collins M.D. Midwife Address Spokane, Wash. Date X

State of ..... } ss.
County of ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1943 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1967

OCT 29 1963

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

271 201 003 859

380501

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. Unknown
   (d) Name of Hospital or Maternity Home: Unknown
   (e) Mothers stay **BEFORE** delivery: Unknown
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Am. Falls, Ida.

4. **FULL NAME OF CHILD** Pauline H. Sparks

5. Date of Birth of Child (Month, day, year) Feb. 1, 1902

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Walter Scott Sparks
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lampasas (City or town) Texas (State or foreign country)
14. Exact Occupation Cattleman--Butcher
15. Industry or Business Livestock

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Freda Herrera
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace San Francisco, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Power } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 41 years, and that Dr. (First name) Oscar B. (Last name) Steely, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x [signature] Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this ..... day of October, 1943

(SEAL) [signature], Notary Public, residing at Am. Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 8 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785-121-004-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 380516
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Clift McClain Phelps

5. Date of Birth of Child (Month, day, year) 1/21/1902

6. Sex

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Walter George Phelps
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Montpelier, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Fireman O. S. L. Ry.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Holmgren
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:40 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Holmgren (Last name), who is related as mother (Mother, etc.) 2623 Pierce St Ogden Ut

25. Attendant's **OWN** signature L. H. Moyes M.D. ~~Midwife~~ Address Ogden Utah Date 10-25-43

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by Mabel Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 7 1958

JUN 17 1954

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785-221 004 865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state Montpelier, Idaho

4. **FULL NAME OF CHILD** Clyde Monroe Phelps

5. Date of Birth of Child (Month, day, year) 1/21/1902

6. Sex

7. Twin or Triplet Twin If so—born 1st, ~~2nd or 3rd~~

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Walter George Phelps
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Fireman O. S. L. Ry.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Holmgren
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St. Charles, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ark. Nitrate Idaho
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ella Holmgren (First name) (Last name), who is related as mother. (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address Albuquerque Date 10-28-43

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. 380529
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Latah Co (b) City: Onaway
(c) Street Address or R.F.D. No.: Idaho
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Onaway
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Latah, Idaho

**4. FULL NAME OF CHILD** Veda Frances Cone

**5.** Date of Birth of Child (Month, day, year) August 12, 1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Ernest E. Cone
**11.** Color or Race white **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace Buteville, Oregon (City or town) (State or foreign country)
**14.** Exact Occupation Musician
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Julia Ann Lowry
**17.** Color or Race White **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Palouse, Washington (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Argyrole
**23.** Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that Mrs. Nancy Cone (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Julia Ann (Lowry) Cone Burns Signature
141 S. G. San Gabriel P. O. Address

Subscribed and sworn to before me this 12 day of January, 19 47
(SEAL) Evelyn C. Beeson Notary Public, residing at 33 No. Santa Anita
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1943 by EVELYN C. BEESON, Registrar.
My Commission Expires November 16, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-219033-391

380544

380544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 380544
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton

4. **FULL NAME OF CHILD** Thirza Willy

5. Date of Birth of Child (Month, day, year) June 19 year 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** John A Willy
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Teton (City or town) Idaho (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Thirza Agnes Crane
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for life years, and that Mrs. Lorenzo Madsen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thirza Agnes Madsen Signature
509 N. 12th Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of November, 1943

(SEAL) Eunice Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 18 1943 by Mary Helfer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-223022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 380591
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont now Madison (b) City Ryeburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont now Madison
   (c) City Ryeburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ryeburg, Idaho

4. **FULL NAME OF CHILD** Donnetta Christiansen Dalby

5. Date of Birth of Child (Month, day, year) Sept. 23, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Ezra Christiansen Dalby
11. Color or Race white
12. Age at time of THIS birth [redacted] 33 yrs.
13. Birthplace Ephraim (City or town) Utah (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business Ricks Academy (Ryeburg Ida)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosella Anderson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming
County of Big Horn } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that (First name) Mrs Waltz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ezra C. Dalby — Signature
113 West 1st north Salt Lake City Utah — P. O. Address

Subscribed and sworn to before me this 29th day of Oct, 1943

(SEAL) Charles O Mann, Notary Public, residing at Cowley Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 118010-386

380594

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 542 E. Center
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 542 E. Center
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Same as above

**3. RESIDENCE of FATHER** (city, state) Pocatello, Idaho

**4. FULL NAME OF CHILD** William George Katsilometes

**5.** Date of Birth (Month, day year) Feb. 18, 1942

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** George O. Katsilometes
**11.** Color or Race White
**12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Sparta (City or town) Greece (State or foreign country)
**14.** Exact Occupation Livestockman
**15.** Industry or Business Livestock (Sheep)

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anastasia Chunes
**17.** Color or Race White
**18.** Age at time of THIS birth 30 yrs.
**19.** Birthplace Sparta (City or town) Greece (State or foreign country)
**20.** Exact Occupation Housewife
**21.** ~~Industry or~~ Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know
**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None.

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Demetra Panagakis (First name) (Last name), who is related to this child as sister.

**26.** (a) NOV 5 1943 (Date received) (b) [illegible] etc. (Registrar's signature)

**27.** Given name added on ..... by ..... (Registrar's signature)

**25.** Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Francisco } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Demetra Panagakis, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William George Katsilometes (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Pasqualina Mariani (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Demetra Panagakis Signature
San Francisco, Calif. P. O. Address

Subscribed and sworn to before me on this 18th day of October, 1943
(SEAL) John Merten Notary Public, residing at San Francisco

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-203001-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 380627
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Lillian Marie Palmer

5. Date of Birth of Child (Month, day, year) May 3rd 1902

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Benjamin Palmer
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Belle Lawrence
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Vintah Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty Six years of age, that I have known this person for Forty One years, and that Ida (First name) Murphy (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Lawrence Palmer Signature

3516-14th St. Sacramento P. O. Address

Subscribed and sworn to before me this 30th day of October, 1943.

(SEAL) Walter Nicholas Wheeler, Notary Public, residing at Sacramento Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES FEB. 6, 1944

Received for filing on NOV 9 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1967

NOV 6 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 130 029 . 759

380653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City TROY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City TROY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) TROY, IDAHO

4. **FULL NAME OF CHILD** MELVILLE EPHRAIM KRAFVE

5. Date of Birth of Child (Month, day, year) DEC. 30, 1907

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOSEPH ALVAR KRAFVE
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace DALSLAND SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY PERSON
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace VARMLAND SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Minn
County of Anoka } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth unknown to me (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alma E. Gustafson Signature

4158 Polk St. N. E P. O. Address

Columbia Heights, Minn.

Subscribed and sworn to before me this 20th day of Oct, 1943

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JOHN SEIMAN
Notary Public, Anoka County, Minn.
My Commission Expires May 1, 1946

Received for filing on NOV 13 1943 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-209030-263

380668

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Ulysses
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 11 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Ulysses
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ulysses, Idaho

4. **FULL NAME OF CHILD** Myrtle Dawn Taylor

5. Date of Birth of Child (Month, day, year) July 9, 1902

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Hughs Taylor
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Walla Walla (City or town) Wn. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Frederica Edington Bolton
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace (Near) Hailey (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Arizona
County of Cochise } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty years of age, that I have known this person for 41 years, and that Mary Alcie Taylor (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederica E. Taylor Signature

..... P. O. Address

Subscribed and sworn to before me this 12 day of July, 1943.

(SEAL) Cora E. Stalp r.n., Notary Public residing at Mc Neal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) COMMISSION EXPIRES MAY 10, 1946

Received for filing on NOV 13 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1948

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-214012--443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 380681
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Arco
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Arco
   (d) Street Address or R.F.D. No. R.F.D
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arco, Idaho

4. **FULL NAME OF CHILD** Villa Florence Schafer

5. Date of Birth of Child (Month, day, year) May 14, 1902

6. Sex Female

7. Twin or Triplet ____ If so—Born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles James Schafer
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Waukesha, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rhoda Mable Mulhall
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salt Lake City (City or town) - Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum — —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Lane } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Mary (First name) Porter (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Mable Mulhall Schafer — Signature
P. O. Address

Subscribed and sworn to before me this 9 day of November 1943

(SEAL) A. D. Campbell, Notary Public, residing at Eugene, Oregon
NOTARY PUBLIC
My Commission Expires Oct. 16, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1943 by Mabel Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1966

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-217029-559

380710

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Latah (b) City: Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Latah
   (c) City: Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick, Idaho

4. **FULL NAME OF CHILD** Vena Craimer

5. Date of Birth of Child (Month, day, year) 12/17/1902/

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Craimer
11. Color or Race: White
12. Age at time of THIS birth: 44 yrs.
13. Birthplace: Warsaw, Poland (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Josephine Vertil
17. Color or Race: White
18. Age at time of THIS birth: 27 yrs.
19. Birthplace: Warsaw, Poland (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Mrs. Elizabeth Wells (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna (Craimer) Kandery — Signature
Southwick, Idaho — P. O. Address

Subscribed and sworn to before me this 3d day of November, 19 43

(SEAL) W K Anderson, Notary Public, residing at Southwick Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-208-003-569

United States
Department of Commerce
Bureau of the Census

NOV 19 1943

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380739
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bannock (b) City: Swan Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bannock
   (c) City: Swan Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Swan Lake, Ida.

4. **FULL NAME OF CHILD** Bessie Hunt

5. Date of Birth of Child (Month, day, year) May 8, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Frank Hunt
11. Color or Race: White
12. Age at time of THIS birth: 44 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ArtiMacy Norton
17. Color or Race: White
18. Age at time of THIS birth: 43 yrs.
19. Birthplace: Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: Nine (b) Born alive and now living: Eight

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 41 years, and that Ellen (First name) Barger (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Hunt Morgan — Signature

P. O. Address

Subscribed and sworn to before me this 16th day of November, 1943.

(SEAL) Marie V. Holmes, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1948

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-223-002-465

United States
Department of Commerce
Bureau of the Census

NOV 17 1949

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 380760
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** Bevvie Merle Lakey

5. Date of Birth of Child (Month, day, year) June, 23, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jacob Lee Lakey
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Weston (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lottie Montgomery
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Six

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Cos } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Martha Montgomery (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie Lakey Signature
Myrtle Point, Oregon P. O. Address

Subscribed and sworn to before me this 15th day of November, 1913

(SEAL) E. C. Roberts, Notary Public, residing at Myrtle Point Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires June 19, 1944

Received for filing on NOV 19 1949 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-118-003-269

381830

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 955 No 10th
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county home years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello, Idaho
(d) Street Address or R.F.D. No. 955 No 10th
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello Idaho

**4. FULL NAME OF CHILD** Edwin Daniel Garbett

5. Date of Birth of Child (Month, day, year) 3/18/1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel George Garbett
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Flue-welder
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Beatrice Swift
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 41 years, and that Dr. (First name) Bean (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert M. Garbett Signature

955 No 10th Pocatello, Ida. P.O. Address

Subscribed and sworn to before me this 20th day of November, 1943

(SEAL) Willard Lund ~~Notary Public, residing~~ at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-206 003-294

31887

381887

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Soda Sprinhs
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address (For registration notice):
Anne Lund Scott, Boise R.3
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Anne Lund

5. DATE OF BIRTH (Month, day, year) July 6, 1902

6. Sex fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Pete Lund

11. Color or Race W

12. Age at time of THIS birth 45 yrs.

13. Birthplace Copenhagen (City or Town) denmark (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Simonsen

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace Copenhagen, (City or Town) Denmark (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born a ive (born alive, stillborn) at 9A M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Lund (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 21 1943 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Dr. Ellis Kackley Soda Springs Date 2/23/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 21 1949

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

764-108-031-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 381915
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Nez Perce
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ? 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State ~~Ne~~ Idahoce (b) County Lewis
   (c) City Nez Perce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Idaho

4. **FULL NAME OF CHILD** William Fredwick Pomeroy

5. Date of Birth of Child (Month, day, year) October 8, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles William Pomeroy
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Inez Lesbie Shawley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Etna (City or town) Missourri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Dr. W. F. Shawley (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES Sept. 2, 1947

Mrs Inez Pomeroy Bibb Signature
3902 N. Alaska, Apt. 8-Portland 3, Oregon P. O. Address

Subscribed and sworn to before me this 29th day of November, 19 43

(SEAL) John T. Harlow, Notary Public, residing at Portland 13, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-6-43 by Mary Fielders, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-108014-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 381931
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. R.F.D
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Edward Gray Baker

5. Date of Birth of Child (Month, day, year) Nov. 8, 1902

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Horace B. Baker
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Maine, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Letitia S. Kirby
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Cambria, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 41 years, and that Mrs. J.V.R. Witt (First name) (Last name), who attended this birth Midwife (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Horace B. Baker Signature

Rt.1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 1943

(SEAL) [illegible] Notary Public, residing at Emmett, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1984

DEC 8 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394-213-003-318

381963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Robin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Robin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Robin, Idaho

4. **FULL NAME OF CHILD** Luella Emma Crump

5. Date of Birth of Child (Month, day, year) Jan. 13, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hyrum Crump
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Meadowcreek, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Ann Taylor
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kaysville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Nancy Marley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Hyrum Crump — Signature
Robin, Idaho — P. O. Address

Subscribed and sworn to before me this 27th day of November, 1943.

(SEAL) Henry J. Nelson, Notary Public, residing at Inino, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1948

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-128-092-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 381974
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Floyd Harris Whittle

5. Date of Birth of Child (Month, day, year) Nov. 28, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 9th

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John C Whittle
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Zina Pond
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for years, and that all persons (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Newell Whittle Signature

P. O. Address

Subscribed and sworn to before me this 27th day of November, 1943

(SEAL) Vern E Fuller Notary Public, residing at Ashton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-201-240-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 381979
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Burke (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Burke
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Since yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke, Idaho

4. **FULL NAME OF CHILD** Susie Lewis

5. Date of Birth of Child (Month, day, year) October 1st 1902

6. Sex ~~Female~~ Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Patrick Lewis
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace St. John's (City or town) Newfoundland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bridget Snook
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Placentia Bay, (City or town) Newfoundland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

~~State of~~ Newfoundland
~~County of~~ St. John's } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for — 40 — years, and that the doctor (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bridget Lewis Signature
8th Clare Ave. P. O. Address

Subscribed and sworn to before me this 15th day of November, 1943.

(SEAL) John A Barron, Notary Public, residing at Springfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel Holder, Registrar.

FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-230-035-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 382055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** Agnes Ruth Leeper

5. Date of Birth of Child (Month, day, year) 7-30-1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Allen Leeper
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Acton (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Elizabeth Bollinger
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Sandusky (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not Known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name); who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 41 years, and that Dr. Charles (First name) Shaff (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E. Leeper Signature

Seattle Wash. P. O. Address

Subscribed and sworn to before me this 7th day of December, 1943.

(SEAL) Betty Dustrack, Notary Public, residing at Olympia

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-203044235

United States
Department of Commerce
Bureau of the Census

DEC 21 1943

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 383120
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City MIDVALE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City MIDVALE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) MIDVALE IDA

4. **FULL NAME OF CHILD** ZOE MARIE WHITLOW

5. Date of Birth of Child (Month, day, year) MARCH-3-1902

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4 CHILD 8. No. months of Pregnancy 9 Mo. 9. Legitimate? Yes

**FATHER OF CHILD** WHITLOW

10. **FULL NAME** WILLIAM WARDSWORTH
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace BROWNSVILLE (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD** APT

16. **FULL MAIDEN NAME** MARY SAPHRONIA STEW
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace BIGLOW (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ZOE MARIE (Born alive, stillborn) at MIDVALE on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Lewis } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that DECEASED (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. W. Whitlow Signature
1816 SE 12th 142 Portland P. O. Address

Subscribed and sworn to before me this 17th day of December, 1943.

(SEAL) Notary Public, residing at Chehalis.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents; money order or coin.

OCT 31 1968

JAN 4 NVT

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-222026299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383130
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County JEFFERSON (b) City RIGBY
(c) Street Address or R.F.D. No. GEN. DLY
(d) Name of Hospital or Maternity Home: NONE
(e) Mothers stay **BEFORE** delivery: In **THIS** county — years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County JEFFERSON
(c) City RIGBY
(d) Street Address or R.F.D. No. GEN DLY
(e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. **RESIDENCE OF FATHER** (city, state) RIGBY Idaho

4. **FULL NAME OF CHILD** EMMA Elizabeth SANDERS

5. Date of Birth of Child (Month, day, year) Sept 22, 1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** CHARLES Albert SANDERS
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace LUNOBY (City or town) DENMARK (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business NONE

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** SARAH ANNE Kirby
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace PLEASANTVIEW (City or town) utah (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC Acid

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 3:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by SARAH (First name) SANDERS (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that MARY (First name) CLARK (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Annie Sanders Signature
713 South Hayes ave P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1943.

(SEAL) Edward G. Houde, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1959

DEC 17 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-101 004 271

383280

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Dingle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Dingle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dingle, Idaho

4. **FULL NAME OF CHILD** Everett Elmo Dayton

5. Date of Birth of Child (Month, day, year) Feb. 1, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Elmo Dayton
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Cedar Fort, (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Jane Sparks
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Dingle (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Lincoln } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Jane Fowler Sparks (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Sparks Dayton Signature

Cokeville, Wyoming P. O. Address

Subscribed and sworn to before me this 5th day of January, 19 44

(SEAL) 1/5/44 Marvel Larson Reed Notary Public, residing at Cokeville, Wyo.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1944 by Mary Helder

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764210 003 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 384476
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City DEMPSEY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County BANNOCK
   (c) City DEMPSEY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) DEMPSEY, IDA.

4. **FULL NAME OF CHILD** Enid Dorthella GODFREY

5. Date of Birth of Child (Month, day, year) April, 10, 1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** William Richard Godfrey
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City (City or town) Utah. (State or foreign country)
14. Exact Occupation CATTLEMAN
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Amelia Avery
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kanosh (City or town) Utah (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother in law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 25 years, and that Dr. Ellis Rackly (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dr. Grave — Signature
130-N. Heliotrope Ave — P. O. Address

Subscribed and sworn to before me this 19th day of January, 1944. Monrovia Calif.

(SEAL) Windsor O Stout — Notary Public, residing at Monrovia Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires October 4, 1944

Received for filing on JAN 26 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1964

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 210 041-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 384479
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Victor
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Idaho

4. **FULL NAME OF CHILD** Valeria June Campbell [redacted]

5. Date of Birth of Child (Month, day, year) MAY 10-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Campbell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Spanish Fork, Utah U.S. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Talitha F Humble
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Fairview, Utah U.S. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Teton } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 40 years, and that Olive M. Humble (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth E. Chase Signature
Tetonia Id. P. O. Address

Subscribed and sworn to before me this 24 day of Jan, 1944.

(SEAL) [signature], Notary Public, residing at Tetonia.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1964

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-108044495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 384483
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** Lester Allison

5. Date of Birth of Child (Month, day, year) Dec. 8, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William W. Allison
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Cambridge (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sylvia Miers
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Lake City (City or town) California (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-six years of age, that I have known this person for forty-one years, and that Dr. Roy Shafer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William W. Allison Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 19 44.

(SEAL) Arthur Wilson, Notary Public, residing at Cambridge Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 214040 365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 384520
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Greer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years Six months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Green
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Orpha Verdiel Crosby

5. Date of Birth of Child (Month, day, year) 4-14-1902

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Warren Edgar Crosby
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Glencoe (City or town) Minnesota (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosetta Long
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hendricks (City or town) West Virginia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of West Virginia
County of Greenbrier } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr. Burkx (First name) Beck (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Crosby Signature
Crichton, West Virginia P. O. Address

Subscribed and sworn to before me this 27 day of January, 19 44

(SEAL) Charles R. McKinney, Notary Public, residing at Quinwood, W. Va.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-225016 863

384613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. General Del
(d) Name of Hospital or Maternity Home: Bowden Family Home
(e) Mother's stay **BEFORE** delivery: Native Born
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. Gen-Del
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) Albion, Ida

**4. FULL NAME OF CHILD** Verna Alice Brim

**5.** Date of Birth of Child (Month, day, year) Oct. 25, 1902.

**6.** Sex Female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph Alexander Brim
**11.** Color or Race white **12.** Age at time of THIS birth 36 yrs.
**13.** Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
**14.** Exact Occupation deceased
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Bessie Estelle Holland
**17.** Color or Race white **18.** Age at time of THIS birth 22 yrs.
**19.** Birthplace Carthage, Missouri (City or town) (State or foreign country)
**20.** Exact Occupation Teacher
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of NEVADA
County of CLARK } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 (since birth) years, and that Dr. John J. Storey (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elizabeth Buffett Signature

P.O. Box 171 Whitney, Nevada P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 43

(SEAL) Camellia A. Butts Notary Public, residing at Las Vegas, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. ex: Oct. 16, 1945

Received for filing on FEB 4 1944 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1964

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-219019-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 384620
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CUSTER (b) City MAY, IDAHO
   (c) Street Address or R.F.D. No. R.F.D. FROM MAY, IDAHO
   (d) Name of Hospital or Maternity Home: BORN AT HOME OF GRANDPARENTS SAME ADDRESS
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CUSTER
   (c) City MAY, IDAHO ( P.O. IN LEMHI COUNTY)
   (d) Street Address or R.F.D. No. R.F.D. FROM MAY, IDAHO
   (e) How long has **MOTHER** lived in Idaho? FOUR yrs.

3. **RESIDENCE OF FATHER** (city, state) MAY, IDAHO

4. **FULL NAME OF CHILD** BESSIE MAY VANDERVORT

5. Date of Birth of Child (Month, day, year) JUNE 19, 1902

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** REED BROWN VANDERVORT
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace BROOKVILLE, PENN. (City or town) JEFFERSON COUNTY (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** LILY LOUELLA SHORT
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace MORNING SUN, IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business AGENT FOR BLISS NATIVE HERBS

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by LILY LOUELLA (First name) VANDERVORT (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Sarah Irwin ~~M.D.~~ Midwife Address Salmon, Idaho Date 1-22-44

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by Mabel Hale, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-226-007-249

United States
Department of Commerce
Bureau of the Census

FEB 7 1944 (Be sure the information is as of date of birth of THIS child.)

State File No. 384621
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No. XXXXXXX
   (d) Name of Hospital or Maternity Home: XXXXXXX
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey Idaho

4. **FULL NAME OF CHILD** Anna Belle McDonald

5. Date of Birth of Child (Month, day, year) Oct. 26, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

### FATHER OF CHILD

10. **FULL NAME** Angus McDonald
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation Mining engineer
15. Industry or Business Mining

### MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geraldine Emily Smith
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Tocoma Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living six

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

### AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Dr. Farris (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geraldine Emily McMullin Signature
231 Mac Arthur Blvd San Leandro Calif. Address

Subscribed and sworn to before me this 5th day of February, 1944

(SEAL) Maude Dare Notary Public, residing at Alameda Co. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Expires April 16, 1947

Received for filing on FEB 8 1944 by Mabel Fitler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 22 1965

FEB 9 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-103-028-251

FEB 7 1944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 384650
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Idaho (b) City: Firdnand
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Idaho
   (c) City: Firdnand
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firdnand

4. **FULL NAME OF CHILD** Marian Alford Denham

5. Date of Birth of Child (Month, day, year) 1908 Sep 3.

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Clarence Denham
11. Color or Race: White
12. Age at time of THIS birth: yrs.
13. Birthplace: Westlake (City or town) Idaho. (State or foreign country)
14. Exact Occupation: Dead.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Miss Myrtle Beasley
17. Color or Race: White
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Firdnand (City or town) (State or foreign country)
20. Exact Occupation: House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 30 M. on the date Sep 3 1908 and at the place stated above, and that personal particulars were furnished by Mrs. Charles Coffland (First name) (Last name) who is related as Aunt. (Mother, etc.)

25. Attendant's **OWN** signature X — M.D. / Midwife — Address: midwife Lewiston Ida — Date

State of Idaho
County of NezPerce } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty eight years of age, that I have known this person for forty three years, and that Dr. Truitt (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia B Coffland — Signature

321 11 St. Lewiston Idaho — P. O. Address

Subscribed and sworn to before me this 28 day of Jan., 1944.

(SEAL) Marion Hall, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by Mabel Helger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-230 007-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 384661
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Frances Vernette Sullivan

**5.** Date of Birth of Child (Month, day, year) May 30, 1902

**6.** Sex female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** LaVerne Latimer Sullivan
**11.** Color or Race white
**12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace Coffins Grove, Iowa (City or town) (State or foreign country)
**14.** Exact Occupation Attorney at Law
**15.** Industry or Business Law

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mamie Sullivan
**17.** Color or Race white
**18.** Age at time of THIS birth 20 yrs.
**19.** Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by LaVerne (First name) Sullivan (Last name), who is related to this child as father (Mother, etc.)

**25.** Attendant's **OWN** signature Both deceased M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for over 39 years, and that Dr. J. I. Raaf (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LaVerne Latimer Sullivan (Signature)
1602 Harrison Blv'd, Boise, Ida. P. O. Address

Subscribed and sworn to before me this 10th day of March, 19 42

(SEAL) M. Sullivan Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1944 by Mabel Heider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-206 D22-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 11 1944

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 384668
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ora
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or Maternity Home~~: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ora. Idaho

**4. FULL NAME OF CHILD** Elda Rebecca Kerr [redacted]

5. Date of Birth of Child (Month, day, year) 5-6. 1902

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Marion Joseph Kerr
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Richmond (City or town), Utah (State or foreign country)
14. Exact Occupation farmer, cattleman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Rebecca Merrill
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (~~Mother~~, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 40 2/3 years, and that Mrs. (First name) Riggs (Last name), who attended this birth (Is now deceased) ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Kerr Gee Signature
628 N Hayes, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 1943

(SEAL) [illegible] Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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284-123 025 313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 384714
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Greencreek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Greencreek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

**3. RESIDENCE OF FATHER** (city, state) Kooskia Ida

**4. FULL NAME OF CHILD** Theodore William Squires

5. Date of Birth of Child (Month, day, year) 12/23/19 02

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Eli Squires
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Green Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary L. Talcott
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Holenberg (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Mrs Troutman (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Squires Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 8 day of October, 19 42

(SEAL) B. F. Clarkson Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1944 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1964

FEB 19 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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623-204028-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 384719
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City LaClede
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county XX years 6 months XX days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City LaClede
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) LaClede Idaho

4. **FULL NAME OF CHILD** Maude Victoria Osterback

5. Date of Birth of Child (Month, day, year) Sept 4 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Abraham Osterback
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Portom Socken Finland (City or town) (State or foreign country)
14. Exact Occupation Laborer in Mill
15. Industry or Business Lumber Mill

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Christina Nelson
17. Color or Race whie
18. Age at time of THIS birth 32 yrs.
19. Birthplace Varmland Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wash
County of Spokane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Dr. Gestler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abraham Osterback Signature

1824 W Knox-Spokane Wn P. O. Address

Subscribed and sworn to before me this 15 day of February, 1944

(SEAL) Edith M. Hoyt Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1944 by Mabel Hyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

# DELAYED REGISTRATION LAW

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385991

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Falk's Store
   (c) Street Address or R.F.D. No. No street. No R.F.D.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: None
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County of Canyon
   (c) City Falk's Store, P.O.
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 4 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser P.O. RFD 4

4. **FULL NAME OF CHILD** Frank Crestensen

5. Date of Birth of Child (Month, day, year) August 7th.1902

6. Sex Male

7. Twin or Triplet no / no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** ~~Christensen~~ ~~Minnie Crestensen~~ Christian Chrestensen

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Somewhere in ~~Austria~~ Norway. (City or town) (State or foreign country)

14. Exact Occupation ~~Housewife~~ Farmer

15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Makagraf

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Somewhere in Austria (City or town) (State or foreign country)

20. Exact Occupation Do not know

21. Industry or Business None in particula

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho.
County of Washington. } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy five years of age, that I have known this person for forty two years, and that the physician, (name now forgotten) (First name) (Last name), who attended this birth Is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christian Chrestesen Signature

Weiser, Idaho R.F.D. No. 4. P. O. Address

Subscribed and sworn to before me this first day of March, 1944.

(SEAL) H. F. Yeager, Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by Mary Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-116-029-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 386019
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Princeton Idaho

4. **FULL NAME OF CHILD** Arley Kean Parker

5. Date of Birth of Child (Month, day, year) Nov. 16, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William James Parker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Perth (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ruby Azalea Cisney
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace LaFayette (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho WASH ss.
County of Latah Spokane

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Johanna (First name) Chambers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby A. Parker — Ruby Azalea Parker — Signature
Spokane, Wash, Dalton E418 — P. O. Address

Subscribed and sworn to before me this 4 day of March, 19 44

(SEAL) [signature], Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public in and for the State of Washington, residing at Spokane.

Received for filing on MAR 8 - 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-125-003-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 386154
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Allen McC. Anderson,

5. Date of Birth of Child (Month, day, year) 12/28/1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** William A. Anderson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Portage, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Ella McCammon
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Bucks County, Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life. ~~XXXX~~ and that Dr. Wm. H. Anderson, (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Gaskins Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 19 44.

(SEAL) Chas Eldridge, Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-916, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-204025-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 17 1944

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 386159
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Molly Faye Giveens

5. Date of Birth of Child (Month, day, year) Oct-4-1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jonas Giveens
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Joplin (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rachel ~~Giveens~~ Jackson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Joplin (City or town) Mo (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 37 years, and that Molly Faye ~~Giveens~~ Hamit (First name) (Last name) midwife who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mandley L. Jones Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me this 28 day of Feb, 1944

(SEAL) A. M. Kogutted, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 102003-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 27 1944

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387314
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 9 CLEVELAND
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ✓ years 3 months ✓ days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 9 CLEVELAND
(e) How long has **MOTHER** lived in Idaho? 7 yrs. yrs.

**3. RESIDENCE OF FATHER** (city, state) OGDEN, UTAH

**4. FULL NAME OF CHILD** THOMAS CHESTER DOXEY

5. Date of Birth of Child (Month, day, year) Apr. 2, 1962

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** ALMA THOMAS DOXEY
11. Color or Race WHITE
12. Age at time of THIS birth 20 yrs.
13. Birthplace ST. JOHNS (City or town) ARIZONA (State or foreign country)
14. Exact Occupation R. R. Shops
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ORPHA GOULD
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace BUFFALO (City or town) KAN (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Weber } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that Dr Castle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orphan Gould Doxey ..... Signature
241 W Patterson Ogden Utah ..... P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 74.

(SEAL) ..... Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 205001 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 387316
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Boise
   (c) Street Address or R.F.D. No.: Front near 14th St.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Ada
   (c) City: Boise
   (d) Street Address or R.F.D. No.: Front, near 14th St
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Gladys Lillian Turner

5. Date of Birth of Child (Month, day, year) February 5 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Turner
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Boise (City or town) (State or foreign country)
14. Exact Occupation Assayer - mine superintendent
15. Industry or Business mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillie Jennie Johnson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hunnewell (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Alice (First name) Turner (Last name), who attended this birth is now deceased (Is now. deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Turner Signature
716 SE 16 AVE Portland Ore. Address

Subscribed and sworn to before me this 16 day of March, 19 44

(SEAL) Vera Abselder, Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES SEPT. 2, 1944

Received for filing on MAR 28 1944 by Myrtle Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-101 025-959

387332

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Parents Res.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

**4. FULL NAME OF CHILD** Earl Alfred Hockersmith

5. Date of Birth of Child (Month, day, year) Dec. 1 - 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Wesley Hockersmith
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oregon City (City or town) Oregon (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida May Reid
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 65 years of age, that I have known this person for 42 years, and that not known (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Julia Magwarring Signature
1688 - 14 Ave Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 14 day of March, 1944

(SEAL) A. M. Ragsdale Notary Public, residing at Clarkston Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Ralph Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-206040-265

387416

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 387416
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Oropino
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Oropino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oropino, Idaho.

4. **FULL NAME OF CHILD** Esther Snyder.

5. Date of Birth of Child (Month, day, year) Aug 6-1902

6. Sex female.

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Snyder
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Bonner
17. Color or Race White
18. Age at time of THIS birth 46 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 12

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born Alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 41 years, and that Dr. H. C. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard Snyder Signature
Wallace Idaho P. O. Address

Subscribed and sworn to before me this 5 day of April, 1944

(SEAL) Glenn W Indgen, Notary Public, residing at Wallace Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-208-036-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 387502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 mo years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr 4 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Salt Lake City, Utah

4. **FULL NAME OF CHILD** Ellen [redacted] Cannon

5. Date of Birth of Child (Month, day, year) Dec. 8, 1902

6. Sex female

7. Twin of Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George M. Cannon
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace St. George (City or town) Utah (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ellen Christina Steffensen
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cottonwood (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for Deceased years, and that Dr. (First name) Cutler (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen C. S. Cannon Signature
Farmington, Utah P. O. Address

Subscribed and sworn to before me this 5 day of April, 194[illegible]

(SEAL) Maurice Mayo, Notary Public, residing at Kaysville, Ut
Commission Expires Dec. 29, 194[illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1944 by Mark Felger Residing at Kaysville, Utah, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 8 1967

APR 1 1 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-120 026-613

387548

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, sta Lewisville Idaho

4. **FULL NAME OF CHILD** William Wallace Hunter

5. Date of Birth of Child (Month, day, year) Apr. 20th, 1902.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 9

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel W. Hunter
11. Color or Race white
12. Age at time of THIS birth 45yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer-carpenter
15. Industry or Business carpenter

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Celestia Ann Walker
17. Color or Race white
18. Age at time of THIS birth 41yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 42 years, and that Harriet Dabell (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mable H. Hoggan Signature
Lorenzo, Idaho. P. O. Address

Subscribed and sworn to before me this 10 day of April, 1944.

(SEAL) Basil R. Bennett Notary Public, residing at Rigby, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-203040-335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 387580
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1 yr, 6 mo, 9 d. yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner Idaho

4. **FULL NAME OF CHILD** Myrtle Clemets

5. Date of Birth of Child (Month, day, year) Oct 3, 1907

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Martin Clemets
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Helga Marie Clemets
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bergen (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living seven

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Shoshone } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that ~~I am now~~ seventy years of age, that I have known this person for forty one years, and that Mrs. (First name) Mostad (Last name), who attended this birth ~~is now~~ deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Helga Clemets Signature
Wardner Ida. P. O. Address

Subscribed and sworn to before me this 11th day of April, 1944

(SEAL) Margaret P. Gaby, Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mabel Weber, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-209 027-639

United States
Department of Commerce
Bureau of the Census

APR 17 1944

(Be sure the information is as of date of birth of THIS child.)

State File No. 387619
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Blanch Vee Thorp

5. Date of Birth of Child (Month, day, year) Jan. 9 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Stephen A. Thorp
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business Logging

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Gertrude Flint
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by ~~Gertrude Thorpe~~ (First name) Mrs Brock (Last name), who is related as ~~Mother~~ Midwife (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Whatcom } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for since birth years, and that a Mrs. Brock (First name) (deceased) (Last name); who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Thorp Signature
2719 Meridian St Bellingham Wash Address

Subscribed and sworn to before me this 15th day of April, 1944

(SEAL) L Pitts, Notary Public, residing at Bellingham Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

APR 17 1944

Received for filing on APR 17 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended Oct. 6, 1954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 388640
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Gustava Marie Barnhart

5. Date of Birth of Child (Month, day, year) Oct. 2, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? x

**FATHER OF CHILD**

10. **FULL NAME** Henry C. Barnhart
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace LaPlata Mo. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida A. Larson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lund (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg, Idaho Date 4/19/44

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 26, 1944 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 388640

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gustava Marie Barnhart (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1902 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

| FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.) | FROM (As on Original) | TO (The Correct Facts) |
|---|---|---|
| 16. Mother's Last Name | Laron | Larson |
| | | |
| | | |

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of SHOSHONE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of
SEPT. 1954

Signed George G. Wattard
(Signature of Any Credible Person)

Marvell R. Brainard
Notary Public, residing at Kellogg
My commission expires 4.3.1958
(Seal)

225 S. Div. Kellogg Idaho
(Street Address, City, State)

DPH 52-155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 388640

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gustava Marie Barnhart (Name on Original Certificate) who was born (Was Born or Died) on October 2, 1902 (Date of Event)
in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

| FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.) | FROM (As on Original) | TO (The Correct Facts) |
|---|---|---|
| 16. Mother's Last Name | Laron | Larson |

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed R E. Thomas.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Brother in Law. Orofino Idaho.
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of September, 1954

Wendell R. Brainard
Notary Public, residing at Wallace, Ida.
My commission expires April 23, 1958
(Seal)

Signed Mae Barnhart Thomas.
(Signature of Any Credible Person)
Sister in Law Orofino Idaho
(Street Address, City, State)

DPH 52-155

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

388640 - 388640

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 388640
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City KELLOGG
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City KELLOGG
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) KELLOGG IDA.

4. **FULL NAME OF CHILD** GUSTAVA MARIE BARNHART

5. Date of Birth of Child (Month, day, year) Oct. 2, 1902

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

**FATHER OF CHILD**

10. **FULL NAME** Henry C. BARNHART
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace LA PLATA (City or town) Mo. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida A. LARON
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace LUND (City or town) Sweden (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg, Ida Date 4/19-44

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1944 by Mabel Geyer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1954

APR 26 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

149-101-016-366

388648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388648
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City ALBION
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDA (b) County Cassia
   (c) City ALBION
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) ALBION IDAHO

4. **FULL NAME OF CHILD** Roy Michael Murphy

5. Date of Birth of Child (Month, day, year) Oct 1, 1902

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** ANDREW Muphy
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace IRELAND (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ISABELLA COOPER
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace SALT LAKE CITY UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Doctor Storey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Cooper, Signature
305 South 4th St, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 44.

(SEAL) [signature], Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-206-001-285

388698

388698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 7th & Jefferson
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 7th + Jefferson
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida

4. **FULL NAME OF CHILD** Lorena Rebecca Daly

5. Date of Birth of Child (Month, day, year) Oct 6 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Fred Willard Daly
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Gertrude Eulalia Sherman
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Taylor (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature John Brock M.D. ~~Midwife~~ Address Boise Ida Date June 7 1944

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-130-UR-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 388760
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick Idaho

4. **FULL NAME OF CHILD** John Wesley Longteig

5. Date of Birth of Child (Month, day, year) Jan. 30, 1902

6. Sex Boy

7. Twin or Triplet so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Hans W. Longteig
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dora Frances Stump
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Bosworth (City or town) Missouri (State or foreign country)
20. Exact Occupation Housedutie
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of MISSISSIPPI
County of MONTGOMERY } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that D.N. Stonebrumer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Frances Longteig Signature
Winona Miss P. O. Address

Subscribed and sworn to before me this 24th day of April, 1944.

(SEAL) Leo H. Homes CHANCERY CLERK & ex officio Notary Public, residing at Winona, Miss
By Louise H. Homes, D.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible], Idaho Code Annotated.)

Received for filing on APR 28 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944
JUL 26 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-107 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 388785
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City LEWISTON
   (c) Street Address or R.F.D. No. IDAHO ST.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City LEWISTON
   (d) Street Address or R.F.D. No. IDAHO ST.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) LEWISTON IDAHO

4. **FULL NAME OF CHILD** FLOYD DAVID GORDON

5. Date of Birth of Child (Month, day, year) FEB. 7 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** CLYDE EDMUND GORDON
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace MILTON (City or town) OREGON (State or foreign country)
14. Exact Occupation BUTCHER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** GEORGIA ELIZABETH MARTIN
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace PAYCER COUNTY (City or town) TEXAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NO KNOWLEDGE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Asotin } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for ..... years, and that C. C. (First name) Phillips (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Georgia Gordon Signature
Asotin, Wash. P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1944.

(SEAL) C. A. Wormell COURT COMMISSIONER, ~~Notary Public~~, residing at Asotin

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-111-028-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 388795
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho

4. **FULL NAME OF CHILD** GINO CHIESA

5. Date of Birth of Child (Month, day, year) Aug 11-1902

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** VERGILIO CHIESA
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace St. MARIA del TARO (City or town) ITALY (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business GOLD MINE

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ANGELA GEANELLI
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace St. Maria del TARO (City or town) ITALY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of San Mateo } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that No physician or midwife (First name) (Last name), ~~who~~ attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Angela Chiesa
Signature
707 So. Eldorado St. San Mateo California
P. O. Address

Subscribed and sworn to before me this 13th day of April, 1944.

(SEAL) Flora L. Salvini Notary Public, residing at San Mateo California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1944 by Mabel Hedger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-223 01/02/19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388842
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: HOME
(e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 0 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) OAKLEY, IDAHO

4. **FULL NAME OF CHILD** MARION ISABELLE McBRIDE

5. Date of Birth of Child (Month, day, year) MARCH-23-1902

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** HYRUM WASHINGTON McBRIDE
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace GRANTSVILLE (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business FARMING

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARY ISABELLE MARTINDALE
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace OAKLEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business KEEPING HOUSE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN IF ANY

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living EIGHT

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that URILDA J. (First name) McBRIDE (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Isa Belle McBride Nielsen Signature
201 W. 92 ST. LOSANGELES-3-CALIF. P. O. Address

Subscribed and sworn to before me this 28th day of APRIL, 1944

My Commission Expires April 1, 1945

(SEAL) Gladys A. De Hoog, Notary Public, residing at 9316 So Blvd Los angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-108-044-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388879
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 1 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Cambridge, Idaho
3. RESIDENCE of FATHER (city, state): Cambridge, Idaho

4. FULL NAME OF CHILD Clarence Elmer Woodard
5. Date of Birth (Month, day, year) Feb 8, 1902
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME George Boyd Woodard
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Near Topeka, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Nettie Martin
17. Color or Race White
18. Age at time of THIS birth abt. 27 yrs.
19. Birthplace Near Topeka, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Woodard (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) MAY 8 1944 (Date received) (b) [illegible] (Registrar's signature)

25. Attendant's OWN signature Grace Woodard M.D. (D.O., Midwife, etc.)
and address Edmond Ks. Date 4/18/44

27. Given name added on ____ by ____ (Registrar's signature)

State of Kansas
County of Shawnee } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-231-009-617

388974

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County of Bonner (b) City of Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 1 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State of Idaho (b) County of Bonner
   (c) City Hope
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 1/6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope, Idaho

4. **FULL NAME OF CHILD** Helen Elizabeth Ramsey

5. Date of Birth of Child (Month, day, year) Oct. 31, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Wesley Ramsey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Redfield (City or town) Kansas (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Jane Wagy
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Redfield (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO, County of Bonner. } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 41 years, and that Dr. Loup (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Jane Ramsey Signature

Route #1, Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 13th. day of May, 19 44.

(SEAL) Art. B. McLeod, Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1965

MAY 1 8 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-120-029-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 388999
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county two years one months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? ~~46~~ died ~~1936~~ 10-27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Chester Arthur Mochel

5. Date of Birth of Child (Month, day, year) July 20, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy ?

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Banjamin Fra nklin Mochel
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Maryville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Jennett Fuller
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Cottonville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know

23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Four

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that Dr. W. H. (First name) Ehlen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard E. Mochel Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1944

(SEAL) Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 9 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-211 028842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 389007
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 11 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD** Elma Elizabeth Hussa

5. Date of Birth of Child (Month, day, year) July 11, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Eli Petajaniemi Hussa
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Salo, Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Hussa
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Oulainen, Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, ~~stillborn~~) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Hussa (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Pauline Mack ~~M.D.~~ Midwife Address Cataldo, Ida. Date 12-1-42

State of
County of } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-225025-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 390092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Mother's home
(e) Mothers stay BEFORE delivery: In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Katie May Thompson

5. Date of Birth of Child (Month, day, year) Dec. 25, 1902

6. Sex F

7. Twin or Triplet , If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? y

**FATHER OF CHILD**

10. FULL NAME William Alexander Thompson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming and
15. Industry or Business Government Packer

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Virginia Rose Prettyman
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Near Topeka, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business and Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boratin

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 42 years, and that Mrs. Clara Hobart (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia Rose (Jennie) Thompson Signature
Stites, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of May, 1944.

(SEAL) V. B. Anderson, Notary Public, residing at Stites, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1944 by Mabel Kelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1965

MAY 29 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194 103 003 389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 390115
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Robin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 1 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) ~~City~~ Robin Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Robin Idaho

4. **FULL NAME OF CHILD** John Herman Armstrong

5. Date of Birth of Child (Month, day, year) Nov 3 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Dudley Pullions Armstrong
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Randolph (City or town) County West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ada Rice Thomas Armstrong
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Robin (City or town) Idaho (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Nancy (First name) Marley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Rice Thomas Armstrong Signature
Robin, Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of May, 19 44

(SEAL) Grace Bistline, Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1944 by Mabel Kelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-109 029-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 390169
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City Moscow
(c) Street Address or R.F.D. No. 306 - O-STREET
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 7 months 4 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Moscow
(d) Street Address or R.F.D. No. 306 - O-STREET
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, IDAHO

**4. FULL NAME OF CHILD** HARRY KENNETH MOORE

**5.** Date of Birth of Child (Month, day, year) JAN. 9 - 1902

**6.** Sex MALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** JOHN ANDREW MOORE
**11.** Color or Race WHITE **12.** Age at time of THIS birth 46 yrs.
**13.** Birthplace Walton Junction (City or town) Iowa (State or foreign country)
**14.** Exact Occupation TRAMSTER-GENERAL HAULING
**15.** Industry or Business HOME

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** SUSAN MARGARET SCHALLENBURGER
**17.** Color or Race WHITE **18.** Age at time of THIS birth 40 yrs.
**19.** Birthplace GAGE COUNTY (City or town) NEB (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business HOME

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NONE

**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive ~~and~~ 8 now living 7

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 81 years of age, that I have known this person for 42 years, and that Ina Dalton (First name) no Stillwife (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Margret Moore Signature
..... P. O. Address

Subscribed and sworn to before me this 25 day of May, 1944.
(SEAL) Maurice Barber Notary Public, residing at Bremerton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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363-224035-673

390184

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Nezperce, Ida.

3. RESIDENCE of FATHER (city, state) Nezperce

4. FULL NAME OF CHILD PEARL DE ELMA COCHRAN

5. Date of Birth (Month, day year) June 24 1902.

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy term

9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME John Ervin Cochran | 16. FULL MAIDEN NAME Stella May Oglesby |
| 11. Color or Race white 12. Age at time of THIS birth 29 yrs. | 17. Color or Race white 18. Age at time of THIS birth 18 yrs |
| 13. Birthplace Willamette, Oregon (City or town) (State or foreign country) | 19. Birthplace Pullman, Wash. (City or town) (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housewife |
| 15. Industry or Business Own farm | 21. Industry or Business Own home |

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----------

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Stella Cochran (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 31 1944 (Date received) (b) Mary Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lewis } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella M. Cochran, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pearl De Elma Cochran (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Claud Couch (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella M. Cochran Signature

Ferdinand Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of May, 1944

(SEAL) [illegible] Notary Public, residing at Cougnour Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6 NOV 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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293-204029 8A

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 390219
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Viola
   (c) Street Address or R.F.D. No. R# 3
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: at home
   In **THIS** county 37 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Viola
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? since 1879 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ollie Dianna Silvey

5. Date of Birth of Child (Month, day, year) 12-4-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Thomas Silvey
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Marion County (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer + Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie Augusta Harrison
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sacramento (City or town) Calif. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 41 years, and that Hattie Augusta Darby Silvey (First name) (Last name), who attended this birth was Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hattie Silvey Signature
312 S Wm St. Moscow Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1944

(SEAL) A Melgard, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1944 by Mabel Kelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

46-9-215 (214-714)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 391449
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City
   (c) Street Address or R.F.D. No. R.F.D #2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 11 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City
   (d) Street Address or R.F.D. No. R.F.D #2
   (e) How long has **MOTHER** lived in Idaho? Since 1880 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Neva Belle Morris

5. Date of Birth of Child (Month, day, year) July 15-1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** William C. Morris
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Cowlitz County, Wash. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bertha Paul
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ada County, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name); who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

**AFFIDAVIT**

State of Idaho
County of Canyon. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. L. S. Williamson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Bertha Paul Morris Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me this 15 day of June, 1944

(SEAL) Donald L. Packard Notary Public, residing at Parma.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-222 1014-295

391528 391528

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Nampa Idaho

**4. FULL NAME OF CHILD** Hazel Alma Rose

5. Date of Birth of Child (Month, day, year) Nov. 22. 1902

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Ira Judson Rose
11. Color or Race white American 12. Age at time of THIS birth 27 yrs.
13. Birthplace Beaver City (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Elizabeth Bingman
17. Color or Race white American 18. Age at time of THIS birth 22 yrs.
19. Birthplace Laclede (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 two (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna E. Rose (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Dr. Fred Kohler (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E. Rose Signature
R.D.5. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 19 44

(SEAL) John Jackson
~~Notary Public, residing at~~
Probate Judge Ada County, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 12 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-224-003-113

391541 **391541**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford Idaho

4. **FULL NAME OF CHILD** Golda Azubah Hardwick

5. Date of Birth of Child (Month, day, year) Apr 24 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** William F Hardwick
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Preston (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Frances Caroline Jacks
17. Color or Race White
18. Age at time of THIS birth 2[illegible] yrs.
19. Birthplace Castle Dale (City or town) Utah (State or foreign country)
20. Exact Occupation Usual Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Ellen Burger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W F Hardwick Signature
Box Garland Nampa P. O. Address

Subscribed and sworn to before me this 19 day of July, 19 44

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 19 - 1944 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1902-D48-730

249-112-030-966

391616

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon City Idaho

4. **FULL NAME OF CHILD** Orie Luther Burke

5. Date of Birth of Child (Month, day, year) July 12 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Burke
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Oskaloosa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Antonette Rooker
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Rising Sun (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Tillamook } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age that I have known this person for 42 years, and that Dr. Whitewell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Burke — Signature
Cloverdale Ore — P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1944

(SEAL) Meril E. Gunning — Notary Public for Oregon
My commission expires Feb. 14, 1944 — Notary Public, residing at Cloverdale Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 8 1944

245-226-030-546

391642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho.

4. **FULL NAME OF CHILD** Katharine Edwards Bundy

5. Date of Birth of Child (Month, day, year) May, 26, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Henery Bundy
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Des Moine (City or town) Iowa (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ethel Edwards
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) Edwards Bundy (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. Frank (First name) S. Wright (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Edwards Bundy — Signature
Rose Point, Kirkland, Wash. — P. O. Address

Subscribed and sworn to before me this 21st day of June, 1944.

(SEAL) Raymond S. Parks, Notary Public, residing at Kirkland.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by Mary Hyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1957

JUL 8 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913-227-207-643

391654

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county Blaine years 6 yrs months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo. 77 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue Ida

4. **FULL NAME OF CHILD** Asta Ralls.

5. Date of Birth of Child (Month, day, year) Mar. 27. 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Benjamin Franklin Ralls
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kirksville (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mabel Fuller
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Mrs Fuller. (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Ralls Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July, 1944.

(SEAL) Ruth Yenne, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. (17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 9 1973

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-201-029-364

392849

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years 6 month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD** Edna Henrietta Minden

5. Date of Birth (Month, day year) 4-I-1902

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Edward Henry Minden
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ironton, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maud Matilda Combs
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Shelbyville, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9:15, A.M. on the date and at the place stated above, and that personal particulars were furnished by Maud Matilda Minden (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JUL 25 1944 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by Mary Fylder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Wash
County of Spokane } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie I Minden, being first duly sworn, say that I am Related (Related to (or) ~~acquainted with~~)
Edna Henrietta Minden (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunter (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Mrs Nellie I Minden Signature
1724 W Cleveland Spokane Wash P. O. Address

Subscribed and sworn to before me on this ____ day of ____ 19__
(SEAL) ____ Notary Public, residing at Spokane Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 392877
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City La Belle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City La Belle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel Rhemmmah Ovard

5. Date of Birth of Child (Month, day, year) Nov. 8 - 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John J. Ovard
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Larsen
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Provo (City or town) Utaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by John J (First name) Ovard (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Jerome, Ida Date July 27-1944

State of Idaho
County of Jerome } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that the midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John T Ovard Signature
Jerome P. O. Address

Subscribed and sworn to before me this 27th day of July, 1944

(SEAL) Rotella H Preece, Notary Public, residing at Jerome Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1944 by Molly Preece, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1944

AUG 1 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 392885
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Violet Vanessa Haner

5. Date of Birth of Child (Month, day, year) January 23, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Ralph Haner
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Linn County (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie DeBoyce
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) California (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Shaw Signature

712 SW 2nd, Portland 4, Oregon P. O. Address

Subscribed and sworn to before me this 24th day of July, 1944

(SEAL) Josephine Pilgrim, Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. expires 3/15/48

Received for filing on JUL 31 1944 by Mabel Folger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1956

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 392898

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy, Ida. U.S.A.
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county — years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? — yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state). Troy, Idaho

4. FULL NAME OF CHILD George Ellery Seagreaves
5. Date of Birth (Month, day, year) July 4-1902
6. Sex Male Twin or Triplet — If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy —
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Seagreaves
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Allentown (City or town) Penna (State or foreign country) U.S.A.
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Tilda Burgess
17. Color or Race White
18. Age at time of THIS birth about 34 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child — (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 8 1944 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of WEST VA
County of CABELL } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred F. Seagreaves, being first duly sworn, say that I am Related to (Related to ~~or acquainted with~~) George Ellery Seagreaves (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that — (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred F Seagreaves Signature
400 LOGAN AVE S.E. WARREN, OHIO P.O. Address

Subscribed and sworn to before me on this 10th day of JUNE, 19 41.

(SEAL) [illegible] Notary Public, residing at HUNTINGTON WVA
My Co. Ex. April 26th 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective da[illegible] Chapter [illegible] Session Laws, has not been recorded, or in case [illegible] to [illegible]rt any birth which has occurred subsequent to such [illegible] such [illegible]rt may be received and filed by the local registrar [illegible] Bureau of Vital Statistics for the purposes and uses [illegible] [illegible]ter 2, Title 38, Idaho Code Annotated, when such repo[illegible] [illegible]d by a certificate of the attending physician or mid[illegible] [illegible]vits of the father or mother of the child, or if [illegible] [illegible]r of the child is living or accessible, of the nearest [illegible] [illegible]ldish, or some person having direct knowledge in the p[illegible]

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 393001
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Coltman
   (c) Street Address or R.F.D. No. RR #2
   (d) Name of Hospital or Maternity Home: at Home No Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 11 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Coltman
   (d) Street Address or R.F.D. No. RR #2 Idaho Falls
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Coltman

4. **FULL NAME OF CHILD** Anna Marie Oswald

5. Date of Birth of Child (Month, day, year) Dec. 28 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Oswald
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wurtenberg (City or town) Germany (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Barbara Bremner
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Wurtenberg (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Any
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. William Oswald — Signature
R 2. Idaho Falls, Idaho — P. O. Address

Subscribed and sworn to before me this 3rd day of July, 194[illegible]

(SEAL) W. Shattuck, Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1965

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 393011
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Maryville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City (Town) Maryville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Beatrice Mc Omber

5. Date of Birth of Child (Month, day, year) Aug. 9th 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Orange Mc Omber
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Josephine Ellen Hansen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana.
County of Cascade } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Adelia (First name) Whittle (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine McOmber Signature

Rt. 2 Great Falls, Montana. P. O. Address

Subscribed and sworn to before me this 21st day of June, 19 44

(SEAL) Bruce Lyons Notary Public, for the State of Montana Residing at Great Falls, Montana My Commission Expires Sept. 6, 1944 Notary Public, residing at Great Falls Montana.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1984

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 393064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnai (b) City CoeurD Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City CouerDAlene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Erie Ward Babbitt

5. Date of Birth of Child (Month, day, year) July 26th., 1932

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Babbitt
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Logger, woods man
15. Industry or Business Lumber

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Lawrie Cook
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Menomie (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Dr. John Sabin (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Lawrie Best Signature
404 West 31st Street, Vancouver Wash P. O. Address

Subscribed and sworn to before me this 12th. day of August, 1944.

(SEAL) E. Hannah, Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1944 by Mabel Kelgin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

94 3-22-010-366

394298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 20 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 years.

**3. RESIDENCE OF FATHER** (city, state) Iona, Idaho

**4. FULL NAME OF CHILD** Iretta Ritchie

5. Date of Birth of Child (Month, day, year) Nov. 22, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John James Ritchie
11. Color or Race White
12. Age at time of THIS birth 45 x yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Harriette Ann Coop
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth~~ and including this child 10 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now x 62 years of age, that I have known this person for 42 years, and that G. W. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Martha Ritchie Rushton Signature

Martha Ritchie Rushton, Iona, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of August, 19 44

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by [illegible], Registrar.

CLERK OF THE DISTRICT COURT
AUG 23 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1944
AUG 26 1944

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

F66-111-D26533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 394324
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Seth Wallace Hoffman

5. Date of Birth of Child (Month, day, year) Nov 11, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Adolph Bryant Hoffman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Malmo (City or town) Sweden (State or foreign country)
14. Exact Occupation
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clara Cornelia Ellsworth
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace West Weber (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41+ years, and that Martha Bryan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Hoffman Signature
Avalon Apt. Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 16 day of Aug, 19 44

(SEAL) Otto McCutchen, Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-224-037 367

United States Department of Commerce Bureau of the Census

AUG 23 1944

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394395
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Owyhee (b) City: Wilson
   (c) Street Address or R.F.D. No.: --
   (d) Name of Hospital or Maternity Home: Home of Phebe Cox
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Owyhee
   (c) City: Wilson
   (d) Street Address or R.F.D. No.: --
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilson Idaho.

4. **FULL NAME OF CHILD** Gertrude Etta Keith

5. Date of Birth of Child (Month, day, year) Sept. 24, 1902.

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Edward Keith
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: OSAWATOMIE (City or town) KANSAS (State or foreign country)
14. Exact Occupation: Farming and Sheepgrower
15. Industry or Business: Farmer and Sheepgrower

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Etta COX
17. Color or Race: White
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: BLAIR (City or town) Nebraska (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Farmer's wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Owyhee } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 42 years, and that Phebe (First name) Cox (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia J. Mitchell — Signature
Murphy, Idaho. — P. O. Address

Subscribed and sworn to before me this 19 day of August, 19 44

(SEAL) W. A. Lewis, Probate Judge, Owyhee County, Murphy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1944 by Mabel Helper, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1964

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-129-008-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 394488

State File No. 394488
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho City, Idaho
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Idaho City
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho City, Ida.

4. **FULL NAME OF CHILD** William Carrigan Barry

5. Date of Birth of Child (Month, day, year) Aug. 29. 1962.

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Edmond William Barry.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Randolph Mass. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Branch Bank Manager
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ellen Carrigan
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Pioneerville Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Dr Warren Inwall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary E Barry Signature
Boise Idaho 923 E. Washington St. P. O. Address

Subscribed and sworn to before me this 28 day of September, 1944
(SEAL) Mildred C Bailey, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 28 1944 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1965

SEP 28 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred ~~subsequent to~~ such date, such ~~report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-11-0044-759

395710

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Charles Harry Hill

5. Date of Birth of Child (Month, day, year) April 11, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edwin James Hill.
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME:** Estella Dare Percifield
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lipan Erath Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 42 years, and that Dr. Frederick Brown (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella D. Hill — Signature
Forest Grove Oregon — P. O. Address

NOTARY PUBLIC FOR OREGON
My Commission Expires Feb. 28, 1945

Subscribed and sworn to before me this 6 day of October, 1944

(SEAL) Mary Miller Harvey — Notary Public, residing at Forest Grove Or

(Note: Perjury is punishable as a felony in Idaho; see ~~Sec. 17-914,~~ Idaho Code Annotated.)

Received for filing on OCT 10 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

332110

OCT 10 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-209-040-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395724
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Gem, Idaho

4. FULL NAME OF CHILD Maude Lucinda Kent

5. Date of Birth of Child (Month, day, year) June 9, 1902

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Mortimer Kent
11. Color or Race Caucasian 12. Age at time of THIS birth 42 yrs.
13. Birthplace Manlius Center, New York (City or town) (State or foreign country)
14. Exact Occupation Driller in quarry, mine
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Wileman
17. Color or Race Caucasian 18. Age at time of THIS birth 32 yrs.
19. Birthplace Ripon, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Dr. Brown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Kent Signature
Puyallup, Wash. P. O. Address

Subscribed and sworn to before me this 29 day of Sept 1944
(SEAL) R. E. Gregory, Notary Public, residing at Puyallup
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-105-006-294

395733

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Darwin Bright Simmons

5. Date of Birth of Child (Month, day, year) July 5, 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Agustus Henry Simmons
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Simmonsville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Manager Blackfoot Hotel
15. Industry or Business Blackfoot Hotel

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Inez Wright Simmons
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that Not Known (First name) (Last name), who attended this birth ~~(is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

U. H. Simmons Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of September, 1944

(SEAL) Grace Gale Clerk of District Court, Notary Public, residing at Blackfoot Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1944 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State [redacted] (b) County [redacted]
(c) City [redacted] Rigby Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby Idaho

4. **FULL NAME OF CHILD** Myrtle May Cook

5. Date of Birth of Child (Month, day, year) Sept 8 1902

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** William Cook
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Syracuse (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida May Pilkington [redacted]
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dead Date

State of Utah
County of Weber } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mrs (First name) Mathius (Last name) who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida May Pilkington Cook Signature
x 348 Franklin Ogden P. O. Address

Subscribed and sworn to before me this 7 day of October, 1944
(SEAL) E. M. Dillston, Notary Public, residing at Ogden Ut
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1944 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1967

OCT 18 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-011-14-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 395778
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: was homed at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley Ida

**4. FULL NAME OF CHILD** Myrtle Ann Tadlock

5. Date of Birth of Child (Month, day, year) May 11, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Oliver Cowdry Tadlock
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Calhoun County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Celia Ann Swearns
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Calhoun County Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43 years, and that Mil Wife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Shepard Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 11 day of October, 1944

(SEAL) O. T. Larson Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1944 by Mabel Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-108 064-799

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 396891
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Born here months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Carson Taylor

5. Date of Birth of Child (Month, day, year) Aug. 8, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Arthur Taylor
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Nottingham Eagland (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ann Price
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of Bear Lake } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that Mrs Dr. Gray (midwife) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Taylor Signature

Paris, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of October, 1944

(SEAL) , Notary Public, residing at Paris Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 18 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1954

OCT 25 1954

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-220225-317

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330553
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Winona Ida

3. RESIDENCE of FATHER (city, state) Winona

4. FULL NAME OF CHILD Minnie Theodora Mundt
5. Date of Birth (Month, day, year) Mar 20 1902
6. Sex Female
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy 9
9. Legitimate? yes

| FATHER OF CHILD | MOTHER OF CHILD |
|---|---|
| 10. FULL NAME Claus Henry Mundt | 16. FULL MAIDEN NAME Caroline Anna Lage |
| 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 48 yrs. | 18. Age at time of THIS birth 46 yrs. |
| 13. Birthplace Schoenberg (City or town) Germany (State or foreign country) | 19. Birthplace Stein (City or town) Germany (State or foreign country) |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housekeeper |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 31 1944 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CAROLINE ANNA MUNDT, being first duly sworn, say that I am related to (Related to (or) acquainted with) Minnie Theodora Mundt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Annie Lage (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Caroline Anna Mundt Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1944

(SEAL) E L Morgan Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 131004 #19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 398107
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bloomington
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bloomington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~[illegible]~~ 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bloomington Idaho

4. **FULL NAME OF CHILD** Gilbert George Bateman

5. Date of Birth of Child (Month, day, year) Aug 31 - 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick George Bateman
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Epsey (City or town) England (State or foreign country)
14. Exact Occupation School Teacher + Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Hargreaves
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Southport (City or town) England (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

**AFFIDAVIT**

State of Idaho
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. (First name) Hoover (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret H. Bateman — Signature
Montpelier Idaho — P. O. Address

NOTARY PUBLIC for the State of Montana
Residing at Lima, Montana
My commission expires May 13th, 1946

Subscribed and sworn to before me this 17 day of November, 1944.

(SEAL)

R R Teller, Notary Public, residing at Lima, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1944 by Mabel Teller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 113029-399

398182

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Freeze ~~Boise~~
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 4 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Freeze
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Freeze, Idaho

**4. FULL NAME OF CHILD** Clarence Lester Sullivan

5. Date of Birth of Child (Month, day, year) 3-13-1902

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Willia Sullivan
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Colorado Springs, Colo. (City or town) (State or foreign country)
14. Exact Occupation Hoisting engineer
15. Industry or Business Municipality

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Winnie May Chiever
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Cherokee, Okla. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Still-born~~ (Born alive, stillborn) at 2-A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ~~[illegible]~~ 42 years, and that Louisa Sullivan (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Geo Sullivan Signature
M1 Box 215 Wheeler Oreg P.O. Address

Subscribed and sworn to before me this 6 day of Nov, 1944
(SEAL) G. B. Nunn Notary Public, residing at Wheeler Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my commission expires June 6, 1946

Received for filing on NOV 27 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 206-044-141

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

398193

1. PLACE OF BIRTH
County of Washington
City of Cambridge, Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gillian Mae Looney

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth 3-6, 1922 (Month, Day, Year)

**FATHER**

9. Full name Lorenzo Dow Looney

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race WHITE 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or country) Craig County Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 20 yrs.

**MOTHER**

18. Full maiden name Mary Jane Adams

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race WHITE 21. Age at last birthday late (years)

22. Birthplace (city or place) (State or country) Cornwall England.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Maker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work March 26, 1935

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Looney, M. D.
or Mrs. Mary Baker, Midwife
Witness R. T. Williams
Address .....

Give name added from a supplemental report .....
(Date of)

Filed NOV 27 1944, 193.....
Registrar. Mabel Hale Registrar.

JAN 15 1957

DELAYED

258 231044 247

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398214
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington. (b) City Eaton.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Grandmother. Home.
(e) Mothers stay BEFORE delivery: In THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Baker.
(c) Huntington.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 Months yrs.

3. RESIDENCE OF FATHER (city, state) Huntington Oregon

4. FULL NAME OF CHILD Blanche Ada Benson.

5. Date of Birth of Child (Month, day, year) July 31 1902.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

**FATHER OF CHILD**

10. FULL NAME John Lincoln Benson.
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Albney (City or town) Oregon. (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ada Burns.
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Notknown (City or town) Nebraska. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Anna Benson. (First name) (Last name), who attended this birth Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. L. Benson Signature
R. 1 Box Ore. P. O. Address

Subscribed and sworn to before me this 28th day of November, 1944

(SEAL) Julius Tuke, Notary Public, residing at Halfway, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My term Expires 12-12-47

Received for filing on DEC 4 - 1944 by Mabel Hedges, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon to complete the certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

JUL 12 1961

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, [illegible] because of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-223 022 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 398227
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Victor
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Victor, Idaho
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Ida.

4. **FULL NAME OF CHILD** Winifred Lovinnie Allen

5. Date of Birth of Child (Month, day, year) Feb. 23. 1902

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hyrum Beal Allen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Provo, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Reachel Elizabeth Davis
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Kanarraville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Utah
County of Utah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Lavina Drake (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Allen
Signature

P. O. Address

Subscribed and sworn to before me this 7th day of October, 1944.

(SEAL) J. A. Low My Commission Expires 3/8/46, Notary Public, residing at Payson, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 202014 514

398304 398302

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

**3. RESIDENCE OF FATHER** (city, state) 20 yrs

**4. FULL NAME OF CHILD** Lillian Annetta Morrow

**5.** Date of Birth of Child (Month, day, year) July 2, 1902

**6** Sex Female

**7.** Twin or Triplet If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Charles W. Morrow
**11.** Color or Race White **12.** Age at time of THIS birth 20 yrs.
**13.** Birthplace Cladwell, Idaho (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Isabelle Hannah Eames
**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs.
**19.** Birthplace Red Cloud Nebraska (City or town) (State or foreign country)
**20.** Exact Occupation House Wife
**21.** Industry or Business House Wife

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

**25.** Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

**AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Rachel Horace (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles W. Morrow Signature
Richland, Baker Co., Oregon P. O. Address

Subscribed and sworn to before me this 27th day of December, A. D., 1944
(SEAL) John H. Sace, Notary Public, residing at Richland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 - 1945 by, Registrar

My Comm. Ex August 3, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

956 212 014 2515

STATE OF IDAHO 398306
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

398306

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 512 Blaine St. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Iva Rosetta Reffner

3. Sex Female

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 12, 1902 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Charles Grant Reffner | 18. Full maiden name Jenny Vandenbergh |
| 10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Ida. | 19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Ida. |
| 11. Color or race White \| 12. Age at last birthday 36 (years) | 20. Color or race White \| 21. Age at last birthday 30 (years) |
| 13. Birthplace (city or place) Newry (State or Country) Penn. | 22. Birthplace (city or place) _____ (State or Country) Holland |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Creamry Man | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home |
| 16. Date (month and year) last engaged in this work Present, 19____ \| 17. Total time (years) spent in this work 15 | 25. Date (month and year) last engaged in this work _____, 19____ \| 26. Total time (years) spent in this work _____ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

**When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.**

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M.D.

or _____, Midwife

Address _____

Filed JAN 11 1945, 193____ Mary Fielder

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jenny Vandergeraft Reffner being first duly sworn says that she is the Mother of Iva Rosetta Reffner
(Relationship of child)*
born Feb. 12 1902 at Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Iva Rosetta Reffner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. A. J. Isham M. D. was the ~~Midwife~~ medical attendant at the birth of said Iva Rosetta Reffner and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Jennie Reffner
P. O. Address Meridian Idaho

Subscribed and sworn to before me this 8th day of August, 1939

Donald J. Platt
Notary Public.
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
## BUREAU OF VITAL STATISTICS

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### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ..... } ss.
County of .....

..... being first duly sworn says that

..... is the ..... of
(Relationship of child)*

born ..... at ..... Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, affiant further states that the facts contained in the certificate of birth of the said .....

as stated therein, and that this birth has not been previously recorded.

Affiant further states that ..... M. D. was the medical attendant at the birth of said ..... and that

the said medical attendant is ..... (now deceased (or) cannot be located)

Name of affiant .....

Subscribed and sworn to before me this ..... day of ....., 19..

..... Notary Public.

Residing at ....., Idaho.

* If the father and mother are married, and the name recorded (or as is the mother) state that fact in the affidavit, indicating the relationship of the child, as father, etc.

613-120-022-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 399460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No. 206 East Main Street
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 days yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Rudger Harper Walker

5. Date of Birth of Child (Month, day, year) August 20, 1902

6. Sex male

7. Twin or Triplet neither — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Adelbert Walker
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lavina Dilworth Harper
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Big Cottonwood, Utah (Holladay) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 yrs., years, and that Mary (First name) Raymond (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lavina Walker Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 11th day of Dec, 1944

(SEAL) Dave ~~Clerk of District Court~~ Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate. FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Exact advance payment of fifty cents, money order or coin.

DEC 2 1937

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-230-096-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399557
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City MALAD CITY
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City MALAD CITY
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) MALAD CITY ~~IDAHO~~

4. FULL NAME OF CHILD LIZZIE RICHARDS

5. Date of Birth of Child (Month, day, year) JULY 30, 1902

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME EVAN MORGAN RICHARDS
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace ~~MALAD-CITY~~ (City or town) OGDEN ~~IDAHO~~ (State or foreign country) UTAH
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME LETTIE THOMAS
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace MALAD CITY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at -- M. on the date and at the place stated above, and that personal particulars were furnished by VELLA RICHARDS REECE (First name) (Last name) who is related as OLDER SISTER (Mother, etc.) OLDER SISTER

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Mary Stuart (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elias E. Richards Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1945.

(SEAL) John H. McAllister, Notary Public, residing at Malad, ~~Idaho~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of the District Court

Received for filing on JAN 8 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 30 1965

JAN 9 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-209-040-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 399564
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 months yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pauline Idell Grover

5. Date of Birth of Child (Month, day, year) Jan. 9 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full term

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Benjamin A. Grover
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Menomonie (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elnora Idell Keyes
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Holgate (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Five

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for ..... years, and that Detrich (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnora I. Idell Grover Signature
5473 Claremont Ave. P. O. Address
Oakland 9, Calif.

Subscribed and sworn to before me this 16th day of December 19

(SEAL) Dorothy Faurlle, Notary Public, residing at Alameda County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1945 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for~~ the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-111-075-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 4 1945

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 399572
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Lenore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Lenore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lenore, Idaho

4. **FULL NAME OF CHILD** Edward Raymond Triplett

5. Date of Birth of Child (Month, day, year) August 11, 1902

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jasper Newton Triplett
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ora Mayday Whitney
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Livona (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Doctor Watt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ora Mayda Triplett Signature

Pierce, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of November, 19 43

(SEAL) ..... Notary Public, residing at Camas, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1945 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1965

JAN 9 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-108-214-485

349W0

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399650
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. RFD #2
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Russell Vail

5. Date of Birth of Child (Month, day, year) 11/8/1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Mr Silas William Vail
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Blue Rapids Kans. (City or town) (State or foreign country)
14. Exact Occupation Stock man
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amanda Myers
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Olney Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 47 years, and that Mrs. Wheeler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edna Ballantyne Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of January, 19 44

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 24 1944 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-202-006-213

400801

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. On farm
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. On farm
   (e) How long has **MOTHER** lived in Idaho? 9 Mo. ~~yr.~~

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Blanche Bertha Hauntz

5. Date of Birth of Child (Month, day, year) June 2, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charlie William Hauntz
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation General farming for self
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Elizabeth Sales
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wexford (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO,
County of Nez Perce, } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for over 42 years, and that the doctor, name probably Anderson, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Wesley Sales Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this ____ day of January, 1945.

(SEAL) W. Mongey, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 1 0 1945 by ____, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1972

JAN 19 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 21-022-231

400844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 25 1945

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered at home at St. Anthony
(e) Mothers stay BEFORE delivery: In THIS county 1 years 2 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Evelyn Gertrude Carbine

5. Date of Birth of Child (Month, day, year) Jan 1 - 1902

6 Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME William Henry Carbine
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation Abstractor
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Gertrude Evelyn Staley
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Isanas (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that W. J. Middleton M.D. (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Carbine Signature
Roman Montana P. O. Address

MY COMMISSION EXPIRES JULY 27, 1946

Subscribed and sworn to before me this 23 day of January, 1945
(SEAL) P. C. Rhodes, Notary Public, residing at Portland Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1945 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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FEB 8 1945

249-201-008-449

100546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Marguerite Ann Smith

5. Date of Birth of Child (Month, day, year) Jan. 1, 1902

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Warren Smith
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Baltimore Md. (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Cecelia Murnan
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Quartzburg Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wash
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years and that Warren Merrell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia C Smith, Signature
914 Tulare Dr Yakima, P. O. Address

Subscribed and sworn to before me this 30th day of Dec. 19 44

(SEAL) [illegible], Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1956

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-29-0022-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400941
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) St Anthony Idaho

4. **FULL NAME OF CHILD** Leila Myrtle Powell

5. Date of Birth of Child (Month, day, year) June 29 1902

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Powell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Colville (City or town) Utah (State or foreign country)
14. Exact Occupation Watermaster
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ellen Eloise Davenport
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace ~~Farmington~~ Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 9 (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Midwife Dearmond, Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 42 years, and that Margaret Crapo (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sylvia P. Muir Signature
x Chesterburg Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1945

(SEAL) W. J. Clements, Notary Public, residing at NOTARY PUBLIC - ST. ANTHONY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1945 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-205-003-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401022
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Laura Juanita Allen

5. Date of Birth of Child (Month, day, year) Aug. 5, 1902

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Franklin Allen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Harmon
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Pittsburg (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 43 — years, and that Howard Allen (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard Allen Signature
Rupley Idaho P. O. Address

Subscribed and sworn to before me this 10th day of Feb. 1945.

(SEAL) A. Hall, Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-216-222-986

401042

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 401042
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Egin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Egin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Almeda Wardle

5. Date of Birth of Child (Month, day, year) Feb. 16, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles M. Wardle
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace South Jordan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Harriett Rhodehouse
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Freasureton Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for life years, and that Midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles M Wardle Signature
730 W. Benton Pocatello Idaho P.O. Address

Subscribed and sworn to before me this 28 day of Feb., 1945

(SEAL) Paulena Centrine, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 28-1945 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254 12-010-168

402121

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonnieville (b) City Idaho Falls
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Parents residence
(e) Mothers stay BEFORE delivery: In THIS county 4 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonnieville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Martin Deward Knutson

5. Date of Birth of Child (Month, day, year) August 12, 1902

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ole K Knutson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Johnson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Story City, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living All & 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 2 weeks ~~years~~, and that Mrs. Beach (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Johnson Knutson Signature
410 Hamilton St., Medford, Oreg. P. O. Address

Subscribed and sworn to before ~~me~~ this 19th day of February, 1945

(SEAL) Marjorie Headley, Notary Public, residing at NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES NOVEMBER 21, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1945 by Mabel Hodges, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 6 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

419-111-003-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402184
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Dempsey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Dempsey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Dempsey Ida

4. FULL NAME OF CHILD Deane DeWitt Martin

5. Date of Birth of Child (Month, day, year) May 11 1907

6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME David A. Monroe Martin
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Providence Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Edessa Augusta Byington
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Marsh Valley Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Sarah Frances (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edessa Augusta Martin Signature
Yellowstone Highway Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 1945

(SEAL) N. J. Kaserka, Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1964

MAR 19 1954

MAR 7 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402211
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Ida.

4. FULL NAME OF CHILD Myrtle Amelia Nettleton

5. Date of Birth of Child (Month, day, year) November 14 1902

6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Clarence Nettleton
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Timber Framer

MOTHER OF CHILD

16. FULL MAIDEN NAME May Elizabeth Stringer
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Cleveland (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Mary E. Nettleton Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Doctor (First name) Davis (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Nettleton Signature
712 South Tyler, Tacoma, 3, P. O. Address

Subscribed and sworn to before me this 1st day of March, 19 45.
(SEAL) C. Van Kenyon, Notary Public, residing at Orting
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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402216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Victor Emanuel Danielson

5. Date of Birth of Child (Month, day, year) Dec. 27, 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Christian Danielson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ottwater (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Nicholine Skuerud
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Norse (City or town) Texas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Mid Wife (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie N. Danielson Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March 1945

(SEAL) [illegible], Notary Public, residing at Genesee Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 24 1966

MAR 7 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618-121-022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402249
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Small
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home.
(e) Mothers stay BEFORE delivery: In THIS county 16 years 8 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Small
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Small, Idaho

4. FULL NAME OF CHILD Benjamin Thomas Fayle

5. Date of Birth of Child (Month, day, year) 9-21-02

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Heaton Fayle
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Stockraising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Mae Thomas
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Mrs (First name) Wilson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilson Heaton Fayle
Signature

Dubois, Idaho
P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 45

(SEAL) H. [illegible], Notary Public, residing at Dubois, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Ex. Officio Commissioner.

Received for filing on ..... by ..... Registrar

MAR 9 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

962-127014-213

40-V307

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402307
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** William Earl Rose

5. Date of Birth of Child (Month, day, year) September 27, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Fredrick Rose
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Beaver City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Bailey
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Kentucky (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 42 years, and that Dr Kohler (First name) (Last name), who attended this birth is now dec (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Fredrick Rose Signature
1113 Leadville Boise P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 [illegible]
(SEAL) [illegible], Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1945 by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 0 1973

MAR 2 8 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

693 204-044-168 403497

403497

United States
Department of Commerce
Bureau of the Census No Money Enclosed

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO APR 2 1945

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ? (b) City Weiser
   (c) Street Address or R.F.D. No. not Known
   (d) Name of Hospital or Maternity Home: Birth at family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ?
   (c) City Weiser
   (d) Street Address or R.F.D. No. ?
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Elsie Orth

5. Date of Birth of Child (Month, day, year) Jan. 4, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 months

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Orth
11. Color or Race Wht.
12. Age at time of THIS birth 50 yrs.
13. Birthplace not known (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Stocks + Bonds

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillian Johnston
17. Color or Race Wht.
18. Age at time of THIS birth 23 yrs.
19. Birthplace ? (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 43 years, and that — ? (First name) — ? (Last name), who attended this birth ? (Is now deceased) or ? (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian O. Weber Signature
4416 1/2 Sixth Ave. P. O. Address

Subscribed and sworn to before me this 17th day of March, 1945.
(SEAL) Violet G. Hofstetter, Notary Public, residing at Tacoma Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959 107 005 942

403514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403514
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benawah (b) City Fernwood
   (c) Street Address or R.F.D. No. Blackpine St.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 4 months x days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benawah
   (c) City Fernwood
   (d) Street Address or R.F.D. No. Blackpine St.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fernwood, Ida.

4. **FULL NAME OF CHILD** Arthur William Zeige

5. Date of Birth of Child (Month, day, year) Feb. 7, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Arthur Zeige
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace New Orleans, Louisiana (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Homesteader

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Rusnell
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wanatoo (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Margret (First name) Hearld (Last name), who attended this birth Cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Martha Zeige Signature

Spokane, Washington P. O. Address

Subscribed and sworn to before me this 28 day of March, 1945

(SEAL) J. L. Gordon, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

255 115047214

4035 23

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. APR 24 1945 40523
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Logan (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Logan
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Ida

4. **FULL NAME OF CHILD** Albert James Bennett

5. Date of Birth of Child (Month, day, year) May 15, 1902

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** David Monroe Bennett
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Provo, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura Ellen Samson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Austin, Lander Co. Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Dr. Wheeler (First name) (Last name), who attended this birth is deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ellen Bennett Signature
Summerville, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of March, 1945
(SEAL) Arnetta Johnson, Notary Public, residing at La Grande, Or.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My commission expires 4/7/47

Received for filing on APR - 9 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 122-035-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 18 1945

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No.
Local Reg. No. 404601
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Melrose
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: ----
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Henry Burton Hill

5. Date of Birth of Child (Month, day, year) Sept. 22. 1902

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Franklin Hill
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ~~Farm~~

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Phoebe Florence Summers
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Vernon Co., Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Mrs. Hoke (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Franklin Hill Signature

1211 10th St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of April, 1945

(SEAL) Ruth Weiguler CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Mabel Walker, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

103404
APR 24 1945

JUN 28 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the~~ local registrar for record ~~in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-28-014-954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No.
Local Reg. No. 404622
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa,
(c) Street Address or R.F.D. No. 116 15th Ave. So.,
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

APR 25 1945

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Canyon,
(c) City Nampa,
(d) Street Address or R.F.D. No. 115 15th Ave. So.,
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho.

4. **FULL NAME OF CHILD** Carl Samuel Martin.

5. Date of Birth of Child (Month, day, year) Oct. 28 '02.

6. Sex Male.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Samuel Hays Martin.
11. Color or Race White.
12. Age at time of THIS birth 24 yrs.
13. Birthplace Elinsville, Patric Co., Va. (City or town) (State or foreign country)
14. Exact Occupation O.S.L.RR. Brakeman.
15. Industry or Business O.S.L. Railroad Company.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Calista Redmon
17. Color or Race White.
18. Age at time of THIS birth 23 yrs.
19. Birthplace Madison, Kansas. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Solution of silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living One.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho.
County of Canyon. } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Mrs. Joseph Neher (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L A Redmon Signature
R2 Lake View Park Nampa Idaho P.O. Address

Subscribed and sworn to before me this 24 day of April, 1945

(SEAL) Velma N. Deal, Notary Public, residing at Notary Public Residing at Nampa, Id. My Commission Expires Jan. 10, 19

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated)

Received for filing on APR 27 1945 by Mary Hedger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 11 1945

APR 2 0 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 404627
Registrar's No.

766 213 035 285 State of Idaho

**1. PLACE OF BIRTH:**
(a) County Nez Perce
(b) City or town Lapwai (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At Home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

**2. USUAL RESIDENCE OF MOTHER:**
(a) State Idaho
(b) County Nez Perce
(c) City or town Lapwai (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child Hattie Poweke
4. Date of birth II/I3/'02 (Month) (Day) (Year)
5. Sex: F
6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? Yes

**FATHER OF CHILD**
9. Full name Henry Poweke
10. Color or race Indian 4/4 11. Age at time of this birth 42 yrs.
12. Birthplace Nez Perce County (City, town, or county) Idaho (State or foreign country)
13. Usual occupation Farming
14. Industry or business Own Farm

**MOTHER OF CHILD**
15. Full maiden name Alice Shesler
16. Color or race Indian ½ 17. Age at time of this birth 37 yrs.
18. Birthplace Nez Perce Co (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Own Home

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 2

22. Mother's mailing address for registration notice:

23. I hereby certify that I attended the birth of this child who was born alive at the hour of _____ m. on the date above stated and that the information given was furnished by Mrs. John Kane, related to this child as Sister
Attendant's own signature Mrs John Kane
M. D., midwife, or other Sister Date signed 4/2I/'45
Address Box I62 Lapwai, Idaho

24. Date received by local registrar APR 27 1945
25. Registrar's own signature _____
26. Date on which given name added _____ (Registrar)

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the official records of the Northern Idaho Agency, and from information furnished by the sister of the applicant. Certified this 2I st day of April, I945 at Lapwai, Idaho.

Raymond A. Johnson

Raymond A. Johnson Ed F Agent

Subscribed and sworn to before me this 2I st day of April, I945 at Lapwai, Idaho

Archie Phinney

Archie Phinney, Superintendent

DELAYED

249-122 014 249

404662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404662
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Guy G Kurt

5. Date of Birth of Child (Month, day, year) Feb 22-1902

6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Kurt
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie May Kurt
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Clarion Co Penn (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature Mrs Rachel Raleha M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Mrs Rahlen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie Kurt Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 16 day of May, 19 45.
(SEAL) Mabel Fielder, Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1945 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1975

MAY 29 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

613 116 006 415 APR 30 1945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Riverside
(c) ~~Street Address~~ or R.F.D. No. 2 Blackfoot
(d) Name of Hospital or Maternity Home: at residence
(e) Mothers stay BEFORE delivery: In THIS county 19 years 8 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Riverside
(d) ~~Street Address~~ or R.F.D. No. 2 Blackfoot
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Riverside, Ida.

4. FULL NAME OF CHILD David Ellis Fackrell

5. Date of Birth of Child (Month, day, year) Dec. 16, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Karl Summers Fackrell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mount Carmel (City or town) Utah (State or foreign country)
14. Exact Occupation Common labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Lydia Davis
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bingham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Midwife _____ Address _____ Date _____

State of Washington
County of Pacific } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Susannah S Fackrell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x K S Fackrell Signature
134 Fir St, Raymond, Wash P. O. Address

Subscribed and sworn to before me this 27th day of April, 1945

(SEAL) Eda Eichner, Notary Public, residing at Raymond

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by Mary Fisher, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

845 25025 849 APR 30 1945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 404693
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) ~~Street Address~~ or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: delivery at Home
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 5
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida

4. FULL NAME OF CHILD Ruby Hope Hunt

5. Date of Birth of Child (Month, day, year) April 15 - 1902

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Frederick Hunt
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Iowa (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertie Lumby
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Buffalo (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Artie (First name) Hunt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertie Moore Signature
Cottage Grove, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of April 19 45

(SEAL) Eva O. Lind Notary Public residing for Oregon Cottage Grove
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires May 21/1947

Received for filing on 1945 by Mary Felger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 123 025 342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 3 1945

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD JOHN FREDERICK

5. Date of Birth of Child (Month, day, year) Oct. 23 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Frederick
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Lusk
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Bohemia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon, County of Clackamas. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that Mrs. (First name) Hanson (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Aschenbrenner Signature

Rt. 1, Box 229A, Oregon City, Oregon P. O. Address

Subscribed and sworn to before me this 30th day of April, 1945

(SEAL) Paul E. Finkler Notary Public, residing at Gladstone, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) expires: Dec. 7, 1948

Received for filing on MAY 7 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-128025-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404793
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrisburg, Idaho

4. **FULL NAME OF CHILD** RALPH HERMAN SANDY

5. Date of Birth of Child (Month, day, year) Oct. 28, 1902

6 Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Jack Alfred Sandy
11. Color or Race Caucasian 12. Age at time of THIS birth 32 yrs.
13. Birthplace Unknown (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Tillie Viola White
17. Color or Race Caucasian 18. Age at time of THIS birth 22 yrs.
19. Birthplace Stuart, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Hannah George (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tillie V Sandy Kelly Signature
8213 Crockett Blvd., Los Angeles California P. O. Address

Subscribed and sworn to before me this 9th day of May, 1945.
(SEAL) Margaret Gordan Notary Public residing at 7836 S. Hobart, Los Angeles 44, California
(Note: Perjury is punishable as a felony in Idaho, per Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mary Feller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

485-216-001-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 404835
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Annalette Cornelia Myers

5. Date of Birth of Child (Month, day, year) Sept 16 1902

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Elmer Myers
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oradel (City or town) Oregon (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Eliza Cook
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at midnight M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Brown-Lewis (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Dr. L. C. Bowers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Brown Lewis Signature
Box 64, Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 1945
(SEAL) George H. Carlson, Notary Public, residing at Meridian, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Molly Fylder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 4 1945

MAY 14 1951

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-22-6025-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405926
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Versal Letha Thompson

5. Date of Birth of Child (Month, day, year) Dec. 22, 1902

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Albert Thompson
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer & freighter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rose Nellie Johnson
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name) who is related as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife **Address** X **Date**

State of Idaho
County of Idaho } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr. A. W. Foskett (First name) (Last name), who attended **this birth** is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aramintha Acland (Signature)

Grangeville, Idaho **P. O. Address**

Subscribed and sworn to before me this 5 day of May, 19 45.

(SEAL) H. Rothwell, Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-116-231-284

405999

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405999
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winchester Ida

4. **FULL NAME OF CHILD** Walter Leo Wilsey

5. Date of Birth of Child (Month, day, year) July 16 1902

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Wilkeson Wilsey
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Dubois, Nebr (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Charlotte Watson Shuss
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Everett Penn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Mrs. John King (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Wilkeson Wilsey Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 18th day of June, 1945

(SEAL) A. M. Rosenstad, Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

659-122-014-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 106018
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. 1 mo. 7 days yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Herman Carl Werle

5. Date of Birth of Child (Month, day, year) November 22, 1902

6 Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Herman Werle
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Johanna Wilhelm
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Johanna (First name) Halder (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature A. Skippen M.D. ~~Midwife~~ Address Portland Oregon Date 6-4-45

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-214-014-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 406020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in the home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1yr years 1yr months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ✓6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** ADA FAY EARL

5. Date of Birth of Child (Month, day, year) Aug. 14, 1902

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** Albert Alonzo Earl
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Summer Hill (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ballard
17. Color or Race White
18. Age at time of THIS birth ✓35 yrs.
19. Birthplace Iroquois (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I ~~HEREBY CERTIFY~~ That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. ~~on the date~~ and at the place stated above, and ~~that personal~~ particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. ~~Attendant's OWN signature~~ M.D. Midwife Address Date

State of Colorado
County of Kit Carson } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ✓77 years of age, that I have known this person for all her life ~~years~~ and that ✓ Mrs Carey Ballard (First name) (Last name), who attended this birth cannot be found (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires Mar.14,1948.

Mary Ballard Earl Signature

Stratton, Colorado. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1945

(SEAL) Frances Van Ness, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 8 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-224-007-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) 6 years

4. FULL NAME OF CHILD Violet Mary Moore

5. Date of Birth of Child (Month, day, year) 5-24-1902

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Stonewall Jackson Moore
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Adelaide Alice Matthews
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bingham (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Adelaide Reese (First name) (Last name) who is related as Mother (Mother, etc.)

25. ~~Attendant's~~ Mother's OWN signature Adelaide Reese ~~M.D.~~ Midwife Address 2532-218th Place Long Beach Date 5-8-45

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Servia (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelaide Reese Signature
2532-218th Place Long Beach Cal P. O. Address

Subscribed and sworn to before me this 28th day of May, 1945

(SEAL) [illegible] Notary Public, residing at Long Beach, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1970

JUN 13 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

719-20-1035-566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 406135
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lookout
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Missouri (b) County Barry
(c) City Washburn
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

**3. RESIDENCE OF FATHER** (city, state) Washburn, Mo.

**4. FULL NAME OF CHILD** Clarice M. Park

5. Date of Birth of Child (Month, day, year) Nov. 9, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Garland Lillard Park
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Washburn, Mo. (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ora Alice Hood
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Verona (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Alice Park — Signature
Washburn, Missouri — P. O. Address

Subscribed and sworn to before me this 15th day of August, 1942
(SEAL) K. L. Jenkins — Notary Public, residing at Twin Falls Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Mary Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1 1945

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714 715 029 912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 107185
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Ida

4. FULL NAME OF CHILD Baxter Cleo Sams

5. Date of Birth of Child (Month, day, year) Jan 16 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Joseph Emerson Sams
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Asheville (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

## MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Emaline Baker
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Asheville (City or town) North Carolina (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 43 years, and that Mrs. Rents Jackson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Emaline Sams Signature
Genesee Ida P. O. Address

Subscribed and sworn to before me this 21st day of June 21st, 1945.
(SEAL) E. L. Thompson, Notary Public, residing at Moscow, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1945
AUG 6 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-17665-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 407214
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 230 East Lander
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 230 East Lander
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edward Mc Garvey

5. Date of Birth of Child (Month, day, year) May 17 - 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Barnett Mc Garvey
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Wyoming (City or town) (State or foreign country)
14. Exact Occupation Peace Officer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Clara Clark Mc Garvey
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Witness (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 43 years, and that Dr. O. B. Steeley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward G. Houde Signature

815 So. Arthur Ave P. O. Address Pocatello Idaho

Subscribed and sworn to before me this 23rd day of June, 1945

(SEAL) ..... Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1945 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-211-035-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407365
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Spaulding
(c) Street Address or R.F.D. No. R.F.D 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Spaulding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Rosa Lee Mathew

5. Date of Birth of Child (Month, day, year) April 11, 1902

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Lee Mathew
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Virgina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bernice McFadden
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Almota, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Attendant cannot be located (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bernice Mathew Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 1945.

(SEAL) Samuel Swayne, Notary Public, residing at Orofino Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1962

JUL 19 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915 704 029 681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 407371
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City ~~[illegible]~~
(c) Street Address or R.F.D. No. TROY
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City TROY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) TROY IDAHO

**4. FULL NAME OF CHILD** WEAVER STANLEY RANDALL

**5.** Date of Birth of Child (Month, day, year) DEC. 4 1902

**6.** Sex MALE

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy 9

**9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** ELBRA EDWIN RANDALL
**11.** Color or Race WHITE
**12.** Age at time of THIS birth 26 yrs.
**13.** Birthplace (City or town) (State or foreign country)
**14.** Exact Occupation FARMING
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** LAURA OLIVE O'HARA
**17.** Color or Race WHITE
**18.** Age at time of THIS birth 17 yrs.
**19.** Birthplace BROCK (City or town) NEBRASKA (State or foreign country)
**20.** Exact Occupation HOUSE WIFE
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for Since birth years, and that Eliza Byers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Laura O Randall Signature
Wapato Wash P. O. Address

Subscribed and sworn to before me this 12 day of July, 1945
(SEAL) Geo. Y. Boulian Notary Public, residing at Wapato
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1945 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1945

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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434 216 037 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407373
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City

4. FULL NAME OF CHILD Eleanor Lucile McDonald

5. Date of Birth of Child (Month, day, year) Oct. 16, 1902

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Alexander McDonald
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sunny Brae (City or town) Nova Scotia (State or foreign country)
14. Exact Occupation Superintent of Mines
15. Industry or Business Mining

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Helen Frances McCarthy
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Racine (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Nevada
County of White Pine } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 43 years, and that Dr. Hamilton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Helen McDonald Signature

Ely, Nevada P. O. Address

Subscribed and sworn to before me this 11th day of July, 1945.

(SEAL) Clark, Notary Public, residing at Ely, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES NOVEMBER 2, 1946

Received for filing on JUL 18 1945 by Mary Fowler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1945

JUL 25 1958

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

213-204029-792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407374
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) Potlatch
   (a) County Latah (b) City At home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Latah Co. Idaho

4. **FULL NAME OF CHILD** Elizabeth Katzenberger

5. Date of Birth of Child (Month, day, year) August 4th 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Valentine Katzenberger
11. Color or Race German
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oreccasheim (City or town) Baden Baden (State or foreign country) Ger.
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Almira Gibbs
17. Color or Race White Eng.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Calliope Springs (City or town) Iowa. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Mrs Haskins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Almira Katzenberger Signature
R#1 Pottlefield Wash. P. O. Address

Subscribed and sworn to before me this 11 day of July, 1945

(SEAL) M M Parsons, Notary Public, residing at

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch
My Commission Expires Nov. 8, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by Mary Fryer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-278 001 619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City Eagle
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: HOME
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City EAGLE
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Eagle Idaho

4. FULL NAME OF CHILD Myrtle Theresia Johnson
5. Date of Birth of Child (Month, day, year) 6-28-02
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gus W Johnson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Rockspringa Wyo (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eddie Belle Farmer
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Malad City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Dr. (First name) Hall (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eddie Belle Johnson Signature
5247-41st SW. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 17th day of March, 1945.
(SEAL) Clarence T. Wiederhold, Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by Mary Reder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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765-113-029 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 408410
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Viola, Idaho

4. FULL NAME OF CHILD Everett Strange Poe

5. Date of Birth of Child (Month, day, year) Mar. 18, 1902

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. FULL NAME William Strange Poe
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Eugene (City or town) Ore. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Nellie Alice Bates
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Madison (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Yakima } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for Life years, and that attendant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Alice Poe — Signature
Mabton Wash — P. O. Address

Subscribed and sworn to before me this 27 day of July, 1945.
(SEAL) E. B. Fiewek, Notary Public, residing at Mabton.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 0 1945

~~JUL 3 1 1945~~

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
**Department of Commerce**
Bureau of the Census
464 212 033 319

**(Be sure the information is as of date of birth of THIS child)**

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 405500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R F D No. - - -
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Seven yrs.
(f) Mother's mailing address Rexburg, Idaho
3. **RESIDENCE OF FATHER** (city, state) Rexburg, Ida.

4. **FULL NAME OF CHILD** Marguerite Theodora Douglas
5. Date of Birth (Month, day, year) May 12, 1902
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy Nine
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas M. Douglas
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Buying and selling livestock
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sophia Larsen
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Kiekerub (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 31 1945, (Date received) (b) Mabel Felder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vivian Douglas Hudson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marguerite Theodora Douglas (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that don't know (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Vivian Douglas Hudson Name
261 Granada Ave, Long Beach, California P. O. Address

Subscribed and sworn to before me on this 27th day of August, 1945

(SEAL) Mabel C. Berry Notary Public residing at Long Beach
Notary Public in and for the County of Los Angeles, State of California

My Commission Expires Jan. 21, 1948

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

483-213-001-419

409607

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Family Residence – Dr. Spalding attending
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Mildred Ellen Myers

5. Date of Birth of Child (Month, day, year) May 13, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Lincoln Myers
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Power plant operator
15. Industry or Business Boise City Electric Co.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Mae Martin
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Chanute County (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 43 years, and that Dr Spalding (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. H. Packenhagen Signature
1803 North 24th St. P. O. Address

Subscribed and sworn to before me this 8 day of October, 1945
(SEAL) Nell Ellison, Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 109617
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elizabeth Louise Holden | | | 2. Date of Birth (month) April (day) 15 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: St. Anthony, Idaho |
| **FATHER** | 6. Full Name of Father: Edwin M. Holden | | | 7. State or Country of Father's Birth: Ottumwa, Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Ethel Thomas | | | 9. State or Country of Mother's Birth: Parsons, Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elizabeth Louise Rose (formerly Elizabeth Louise Holden) | | 11. Present Address of Registrant: 2300 S. Blvd. Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August 13, 1952 | 12. Signature of Notary: William S. Holden | | 13. Notary Commission expires June 6 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: Bureau of Census | Date Issued: Aug 8, '52 | Date Orig. Entry: Jan 1, 1920 |
| Class* B | Date of Birth: 17 yrs old / Birth Place: Idaho | Full Name of Mother: Ethel Holden | Name of Father: Edwin M. Holden | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Father | By whom issued and signed: Edwin M. Holden | Date Issued: Oct. 19, 1945 | Date Orig. Entry: |
| Class B | Date of Birth: April 15, 1902 / Birth Place: St. Anthony, Ida. | Full Name of Mother: Ethel Thomas Holden | Name of Father: Edwin M. Holden | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Mother | By whom issued and signed: Ethel Thomas Holden | Date Issued: Oct. 19, 1945 | Date Orig. Entry: |
| Class B | Date of Birth: April 15, 1902 / Birth Place: St. Anthony, Ida. | Full Name of Mother: Ethel Thomas Holden | Name of Father: Edwin M. Holden | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: October 13, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 14

409617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409617
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Anthony Id

4. **FULL NAME OF CHILD** Elizabeth Louise Holden (Rose)

5. Date of Birth of Child (Month, day, year) April 15 1920

6 Sex Female 7. Twin or Triplet If ~~so~~ born 1st, ~~2nd~~, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edwin McPherson Holden
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Ottumwa (City or town) Iowa (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Julia Ethel Thomas
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Parsons (City or town) Kansas (State or foreign country)
20. Exact Occupation Teacher & Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Dr. Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel T. Holden Signature
512 Warm Spg. Boise P. O. Address

Subscribed and sworn to before me this 12th day of October, 1945.

(SEAL) Clay Jackson, Clerk, Idaho Supreme Court, ~~Notary Public residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1945 by Mary Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1952

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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376 225 029 342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP - 1 1945

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 109651
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Eula Winona Crocker

5. Date of Birth of Child (Month, day, year) January 25, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frank Delos Crocker
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Centerville (City or town), Pennsylvania (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie Clarissa Lukens
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Winfield (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of IDAHO
County of LATAH } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for always years, and that DR. ROTHWELL (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jessie C. Crockers Signature
KENDRICK IDAHO P. O. Address

Subscribed and sworn to before me this 20th day of August, 1945.
(SEAL) [signature], Notary Public, residing at KENDRICK
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 7 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409654
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county CASSIA years x months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City HAZEL, IDAHO X
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) HAZEL, IDAHO

4. **FULL NAME OF CHILD** Hazel Viola Moon

5. Date of Birth of Child (Month, day, year) Sept. 27, 1902

6. Sex Female

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hugh Methias Moon
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Salt Lake City (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Louiza McBride
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grantsville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) X (Last name) who is related as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date X

State of Utah
County of Cache } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 43 years, and that Dr. Putnam Alby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Louiza McBride Grow
Signature
Hyrum, Utah
P. O. Address

Subscribed and sworn to before me this 28 day of July, 1945

(SEAL) Reta Allen, Notary Public, residing at Hyrum, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My Commission expires Sept. 27, 1948.

Received for filing on SEP 8 1945 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1946

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Fish Haven
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None - [redacted]
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wyoming (b) County Uinta
   (c) City Hamsfork
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hamsfork, Wyo.

4. **FULL NAME OF CHILD** Ralph Owen Nelson

5. Date of Birth of Child (Month, day, year) January 26, 1902

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** David Frederick Nelson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fish Haven (City or town) Idaho (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business None except ranching

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ellen Findlay
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Fish Haven (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming, County of Lincoln, } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 43 years, and that Elizabeth Pugmire Allguire (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Findlay Nelson Signature

413 Quartz Street P. O. Address

Subscribed and sworn to before me this 6th day of September, 1945.

(SEAL) William A. Edmonds, Notary Public, residing at Kemmerer, Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1945 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1971

SEP 1 8 1945

JUN 17 1953

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-224-022-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP 22 1945

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 410772
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No. 1.
   (d) Name of Hospital or Maternity Home: at her home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St Anthony
   (d) Street Address or R.F.D. No. 1.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Egin Idaho

4. **FULL NAME OF CHILD** Alice Theodosia Casto

5. Date of Birth of Child (Month, day, year) 1902. Sept 24

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Leon Corbett Casto
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Gross Creek (City or town) Utah (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lydia Eleveria Pulley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rodes Valley (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years years, and that Lydia Eleveria Fulley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mahaley Paul — E N Stayton — Signature

Gagerman, Idaho — P. O. Address

My Commission Expires August 30, 1948.

Subscribed and sworn to before me this 15th day of September, 19 45

(SEAL) ..... Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1945 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-223 033-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410775
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Union
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at the residence of parents
(e) Mothers stay BEFORE delivery: In THIS county 60 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Union
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Thelma Louisa Anderson

5. Date of Birth of Child (Month, day, year) Jan 23rd 1902

6 Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Smith Anderson
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Fairfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catharine Louisa Smith
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Richmond (City or town) Utah Cache Co. (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature / M.D. Midwife Address Date

State of IDAHO
County of MADISON } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. George E. Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel S. Anderson Signature
Thornton, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of Sep, 1945.
(SEAL) Dan Clerk of District Court Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 20 19

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-210-012-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410827
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Born yrs.

3. RESIDENCE OF FATHER (city, state) Arco, Idaho

4. FULL NAME OF CHILD Olga Emelie Singer

5. Date of Birth of Child (Month, day, year) 9-10-1908

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 8 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emil Wilhelm Singer
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Baden Baden (City or town) Germany (State or foreign country)
14. Exact Occupation Musician.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Boyd
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Singer (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Nettie M. Perris M.D. Midwife Address 421 So 4th East Salt Lake City Date Sept 27th 1945

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that Nettie (First name) not known (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie M. Perris Signature
421 So 4th East Salt Lake P. O. Address

Subscribed and sworn to before me this 27th day of Sept., 1945

(SEAL) E. M. Vincent, Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-128-003-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410836
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Perry
(c) Street Address or R.F.D. No. Perry, Idaho
(d) Name of Hospital or Maternity Home: None; born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Perry
(d) Street Address or R.F.D. No. Perry, Idaho
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Perry, Idaho

4. **FULL NAME OF CHILD** RAY P. STALKER

5. Date of Birth of Child (Month, day, year) April 28, 1902

6 Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Alma Smith Stalker
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business deceased

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alfa Parmley
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Madison, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~63~~ 71 years of age, that I have known this person for 43 years, and that Nellie (First name) Hale (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Alfa Parmely Stalker Signature

P. O. Address

Subscribed and sworn to before me this ..... day of SEP 17 1945, 19.....

(SEAL) Clara Stalker, Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

168-108 029-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410854
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years X months X days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) KENDRICK IDAHO

**4. FULL NAME OF CHILD** ALVIN RALPH JOHNSON

**5.** Date of Birth of Child (Month, day, year) MAY 8. 1902

**6** Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** CHARLES F. JOHNSON
**11.** Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
**13.** Birthplace NYE (City or town) WISCONSIN (State or foreign country)
**14.** Exact Occupation FARMER & LIVESTOCK
**15.** Industry or Business FARMER & LIVESTOCK

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** MABEL E. COLLINGWOOD
**17.** Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace CUMBERLAND. WISCONSIN (City or town) (State or foreign country)
**20.** Exact Occupation HOUSEWIFE
**21.** Industry or Business NONE

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of WASHINGTON
County of SPOKANE } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the COUSIN (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for SINCE BIRTH years, and that NO ONE IN ATTENDANCE (First name) (Last name), who attended this birth X X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. W. Collingwood ..... Signature
Spokane 3812 E 28th ..... P. O. Address

Subscribed and sworn to before me this 25 day of September, 19 45
(SEAL) Harold J. Boutin Notary Public, residing at Spokane Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 4 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1943

JUL 26 1947

MAY 14 1958

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-104-035-168

412037

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 412037
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Nez Perce Ida.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Nez Perce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Glen Herbert Johnson

5. Date of Birth of Child (Month, day, year) Jan 4, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Leslie Johnson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Castile Pa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Gertrude Johnson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Castile Pa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Isaac H. Young (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Johnson Signature
Bancroft Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Nov 1945.

(SEAL) Mary Felder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

154-115 · 06-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 112053
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundary (b) City Copeland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Copeland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Wilfred Andrews

5. Date of Birth of Child (Month, day, year) May 15, 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George E. Andrews
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bangor, Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maggie Jane Andrews
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Skye Glen, Nova Scotia (City/or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 years, and that Mrs. Olds, Porthill, Ida. (midwife) (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie G. Wheeler Signature
E1001 Olympic ave Spokane P. O. Address

Subscribed and sworn to before me this 31 day of Oct, 19 45
(SEAL) Jessfunter, Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1945 by Mabel Helds, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 6 1945
NOV 1 6 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

394-202-025-756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ____ (b) City Woodland
(c) Street Address or R.F.D. No. ____
(d) Name of Hospital or Maternity Home: ____
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ____
(c) City Woodland
(d) Street Address or R.F.D. No. ____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Woodland

4. **FULL NAME OF CHILD** Geneva Gladys Limbocker

5. Date of Birth of Child (Month, day, year) Feb. 2 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Fred. Charles Limbocker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Montrose (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ELVA JANE GEORGE
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Marshall, (City or town) IOWA. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____
County of ____ } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elva J. Limbocker Signature
____ P. O. Address

Subscribed and sworn to before me this 22 day of October 19 4

(SEAL) ____, Notary Public, residing at Orofino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1948 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

731-104 044-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413037
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge Idaho

4. FULL NAME OF CHILD Chester Elmo Gladhart

5. Date of Birth of Child (Month, day, year) Aug. 4. 1902

6 Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin John Gladhart
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Erie (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Rhoda Sutton
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cambridge (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Dr. (First name) Green (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Rhoda Gladhart Signature
204 N.W. 20 Ave Portland, Ore. P. O. Address

Subscribed and sworn to before me this 19th day of November, 1945.
(SEAL) L.G. Richardson, Notary Public, residing at for Oregon.
My commission expires May 2, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1945

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-223-039-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413113
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Ranch Home
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD Harriett May Kelly.

5. Date of Birth of Child (Month, day, year) Jan. 23, 1902.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Robert Charles Kelly.
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Brigham (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett May.
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Calls Fort (City or town), Utah. (State or foreign country)
20. Exact Occupation House. wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Power. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Martha May. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert C. Kelly Signature
American Falls Idaho P. O. Address

Subscribed and sworn to before me this 30th day of November, 1945.

(SEAL) Chas. M. Coffin, Notary Public, residing at American Falls, Ida.
MY COMMISSION EXPIRES JANUARY 14.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-110-010-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 413[redacted]
Reg. Dist. No. [redacted]

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ammon, Idaho

4. **FULL NAME OF CHILD** Ford Gardner

5. Date of Birth of Child (Month, day, year) June 10, 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Nathaniel Gardner
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Payson, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosetta Bird
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Vermillion, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for 43 years, and that Rosanna Denning (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Bird Gardner Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 14th. day of December, 19 45
(SEAL) [signature], Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 19 1945

595-10-029-144

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 14195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latoh (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gritman Hospital
(e) Mothers stay BEFORE delivery: In THIS county 13 years approx. months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latoh
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Approx. 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Charles Mathias Vincent

5. Date of Birth of Child (Month, day, year) March 10, 1902

6 Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Francis Vincent
11. Color or Race White
12. Age at time of THIS birth Deceased yrs. 8 months before birth of child
13. Birthplace Mt. Ida, Idaho (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper and Harness Maker
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Amelia Addison
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Champooi, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum I don't know
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) Attending Physician Now Deceased. His name was Dr. Charles Gritman.

25. Attendant's OWN signature M.D. Midwife Address Date

State of OHIO
County of SUMMIT } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Dr. Charles Gritman (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maude A. Vincent Signature X

329 Second National Bldg., Akron 8, Ohio P. O. Address

Subscribed and sworn to before me this 29th day of December, 1945.

(SEAL) Robert S. Pflueger Robert S. Pflueger, Notary Public, residing at Akron, Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1946 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1949

JUL 23 1956

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

319-122-040-694

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416303
Local Reg. No. 18
Reg. Dist. No. 140

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home: Born in home of parents
(e) Mothers stay BEFORE delivery: In THIS county Four years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. Main Street
(e) How long has MOTHER lived in Idaho? Four yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred August Benjamin Carlberg

5. Date of Birth of Child (Month, day, year) September 22, 1902

6 Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John August Albin Carlberg
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Smojland (City or town) Sweden (State or foreign country)
14. Exact Occupation Foreman of the Concentrator
15. Industry or Business Lead and Zinc Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Olga Christina Widell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Vidtlanda (City or town) Sweden (State or foreign country)
20. Exact Occupation home maker
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the maternal aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that Dr. ? (First name) Wilson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lilita Widell Johanson Signature

619 N.E. Emerson, St. Portland Oregon P. O. Address

Subscribed and sworn to before me this 8 day of February, 1946

(SEAL) J. K. Mundt, Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. expires 2/1/48

Received for filing on Feb 19-46. by John Barr, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

165-125-001-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 416337
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.: one
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.: RR one
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD:** Earl Marcus Jones

**5.** Date of Birth of Child (Month, day, year): Sept 25, 1902

**6.** Sex: Male **7.** Twin or Triplet: Y If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME:** Franklin C. Jones
**11.** Color or Race: white **12.** Age at time of THIS birth: 43 yrs.
**13.** Birthplace: (City or town) Illinois (State or foreign country)
**14.** Exact Occupation: Farmer
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME:** Ella Johnson
**17.** Color or Race: white **18.** Age at time of THIS birth: 35 yrs.
**19.** Birthplace: (City or town) Centralia (State or foreign country) Illinois
**20.** Exact Occupation: Farmers wife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child: 11 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ella Jones Bay (First name) (Last name), who is related to this child as mother (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 43 years, and that Mrs. (First name) Pickens (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Jones Bay — Signature
Caldwell Idaho — P. O. Address

Subscribed and sworn to before me this 21 day of Feb, 1946

(SEAL) Ezra Wheatley — Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 12

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-24-014-386 416380

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 Mos.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida

4. **FULL NAME OF CHILD** Ruth Minnie Higgins

5. Date of Birth of Child (Month, day, year) Feb. 19-1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Alfred Harris Higgins
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Rutland (City or town) Vermont (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jennie Florence Thompson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Nampa (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Ag. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jennie F. Higgins (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Ida Date April 10 1946

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1944

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-209-014-665

**417338**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. (on farm-No Rt. #)
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** VIVA PEARLIE WITTEL

5. Date of Birth of Child (Month, day, year) Sept. 9, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Sherman Wittel
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace SHELBYVILLE (City or town) MISSOURI (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business and carpenter

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** LIBBIE ELEANOR OWEN
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Blue Springs (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic ~~used to prevent~~ Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of ~~Los Angeles~~ } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person ~~for~~ since born ~~years,~~ and that Dr. Maxey (First name) attended this birth (Last name), ~~who attended this birth~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Libbie Eleanor Wittel Signature
237 W. Tujunga, Burbank, Cal. P. O. Address

Subscribed and sworn to before me this 28th day of May, 1945.
(SEAL) Edna M. Dannels, Notary Public, residing at 5810 Satsuma Ave., North Hollywood Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1940

386-111-040-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner Ida.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Francis Thompson Jr.
5. Date of Birth of Child (Month, day, year) August 11, 1902
6. Sex Male
7. Twin or Triplet — If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Francis Thompson Sr.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Helena Montana (City or town) (State or foreign country)
14. Exact Occupation Master Mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes E. Summerton
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eagle Grove Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature J. R. Mason, M.D. Midwife Address Kellogg Ida Date 4/8-46

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

966-109-028-399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417382
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City Couer d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Mica
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mica, Ida.

4. **FULL NAME OF CHILD** William Evin Rowell

5. Date of Birth of Child (Month, day, year) Aug. 9, 1902

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Evin Alpheus Rowell
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sauk Center (City or town) Minnesota (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Steamboat

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Violetta Trigg
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Tiffany (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Franklin } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Emily (First name) Best (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violetta Rowell Signature

Mesa Wash. P. O. Address

Subscribed and sworn to before me this 4 day of April, 1946

(SEAL) Ben Klingsmith, Notary Public, residing at Connell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

795-205-036-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 417390
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Oneida years 32 months 3 days 11

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston Idaho

4. **FULL NAME OF CHILD** Vera Emeline Preston

5. Date of Birth of Child (Month, day, year) Dec. 5, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Preston
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Evelyn Heaver Clarke
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Box Elder } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie C. Preston Signature
Brigham Utah P. O. Address

Subscribed and sworn to before me this -8- day of April, 1946

(SEAL) Serena Romney, Notary Public, residing at Brigham, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1940

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-229029-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418383
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) (same)

4. **FULL NAME OF CHILD** Viola Carlton

5. Date of Birth of Child (Month, day, year) Jan. 29, 1902

6 Sex female

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Maston Carlton
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lenore (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bessie Magdeline Steelman
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wilkesboro, (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Columbia } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Mrs. Joseph Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Carlton Signature
Dayton, Washington P. O. Address

Subscribed and sworn to before me this 12th day of April, 1946
(SEAL) Blanche Whipple, Notary Public, residing at Dayton, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1957

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

165 124036-
409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 418390
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Pleasant View
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years 4 months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Pleasant View Idaho
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 76 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pleasant View Idaho

**4. FULL NAME OF CHILD** William Morse Jones

5. Date of Birth of Child (Month, day, year) July 24, 1902

6 Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hyrum William Jones
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Malad RFD 2 (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Morse
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Samaria Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer's Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Maryi Ann Reese (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Morse Jones Signature
Malad, Idaho RFD 1 P. O. Address

Subscribed and sworn to before me this 22nd day of April, 19 46.
(SEAL) Edward Nozley, Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 25 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-214 019 469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418447
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CUSTER (b) City CUSTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CUSTER
(c) City CUSTER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) CUSTER IDAHO

4. **FULL NAME OF CHILD** ALICE SALINA THOMAS

5. Date of Birth of Child (Month, day, year) MAY 14 1902

6 Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** EDWARD LEE THOMAS
11. Color or Race WHITE 12. Age at time of THIS birth 41 yrs.
13. Birthplace (UNKNOWN) (City or town) INDIANA (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business BARBER SHOP

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ESTHER LOUISA MORRIS
17. Color or Race WHITE 18. Age at time of THIS birth 21 yrs.
19. Birthplace FREEMONT (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of NEVADA
County of WASHOE } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Dr. O. J. (First name) Allen (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Esther Johnson Signature

P. O. Address

Subscribed and sworn to before me this 7th day of MAY, 19 46

(SEAL) George Fisher, Notary Public, residing at Reno Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires July 14, 1948

Received for filing on MAY 13 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 19[illegible]

JUL 12 1963

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

234 231 014 212

419658

**PLACE OF BIRTH**

County of Canyon

City of Caldwell

No. ✓ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH**

419658

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

**FULL NAME OF CHILD** Laura May Brumzell

(If stillborn, substitute the word "Stillbirth" for name of child)

| Sex of Child | Twin Triplet or other? | and | Number in order of birth | Legitimate | Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|---|
| Fem. | X | | X | yes | Aug 31 1902 |

(To be answered only in event of plural births)

**What prophylactic was used to prevent Ophthalmia Neonatorum?** Ag. Nit.

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn no

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME | Alvin O. Brumzell | FULL MAIDEN NAME | Maggie May Baker |
| Residence (Usual place of abode) | | Residence (Usual place of abode) | |
| If non-resident, give place and State | | If non-resident, give place and State | |
| Color or race | white | Color or race | white |
| Age at last Birthday (Years) | 27 | Age at last Birthday (Years) | 23 |
| Birthplace (City and State or County) | Idaho | Birthplace (City and State or County) | Idaho |
| Occupation | Grocery Clerk | Occupation | Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Dr. J. H. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed AUG 12 1946 By [illegible] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-211-029-812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 421900
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. opp. courthouse
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 6 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. same
   (e) How long has **MOTHER** lived in Idaho? 9 1/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Margaret Collins

5. Date of Birth of Child (Month, day, year) Dec. 11, 1902

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Ransler Collins
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Elk Point, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Sheriff of Latah County at birth of child, now retired.
15. Industry or Business ~~same~~

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Avis Alvira Hastings
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Santa Rosa, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife ~~attending school~~
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as ~~Mother~~ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Thurston } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Dr. W. H. Carrithers (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J R Collins, Signature
425 West 3rd, Moscow, Ida. P. O. Address

Subscribed and sworn to before me this 5th day of June, 1946

(SEAL) Edwin Bobley, Notary Public, residing at Olympia, Wash

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Mabel Felder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1946

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-229-225-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 421960
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Mildred Darlene Graham

5. Date of Birth of Child (Month, day, year) August 29, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Harry E. Graham
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Blanche Bonney
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Dr. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Graham Signature

27½ E. 3rd., Spokane, Washington P. O. Address

Subscribed and sworn to before me this 30th day of July, 1946.

(SEAL) Blanche Whipple Notary Public, residing at Dayton, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

AUG 22 1946

Received for filing on by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1946

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

981 107014 281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423227
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Near Star
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home:
Born at home on the Farm
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Star
(d) Street Address or R.F.D. No. #1
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Near StarIda

4. FULL NAME OF CHILD Oren Franklin Ryals

5. Date of Birth of Child (Month, day, year) April 7,1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alvin Joseph Ryals
11. Color or Race White
12. Age at time of THIS birth 27 Yrs
13. Birthplace Harrison (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Emma Shaffer
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Leadville (City or town) Colorado (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business House Keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Dr. O. W. Hall (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be found) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Shaffer Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of August, 19 46.
(SEAL) Clem Gramy, Notary Public, residing at Caldwell, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1946

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

863-109-006-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423295
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 22+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Vernon Payne Holmes

5. Date of Birth of Child (Month, day, year) Dec. 9, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Willard Holmes
11. Color or Race White
12. Age at time of THIS birth ? yrs.
13. Birthplace — (City or town) Vermont (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Wortley Allen Payne
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Stewartville (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of .....
County of ..... } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ~~44~~ 43 years, and that Thomas (First name) Willson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wortley Allen Payne Holmes Signature
Route #2, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of September 19 46

(SEAL) Lulu Zurebauer Chief Deputy CLERK OF THE DISTRICT COURT IDAHO FALLS, IDAHO residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1946

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

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294 102022-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 424597
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton City
   (d) Street Address or R.F.D. No. ~~11 mos. 18 day~~
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton City,

4. **FULL NAME OF CHILD** Walter Amos Siddoway

5. Date of Birth of Child (Month, day, year) June 2, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Amos Siddoway
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Agnes Davidson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father and Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 and 66 years of age, that I have known this person for Forty four years, and that Dr. Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amos Siddoway Agnes D. Siddoway Signature

Teton City, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of September, 19 46

(SEAL) Elizabeth [illegible], Notary Public, residing at St. Anthony, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1946 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

466-206035 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424618
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in residence
(e) Mothers stay BEFORE delivery: In THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) 14 years

4. FULL NAME OF CHILD Myrtle Virginia Moore -

5. Date of Birth of Child (Month, day, year) Sept.6,1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME James E.Moore
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Grant County (City or town), Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ida Elizabeth Burgess
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Maysville (City or town), West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of County } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 44 years, and that Midwife, Mrs. Minden (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Elizabeth Moore Signature
422 S.Hayes St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October 1946

(SEAL) Probate Judge Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-217-029-331

425978

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Asbury St.
(d) Name of Hospital or Maternity Home: None - Born at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county - 10 - years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address ~~or R.F.D. No.~~ Asbury Street
(e) How long has **MOTHER** lived in Idaho? - 10 - yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Mary Adelade Clark

5. Date of Birth of Child (Month, day, year) Mar - 7 - 1902

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy - 9 -

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** James Whitcomb Clark
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Greenville - Illinois (City or town) (State or foreign country)
14. Exact Occupation Livery Stable Operator
15. Industry or Business Livery Stable Operator

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lizzie Hawley Clark
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Greenville Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 - A M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie Hawley Clark (First name) (Last name) who is related as Mother. (Mother, etc.)

25. ~~Attendant's Own signature~~ Dr. Hinckle → M.D. ~~Midwife~~ Address Moscow Ida Deceased Date Unknown

**AFFIDAVIT**

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the - Mother - (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 - years of age, that I have known this person for 44 - years, and that Leota Hinckle (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-ed under Chapter 139, 1987 Session Laws.

x Lizzie Hawley Clark — Signature
Palouse - Wash Box 413 — Address

Subscribed and sworn to before me this 5th day of October, 1946

(SEAL) C. C. Funkhouser, Notary Public, residing at Palouse, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

218-214-0 14-693 426057

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426057
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton Ida

4. **FULL NAME OF CHILD** Georgia Delva Bays

5. Date of Birth of Child (Month, day, year) 2-14-1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Henry Bays
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Green Co. (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Elmeda Wilson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Jasper Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Lee (First name) Johnson (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Henry Bays Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 8th day of October, 1946.
(SEAL) ..... Notary Public, residing at Emmett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1946 by John Thorsright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

NOV 20

331-102-006-253 Ohm. 508 426087

426087

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD David Worth Clark

5. Date of Birth of Child (Month, day, year) Apr. 2, 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME David Worth Clark
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Richmond, (City or town) Indiana (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Nellie Kelleher
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Columbus, (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Dr. (First name) Pendleton (Last name) who is related as None (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Dr. (First name) Pendleton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

x Nellie K. Clark Signature
Bannock Hotel, Pocatello, Ida P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 47.
(SEAL) Laura P. Gough Notary Public, residing at Pocatello, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1947

169-203-001-791

Amended from family Bible record

7-5151

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426119
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Beth Catherine Morrison

5. Date of Birth of Child (Month, day, year) June 3, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Durwin Morrison
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Jewett, Ill. (City or town) (State or foreign country)
14. Exact Occupation Plastering and cement work
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mamie Frances Granger
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Scranton, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Francis Morrison — Signature
Middleton, Idaho — P. O. Address

Subscribed and sworn to before me this 6 day of November, 1946.

(SEAL) Irene N. Moberly, Notary Public, residing at Middleton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 13, 1946 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

426119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ada (b) City Boise
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD alice Beth catherin Morrison

5. Date of Birth of Child (Month, day, year) June 3 1903

6 Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Durwin Morrison

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Jewett Ill. (City or town) (State or foreign country)

14. Exact Occupation Plastering + cement work

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Frances Granger Morrison

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Scranton Pa (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon Idaho ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Frances Morrison Signature
Middleton Idaho P. O. Address

Subscribed and sworn to before me this 6 day of Nov., 1946.

(SEAL) Irene N. Moberly, Notary Public, residing at Middleton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1946 by John W. Wright Registrar

JUL 6

NOV 14 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

251-209044 217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 430492
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Name of Hospital or Maternity Home: Nil
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Estella Nellie Beardsley

5. Date of Birth of Child (Month, day, year) Nov. 9, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Ebenezer Beardsley
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Marion County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business self

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Jane Sappingfield
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Marion County, Salem (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Jane Beardsley (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Columbia } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty EIGHT years of age, that I have known this person for 41 years, and that Lafinsa Schaeffer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Jane Beardsley Signature

Route 1, Rainier, Oregon P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 43

(SEAL) Frances L. May, Notary Public, residing at Rainier, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires December 29, 1946.

Received for filing on FEB 4 1947 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 5 1974

513-125-004-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 431959
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at the Home in Montpelier.
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Leslie Leroy Vaterlaus

5. Date of Birth of Child (Month, day, year) 9-25-1902

6 Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Emil Vaterlaus
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bern (City or town) Switzerland (State or foreign country)
14. Exact Occupation Barber Proprietor
15. Industry or Business Newspaper

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Rosa Wyss Vaterlaus
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Interlaken (City or town) Switzerland (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona
County of Maricopa } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Doctor (First name) Pointer (Last name), who attended this birth Dr Pointer (Decd) (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Rose Mae Ketchum Signature
7333 34th Ave Sw, Seattle, Wash P. O. Address

Subscribed and sworn to before me this 27th day of February 19 47

(SEAL) J. A. Snowden, Notary Public, residing at Phoenix, Ariz.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Ex: 3-24-50

Received for filing on 5 1947 by John W Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1942
MAR 3 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-19-235-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City LENORE
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City LENORE
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) LENORE, IDA.

4. **FULL NAME OF CHILD** HOMER HORACE CAMPBELL

5. Date of Birth of Child (Month, day, year) MAY 19 1902

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** HUBBARD HINES CAMPBELL
11. Color or Race W
12. Age at time of THIS birth 46 yrs.
13. Birthplace ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MINNIE LIZETTA IRELAND
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace RINGO COUNTY (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON
County of DESCHUTES } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that MRS DAISY (First name) DIKYS (Last name), who attended this birth IS NOW DECEASED (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Lizetta Campbell Signature
1220 ALBANY AVE. BEND, ORE. P. O. Address

Subscribed and sworn to before me this 8 day of MARCH, 1947.

(SEAL) ____, Notary Public, residing at BEND OREGON
My Commission Expires October 16, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1958
MAR 13

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

759-11-036-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton Idaho

4. FULL NAME OF CHILD Bernard Callan Perkins

5. Date of Birth of Child (Month, day, year) June 11-1902

6 Sex male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES.

**FATHER OF CHILD**

10. FULL NAME David Alma Perkins
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Elizabeth Callan
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Brigham City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of FRANKLIN } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 44 years, and that Mrs Sarah Phillips (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Perkins Signature
Dayton Idaho P. O. Address

Subscribed and sworn to before me this 14th day of March, 19 46
(SEAL) Ray C. Graham, Notary Public, residing at Redfield, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1947 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-221-001-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 433377
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Cant recall
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 3 years 4 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Cant recall
(e) How long has MOTHER lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Frances McCormick

5. Date of Birth of Child (Month, day, year) April 21, 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Sheridan McCormick
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Carmi Illinois U.S.A. (City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Catherine Fritz
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Schuylkill Haven Penna (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of New York
County of Queens } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Cant recall (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 185, 1937 Session Laws.

Elmer S. McCormick Signature
72-22 112th Forest Hills N.Y. P. O. Address

Subscribed and sworn to before me this 10 day of March, 1947

(SEAL) Arthur J. Dufour, Notary Public, residing at .....

NOTARY PUBLIC, STATE OF NEW YORK
Residing in Queens County
Queens Co. Clk's No. 646; Reg. No. 47-D
Commission Expires March 30

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1947 by John A Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-221-001-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 13 near State
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 28 years 1 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 13th St. near State
(e) How long has MOTHER lived in Idaho? 2 yrs.+

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Ruth Blandford

5. Date of Birth of Child (Month, day, year) June 21, 1902

6. Sex Female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes (Son)

FATHER OF CHILD

10. FULL NAME Samuel Mudd Blandford
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Prince George Co. Maryland (City or town) (State or foreign country)
14. Exact Occupation Director U. S. Weather
15. Industry or Business Bureau for Idaho.

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Wells
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Catawba Co. Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Linn } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Dr. McCalla (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Lou Wells Blandford Signature
140 East Fifth, Albany, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of March, 1947.

(SEAL) Jean Risley Notary Public, residing at Albany, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires December 4, 1950

Received for filing on APR 4 1947 by John Wordsworth, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-124-001-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 433385
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Sixth & Resseguie
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 29 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Sixth & Resseguie
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** HERBERT FRED GARRETT

**5.** Date of Birth of Child (Month, day, year) 7-24-1902

**6.** Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** HERBERT Marshall GARRETT
**11.** Color or Race White **12.** Age at time of THIS birth 33 yrs.
**13.** Birthplace Wacondal (City or town) OREGON (State or foreign country)
**14.** Exact Occupation Groceryman
**15.** Industry or Business Grocery

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lucinda Florence Webster
**17.** Color or Race White **18.** Age at time of THIS birth 27 yrs.
**19.** Birthplace Boston-Boise County (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum —

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Dr Bowers (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. On Garrett ..... Signature
R.F.D. # 3 Boise, Idaho ..... P. O. Address

Subscribed and sworn to before me this 4 day of April, 19 42.
(SEAL) Vernon E. Bartlett Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1947 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1959

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

143-119-001-255

433406

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433406
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: ada (b) City: Boise
   (c) Street Address or R.F.D. No.: 1
   (d) Name of Hospital or Maternity Home: at my home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Ida. (b) County: ada
   (c) City: Boise
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Alfred Claud Jullion

5. Date of Birth of Child (Month, day, year) Sept 19 - 1902

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Emil Jullion
11. Color or Race: White
12. Age at time of THIS birth 31 yrs.
13. Birthplace: unknown (City or town) France (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Steefeld
17. Color or Race: White
18. Age at time of THIS birth 22 yrs.
19. Birthplace: Farm (City or town) (State or foreign country)
20. Exact Occupation: Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mrs Hall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Jullion — Signature
Boise Ida — P. O. Address

Subscribed and sworn to before me this 7th day of May, 1947

(SEAL) Mary Helen, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1947 by John H. Haughey, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-214-001-384

433.411

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433411
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home: Born at family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. Route 2
   (e) How long has **MOTHER** lived in Idaho? 2-1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho

4. **FULL NAME OF CHILD** Edith Ella Wright

5. Date of Birth of Child (Month, day, year) December 14, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Stowell Asa Wright
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bridgeport, (City or town) Vermont (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ora Cassie Lyda
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Atlanta, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for forty-two years, and that Doctor (First name) Compton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stowell Asa Wright Signature

Route 2, Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January 19 47

(SEAL) Orlin Graves, Notary Public, residing at Meridian, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 21, 1947 by John H. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-222-001-154

APR 10 1947

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433426
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City Meridian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HELEN BARBARA SNOW

5. Date of Birth of Child (Month, day, year) July 22, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** SNOW, PATRICK HENRY
11. Color or Race W.
12. Age at time of THIS birth b. 9-8-1861 42 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Repair Shop (owner)

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ANDERSON, Julia
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that Dr. Compton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs.) Ethel A. Carroll Signature

2206 N. E. 42nd Ave., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 9th day of April, 1947

(SEAL) O. B. Collen, Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W Wright, Registrar

NOTARY PUBLIC FOR OREGON
My Commission Expires Jan. 22, 1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-228-020-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 12

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 433432
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenn's Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Glenn's Ferry Idaho

**4. FULL NAME OF CHILD** Ethel Wey Orr

**5.** Date of Birth of Child (Month, day, year) June 28, 1902

**6** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** William Thomas Orr
**11.** Color or Race White **12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Plattsburg, Missouri (City or town) (State or foreign country)
**14.** Exact Occupation Merchant
**15.** Industry or Business Mercantile

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Elizabeth Nelson
**17.** Color or Race White **18.** Age at time of THIS birth 21 yrs.
**19.** Birthplace Glenn's Ferry, Idaho (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7:00A M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Peters (First name) (Last name) who is related as Mother (Mother, etc.)

**25.** Attendant's OWN signature Mary E. Peters M.D. Midwife Address 4006 N. E. Hazelfern Pl. Date 3/5/47

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Mary E. Peters (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Peters. Signature
714 Milwaukee Ave., Deer Lodge, Mont. Address

Subscribed and sworn to before me this 15th day of March 1947.
(SEAL) Geo. Fleming, Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 194

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

462 21 029 462

434923

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bernadine Moser

5. Date of Birth of Child (Month, day, year) January 11, 1902

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph T. Moser
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Dentist (D.D.S)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Estella Moser
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Ben Lomond Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Bernadine (First name) Moser (Noggle) (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dr Nurse are dead

Anna Estella Moser Signature

P. O. Address

Subscribed and sworn to before me this 8 day of March, 1947.

(SEAL) My Commission Expires August 1, 1950

Harry H. Christy, Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1947 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each testified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1947
NOV 3 1970

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 210-040-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 3 years 5 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Ida

4. FULL NAME OF CHILD Muriel Lancaster Carson

5. Date of Birth of Child (Month, day, year) Feb. 10, 1902

6 Sex Fe

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ALFRED F. CARSON
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pt. Fortune (City or town), Que. (State or foreign country), Canada
14. Exact Occupation Shift boss
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Lancaster
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Como (City or town) Que. (State or foreign country), Canada
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that Miss ? (First name) Mockstedt (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Carson Signature
Moscow Ida P. O. Address

Subscribed and sworn to before me this 7th day of May 1947

(SEAL) Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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997-108 044-719

436362

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436362
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Meadows
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Meadows
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows, Ida.

4. **FULL NAME OF CHILD** George Logan Rigdon

5. Date of Birth of Child (Month, day, year) July 8, 1902

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Gomelia Rigdon
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Jacksonville, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sierra Nevada Gardner
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Keokuk, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address Elizabeth Clay, midwife, now deceased Date

State of Idaho
County of Adams } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 44 years, and that Elizabeth Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sierra Nevada Rigdon Signature

Meadows, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1947.

(SEAL) Carl Lemon Notary Public, residing at NEW MEADOWS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1947

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

493 105 020-285

436394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 436394
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ELMORE (b) City GLENNS FERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT Home
(e) Mothers stay BEFORE delivery: In THIS county 0 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City GLENNS FERRY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 MO. yrs.

3. RESIDENCE OF FATHER (city, state) GLENNS FERRY IDAHO

4. FULL NAME OF CHILD LAWSON THEODORE MILLER

5. Date of Birth of Child (Month, day, year) OCT. 5, 1902

6 Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME GEORGE LAWSON MILLER
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace BEETON, ONTARIO, CANADA (City or town) (State or foreign country)
14. Exact Occupation RAILROAD CONDUCTOR
15. Industry or Business UNION PACIFIC R.R. CO

**MOTHER OF CHILD**

16. FULL MAIDEN NAME ANNA GRACE SHEPPARD
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace TOTTENHAM, ONTARIO, CANADA. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of BANNOCK } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I ~~am~~ WAS the FAMILY DOCTOR (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78+ years of age, that I have known this person ~~for~~ SINCE JAN. 1, 1903 ~~years~~, and that Name forgotten by family (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) and further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William F. Howard M.D. retired Signature
115 S. Garfield Ave Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1947
My Comm. Expires Feb. 15th 1948 (SEAL) Thos. J. Turner, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-218-011-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437785
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry

4. **FULL NAME OF CHILD** Olive Edwards

5. Date of Birth of Child (Month, day, year) November 18, 1902

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Emery Oren Edwards
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Correstionville (City or town) Iowa (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Blanche Donaldson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Chapman (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Zoe Donaldson Arery (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of MONTANA
County of DEER LODGE } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that I do not remember name of doctor (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zoe Donaldson Arery Signature
Anaconda, Montana P. O. Address

Subscribed and sworn to before me this 10th day of June, 1947
(SEAL) Chas. F. Avery Notary Public, residing at Anaconda, Mont.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W. Wirle, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such ~~report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-126-028-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437799
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Ida.

4. FULL NAME OF CHILD Frederick Dewet Bradbury

5. Date of Birth of Child (Month, day, year) Jan., 26, 1902

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Hermon Bradbury.
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cornelia Wolcott.
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Albert Lea (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:0 A M. on the date and at the place stated above, and that personal particulars were furnished by Cornelia (First name) Bradbury (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Mrs Ralph E. Mulvey ~~M.D.~~ Midwife Address Rathdrum, Idaho Date June 25, 1947

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1949 JUL 1 1947

FEB 18 1955

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-101-028-992

437856

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 437856
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Leonard Xenophone Magney

**5.** Date of Birth of Child (Month, day, year) Dec. 1, 1902

**6.** Sex Male

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Lawrence Magney
**11.** Color or Race White
**12.** Age at time of THIS birth 31 yrs.
**13.** Birthplace Duluth, (City or town) Minn. (State or foreign country)
**14.** Exact Occupation Mill Supt.
**15.** Industry or Business Lumbering

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Marthy Lenora Irby
**17.** Color or Race White
**18.** Age at time of THIS birth 25 yrs.
**19.** Birthplace St. Louis (City or town) Missouri (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum

**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that Dr. John (First name) Busby (Last name), who attended this birth and now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. Magney
Signature

Spokane, Washington
P. O. Address

Subscribed and sworn to before me this 21st day of July, 1947

(SEAL) Eva Young Notary Public, residing at Spokane, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1947 by John W Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1947
DEC 20 1957
JUN 2 1966
OCT 11 1967

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-117-028-843

437857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437857
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Post Falls Ida.

4. **FULL NAME OF CHILD** Owen Orville Whittaker

5. Date of Birth of Child (Month, day, year) 9/17/02

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Herbert Carlton Whittaker
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business none

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eulia Dell Yule
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Augusts, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Mrs. (First name) Ford (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eulia Dell H. Whittaker
Mrs. H. Signature
3116 Pine, Everett, Wash. P. O. Address

Subscribed and sworn to before me this 30th day of July, 1947
(SEAL) Mary Simmons Notary Public, residing at Everett Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1947 by John W Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-201-015-818

437881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437881
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Ida.

4. FULL NAME OF CHILD Mary Eva Van Deusen

5. Date of Birth of Child (Month, day, year) Dec. 1, 1902

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Dudley Howard Van Deusen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace near Pakin, Illinois (City or town) (State or foreign country)
14. Exact Occupation Foreman for a stock company
15. Industry or Business stockman

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elmina Hayslip
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Shenoa, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Oneida } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Ira Rockwell Thousand (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts of the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H. Van Deusen Signature

P. O. Address

Subscribed and sworn to before me this 1st day of August 1947

(SEAL) Edwin T. Davis, Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1947 by John H. Haughey, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1947

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

093 ! 231 027 266

440821

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 440821
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho

**4. FULL NAME OF CHILD** Charlotte Williams

5. Date of Birth of Child (Month, day, year) Aug. 31, 1902

6. Sex Female 7. Twin or Triplet If so—born just one 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Own Williams
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Agnes Susan Boone
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address R.F.D.#5, Moscow, Idaho Date

State of Idaho
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 39 years, and that Nancy Boone (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes S. Williams Signature
Moscow, Idaho, R.F.D.#5 P. O. Address

Subscribed and sworn to before me this 23 day of ~~November~~ Apr, 1942
(SEAL) [illegible] Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Filed for filing on SEP 3 1947 [illegible] W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1947
SEP 3 1947

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

440866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440866
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford - Idaho

4. FULL NAME OF CHILD Linnie Leah Carlson

5. Date of Birth of Child (Month, day, year) Nov. 3, 1902

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John Howard Carlson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Linnie May Fisher
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all her life 44 years, and that Dr. Allen R. Cutler (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred J. Carlson
Signature

Hyrum Utah
P. O. Address

Subscribed and sworn to before me this 29th day of July, 1947.

(SEAL) Comm. expires Dec. 30-1950 Simeon A. Dunn, Notary Public, residing at Hyrum Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1947 by Joan W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1962

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
AUG 6 1947
Railroad Retirement Board
Communications
Section

DELAYED

523-112-033-238 442191

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MADISON (b) City REXBURG
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE + MADISON
(c) City REXBURG
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) REXBURG

4. FULL NAME OF CHILD ALBERT WILLIAM ESCHLER

5. Date of Birth of Child (Month, day, year) FEB. 12, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME FRED ESCHLER
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace BERN, SWITZERLAND (City or town) (State or foreign country)
14. Exact Occupation CARPENTER -
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE SCHULTZ
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace SALZWEDEL, GERMANY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of IDAHO
County of JEFFERSON } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 45 years, and that MRS. WALTER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Eschler Signature

RIGBY, IDAHO P. O. Address

Subscribed and sworn to before me this 27th day of SEPTEMBER, 1947.

(SEAL) J. R. [illegible] Notary Public, residing at RIGBY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 19

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-224-003-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 446300

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** Elva Ruud | | | **2. Date of Birth** (month) December (day) 24 (year) 1902 |
| | **3. Color or Race** White | **4. Sex** Female | **5. Place of Birth** a. County was Bannock now Caribou | b. City or Town of Birth Soda Springs |
| **FATHER** | **6. Full Name of Father** Bert Anderson Ruud | | | **7. State or Country of Father's Birth** Norway |
| **MOTHER** | **8. Full Maiden Name of Mother** Emma Bergetta Meckelsen | | | **9. State or Country of Mother's Birth** Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** Elva R. Ruppendorfer | | **11. Present Address of Registrant** |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 7 1965 | **12. Signature of Notary** John G. Lum | | **13. Notary Commission expires** August 2 1965 |

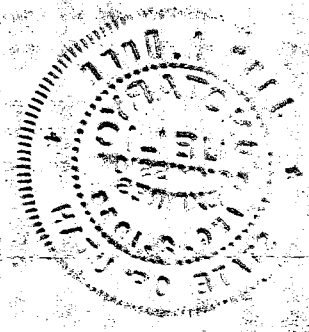
APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** Church Certificate of Birth | **By whom issued and signed** LDS Church, Salt Lake City, Utah | **Date Issued** April 19, 1965 | **Date Orig. Entry** May 2, 1911 |
| | **Date of Birth** Dec. 24, 1902 | **Birth Place** Soda Springs, Idaho Caribou County | **Full Name of Mother** Emma Mickelson | **Name of Father** Bert A. Ruud |
| **SUPPORTING RECORD 2.** | **Type of Document** Affidavit by Brother Age 78 | **By whom issued and signed** Bert Ruud | **Date Issued** May 3, 1965 | **Date Orig. Entry** ---------- |
| | **Date of Birth** Dec. 24, 1902 | **Birth Place** was Bannock now Caribou County Soda Springs | **Full Name of Mother** Emma Bergetta Mickelsen | **Name of Father** Bert Anderson Ruudd |
| **SUPPORTING RECORD 3.** | **Type of Document** Application of Marriage | **By whom issued and signed** Clarence Cowan, Co. Clerk Salt Lake Co. # 40971 | **Date Issued** Nov. 13 1922 | **Date Orig. Entry** Married Nov. 13, 1922 |
| | **Date of Birth** Dec. 24, 1902 | **Birth Place** Soda Springs Idaho | **Full Name of Mother** Emma Mickelsen | **Name of Father** B. R. Ruud |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | **State Registrar** W. W. Benson | **Evidence reviewed by** gml fc Florence Curtright | **Date Filed** May 10, 1965 |

FORM BH 56067

cpa pd 5-3-65



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446300 (446300)
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (Now Caribou) (b) City Soda Springs
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Soda Spgs.

4. **FULL NAME OF CHILD** Elva Ruud

5. Date of Birth of Child (Month, day, year) 12-24-03

6. Sex F. 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** Bert Anderson Ruud
11. Color or Race W. 12. Age at time of THIS birth 43 yrs.
13. Birthplace Sande Jarlsburg, Norway (City or town) (State or foreign country)
14. Exact Occupation Merchant Cobbler
15. Industry or Business Shoe-Merchandising

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Bergetta Mickelsen Ruud
17. Color or Race W. 18. Age at time of THIS birth 37 yrs.
19. Birthplace Logan Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate — 1%
23. Number of children of this mother: (a) At time of birth and including this child 11. (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 11-12 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emma B. M. Ruud (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's ~~OWN signature~~ Ellis Kackley M.D. ~~Midwife~~ Address Soda Springs Idaho Date 12-24 1903.
now deceased.

**AFFIDAVIT**

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 44 years, and that Ellis Kackley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Norman Ruud Signature
Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1944.
(SEAL) [illegible], Notary Public, residing at Salt Lake
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/5/48 by John W. Wright, Registrar

JAN 6 1948
MAY 17 1965
FEB 8 1954

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-114-035-994

33

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0033
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City MYRTLE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City MYRTLE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) MYRTLE, IDAHO

4. **FULL NAME OF CHILD** DONALD LESLIE WALKER

5. Date of Birth of Child (Month, day, year) JUNE, 14. 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN MARTIN WALKER
11. Color or Race WHITE
12. Age at time of THIS birth 60 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARENDA RIDDLE
17. Color or Race WHITE
18. Age at time of THIS birth 44 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. ~~Number of children of this mother:~~ (a) At time ~~of birth and~~ including this child 15 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Phebe Swanson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. Maude McNeill Signature
1346 Thayer Drive - Richland, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of March, 1948.

(SEAL) Jesse J. Ostrant Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) Comm. Exp. 4-12-49

Received for filing on MAR 4 1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 33 TO DE48-0033 11/14/12 KMC

MAR 4 1948

OCT. 11 1974

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

366-221-001-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0051
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho one ½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Rachel Mariette Lowder

5. Date of Birth of Child (Month, day, year) March 21, 1902

6 Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Robert Newton Lowder
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sheridan, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Mathews
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Sycamore, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Mrs. Foster (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice M Lowder Signature
9501 Victoria Ave So Gate P. O. Address

Subscribed and sworn to before me this 2 day of March 1947

(SEAL) E.R. Neal Notary Public, residing at So. Gate Calif.
My Commission Expires June 10, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 51 TO DE48-0051 11/20/12 KMC

MAR 1 1 1958

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

462-229-04X-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0114
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County WASHINGTON
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** HATTIE ARMILDA MOSER

5. Date of Birth of Child (Month, day, year) OCT. 29, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** EDGAR MOSER
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Council (City or town) Idaho (State or foreign country)
14. Exact Occupation DAY LABORER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** IDA BELL DUREE
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace PRINCETON, (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by IDA (First name) MOSER (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Armilda Houston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Bell Moser — Signature
Payette, Idaho — P. O. Address

Subscribed and sworn to before me this 18th day of March, 1948.

(SEAL) W. R. McClure, Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 114 TO DE48-0114 12/5/12 KMC

MAR 23 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-118-004-297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mothers stay BEFORE delivery: In THIS county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake.
(c) City Dingle
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Dingle, Idaho.

4. FULL NAME OF CHILD Eli Everett Hopkins

5. Date of Birth of Child (Month, day, year) Dec. 18, 1902

6 Sex Male

7. Twin or Triplet — In so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Everett Eli Hopkins.
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Farmington (City or town) Mo. (State or foreign country)
14. Exact Occupation Rail Road Telegrapher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Ann Sigman
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Farmington (City or town) Mo. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Oregon
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Dr. D'or (First name) Pointer (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca Ann Sigman Signature
Banks Ore. P. O. Address

Subscribed and sworn to before me this 23 day of March, 1948.
(SEAL) Elizabeth Lochrie, Notary Public, residing at Metolius, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires 3-14-52 Oregon

Received for filing on March 26, 1947 by John H. Thrift, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 123 TO DE48-0123 12/5/12 KMC

MAR 2

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-210-028-357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0124
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery: In THIS county 1 years 1 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Athol, Idaho

4. FULL NAME OF CHILD Gwendolyn Gertrude HALLIN

5. Date of Birth of Child (Month, day, year) MAR-10-1902

6. Sex FEMALE

7. Twin or Triplet . If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy USUAL

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry DAVIES HALLIN
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace Richland Center (City or town) WIS (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Grace Leabo
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace , (City or town) IOWA (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 46 years, and that EMMA (First name) STARR (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irene Hatterfield Signature
R 2 Sheridan Address

Subscribed and sworn to before me this 23 day of March, 19 48

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 26, 1948 by John H. Wright LR, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 124 TO DE48-0124 12/5/12 KMC

MAR 27 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-115-022 #15

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 12 1948

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Home
(e) Mothers stay BEFORE delivery: In THIS county 7 years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs Ida

4. FULL NAME OF CHILD Bill Peterson

5. Date of Birth of Child (Month, day, year) Mar 1st 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lars Pete Peterson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Jensen
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that Kathrine Larson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina P. Anderson Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 9 day of April, 1948.
(SEAL) May V. Stans Notary Public, residing at Leadore Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 14, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 174 TO DE48-0174 12/7/12 KMC

APR 15 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

895-113-044-192

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 12 1948

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0179
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Washington (b) City Council
(c) Street Address or R.F.D.No.
(d) ~~Name of Hospital or Maternity Home~~: At Home: Residence
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat.~~ Home days.
IN **THIS** county 14 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Council, Ida.

**3. RESIDENCE of FATHER** (city, state) Council, Ida.

**4. FULL NAME OF CHILD** Walter Laurence Hinkley

5. Date of Birth (Month, day year) 4-13-1902

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9mo. 9. [redacted]timate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Basil Denny Hinkley
11. ~~Color~~ or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Dubuque (City or town) Iowa (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jeanette Elnora Arbuckle
17. Color or Race White
18. Age at time of THIS birth 17 yrs
19. Birthplace Ray Creek (City or town) Oregon (State or foreign country).
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Agno3 - 1 M. O.U.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 8.45 P. M. on the date and at the place stated above, and that personal particulars were furnished by X Jeanette E Deacy (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) April 14, 1948 (Date received) Shirley W. Wright (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Frank R. Brown M.D. (D.O., Midwife, etc.)
and address 3030 Trade St Salem Oregon Date

State of
County of } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 179 TO DE48-0179 12/10/12 KMC

APR 15 1948

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

OCT 23 1950

236-- 215-003-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0218
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Near Gentile Valley
(c) Street Address or R.F.D. No. Gentile Valley, Bannock County, Idaho
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months / days or thereabouts

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Gentile Valley
(d) Street Address or R.F.D. No. Gentile Valley, Bannock County, Idaho
(e) How long has **MOTHER** lived in Idaho? apprx. 7 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) same as 2(d)

4. **FULL NAME OF CHILD** Laura Evelyn Blodgett

5. Date of Birth of Child (Month, day, year) March 15, 1902

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Newman Isaac Blodgett
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace North Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation creamery worker
15. Industry or Business laborer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura Marinda Marble
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Elsinore, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Stanislaus } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that a person known as Aunt Jane, midwife (First name) (Last name), who attended this birth is believed to be deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Marinda Bowmhaw Signature
1330-11th St. Modesto, Calif. P. O. Address

Subscribed and sworn to before me this 12th day of April, 19 48.
(SEAL) Clarence M. Hansen, Notary Public, residing at Modesto, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 20, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 218 TO DE48-0218 12/11/12 KMC

APR 20 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

396-201029-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0225
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mothers stay BEFORE delivery: In THIS county 0 years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 1/12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD VELMA GLADYS CROW

5. Date of Birth of Child (Month, day, year) Dec. 1, 1902

6 Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Charles Sumner Crow
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace near Palouse, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

## MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Lois Hill
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace near Palouse, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Dr. Hines (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada L Crow Signature
N. Richey, Pullman, Wash. P. O. Address

Subscribed and sworn to before me this 21 day of April, 19 48.

(SEAL) Marshall N. Nelson Notary Public, residing at Pullman, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 225 TO DE48-0225 12/11/12 KMC

APR 23 1948

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-220-003-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 15 1948

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0295
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: neither
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** Edith Edna Ware

5. Date of Birth of Child (Month, day, year) Sept. 20, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Ware
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Downey, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Edith Dianna Bloxham
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Downey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Lena (First name) Wakely (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith W. Ware Signature
1042 N. Garfield Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 28nd day of March, 1948.

(SEAL) My Commission Expires Sept. 15, 1948 — Notary Public, residing at ~~Pocatello~~ Downey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1948 by [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 295 TO DE48-0295 12/13/12 KMC

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

MAY 13 1949

235-120-027-364 JUN 5 1948

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0392
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Fairview
   (c) Street Address or R.F.D. No. Forsenly Amelia Co
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 2 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Fairview
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Dimon Alvin Stewart

5. Date of Birth of Child (Month, day, year) Sept. 20, 1902

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Ray Elmer Stewart
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Matilda Bodily
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fairview (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living One

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Butte } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ..... years, and that Lucy Kent (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Elmer Stewart Signature
Rt. 2, Gridley, Calif. P. O. Address

Subscribed and sworn to before me this 27 day of May, 1948

(SEAL) Leona B. Chase, Notary Public, residing at Butte Co. Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 392 TO DE48-0392 12/18/12 KMC

JUN 9 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or ~~in case of failure to report~~ any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

433-203-035-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0448
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mothers stay BEFORE delivery: In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Lapwai, Idaho

4. FULL NAME OF CHILD Florence Viola McClanahan

5. Date of Birth of Child (Month, day, year) Apr. 3, 1902

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Callahill McClanahan
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business For U.S. Indian School

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Susan Entebine
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Severy, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for years, and that Ellen Mc Murdo (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Jennie (McClanahan) Scott Signature
Pacific, King County, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of June, 1948
(SEAL) Helen R. Stafford, Notary Public, residing at Pacific
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 448 TO DE48-0448 12/21/12 KMC

JUN 26 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

386-205-028-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 28 1948

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0452
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Rathdrum
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Rathdrum
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Idaho

4. **FULL NAME OF CHILD** Willie Dill Thomas

5. Date of Birth of Child (Month, day, year) Feb. 5, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Hiram Thomas
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace Otomwa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rose M. Scott
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace Chehalis (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living [illegible]

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Spokane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 46 years years, and that Dr. Mentz (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May M. Bowman Signature
North 111½ Howard, Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 25th day of June, 19 48
(SEAL) Deloris T. Harper Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1948

FILE # FROM 452 TO DE48-0452 12/21/12 KMC

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-122-273-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0462
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
At Home - No Address At That Time
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** Thomas James Krigbaum

5. Date of Birth of Child (Month, day, year) 4-22-1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Ewing Krigbaum
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lawrence (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Louise Langroise
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Placerville (City or town) - Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that W. F. Loder (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian C. Owens. Signature
419 S. 11th Boise P. O. Address

Subscribed and sworn to before me this 2nd day of July 1948.
(SEAL) Mabel Feeler, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1948

FILE # FROM 462 TO DE48-0462 12/21/12 KMC

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

635-209-007-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. Not Known
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years — months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Montana (b) County ?
   (c) City Livingston
   (d) Street Address or R.F.D. No. Unknown
   (e) How long has **MOTHER** lived in Idaho? 30 days

3. **RESIDENCE OF FATHER** (city, state) Livingston Montana

4. **FULL NAME OF CHILD** Ladyce Edna Fletcher

5. Date of Birth of Child (Month, day, year) July 9, 1902

6. Sex Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Earnest Albert Fletcher
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace South Hero (City or town) Vermont (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business General Contractor

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Francis Miller
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Calmar (City or town) Iowa (State or foreign country)
20. Exact Occupation House Work
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not Known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Fletcher (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ____ } ss.
County of ____ }

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that physician (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Francis Fletcher Signature
P.O. Box 145 Boise Ida. P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1948.
(SEAL) A. F. Van Voorhis, Notary Public, residing at Boise Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 26, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1948

FILE # FROM 517 TO DE48-0517 12/24/12 KMC

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-227-037
367

RECEIVED
AUG 7 - 1948
DIVISION OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Wilson, Idaho (P.O. Address)
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Wilson (P.O. Address)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilson, Idaho

4. **FULL NAME OF CHILD** RUBY LILLIAN BACHMAN

5. Date of Birth of Child (Month, day, year) Jan. 27, 1902

6. Sex Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** FREDRICK BACHMAN
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Berne, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming, Stock Raising

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** PHEBE JANE COX
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Coon Rapids, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of California
County of Butte } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that PHEBE (First name) JANE COX (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Thatcher Signature

Route #3, Box 1351, Oroville, Calif. Address

Subscribed and sworn to before me this 2nd day of August, 19 48

(SEAL) Lacy J. Mc[illegible] Notary Public, residing at Oroville, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1948 by John W. Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 19[illegible]

FILE # FROM 607 TO DE48-0607 12/27/12 KMC

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-110-009-815 RECEIVED

AUG 23 1948

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE48-0618
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Priest River

4. **FULL NAME OF CHILD** Rollin Hansen Charbonneau

5. Date of Birth of Child (Month, day, year) July 10, 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Charles Charbonneau
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Montreal, Canada (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Dora Hansen
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Marne, Germany (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Helen Hagman (First name) (Last name) who is ~~related~~ not related. (Mother, etc.)

25. Attendant's OWN signature Helen Hagman M.D. Midwife Address Priest River, Ida. Date Aug. 14 1948

**AFFIDAVIT**

State of Idaho
County of Bonner } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the attendant (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 46 years years, and that no doctor (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Hagman Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 14th. day of August, 1948

(SEAL) Grace Hagman McGee, Notary Public, residing at Priest River Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1967
AUG 24 1948

FILE # FROM 618 TO DE48-0618 12/27/12 KMC

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-230-019-416

RECEIVED
AUG 30 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0655
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Custer (b) City: Mackay
   (c) Street Address or R.F.D. No.: None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Custer
   (c) City: Mackay
   (d) Street Address or R.F.D. No.: None
   (e) How long has **MOTHER** lived in Idaho? 1 yr. yrs.

3. **RESIDENCE OF FATHER** (city, state) Mackay, Idaho

4. **FULL NAME OF CHILD** DONNA MARKUS

5. Date of Birth of Child (Month, day, year) October 30, 1902

6. Sex: Female

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** GEORGE MARKUS
11. Color or Race: White
12. Age at time of THIS birth: 39 yrs.
13. Birthplace: Yugoslavia (City or town) (State or foreign country)
14. Exact Occupation: Smelter worker
15. Industry or Business: Metal smelter

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ANGELINA MARKUS
17. Color or Race: White
18. Age at time of THIS birth: 30 yrs.
19. Birthplace: Yugoslavia (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the acquaintance & neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for nearly 46 years, and that no person (First name) (Last name) ~~XXX~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Hogenson
Signature

Midvale, Utah
P. O. Address

Subscribed and sworn to before me this 18th day of August 19 48

(SEAL) Bea B. Bagley Notary Public, residing at Midvale, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1948 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 655 TO DE48-0655 1/3/13 KMC

SEP 1 1949

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 1 1948

STATE OF UTAH, )
( SS:
COUNTY OF SALT LAKE.)

EMILY HOGENSON, being first duly sworn, deposes and says as follows:

1. That she first became acquainted with George Markus and Angelina Markus, his wife, during the latter part of the year 1902 when they moved to Midvale, Utah from Mackay, Idaho, and that she has been intimately acquainted and associated with them from that time until the time of their respective deaths.

2. That during the year 1902 when George Markus and Angelina Markus, his wife, moved to Midvale, Utah from Mackay, Idaho, they brought with them a baby girl one month old whose name was Donna Markus.

3. That for many years the affiant has been intimately acquainted with Donna Markus and that the affiant helped to care for Donna Markus when she was an infant.

4. ~~That~~ George Markus and Angelina Markus have told the affiant on many occasions that Donna Markus was born in Mackay, Idaho; that there was no physician or midwife attending the birth and that they are her parents.

Emily Hogenson

Subscribed and sworn to before me this
18th day of August, 1948.

Ben B. Bagley
Notary Public

residing at Midvale, Utah
My Commission expires: July 27, 1950

437-107
025-239

RECEIVED
AUG 31 1948

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0661
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Clearwater Ida

4. FULL NAME OF CHILD Bruce Melville McPherson

5. Date of Birth of Child (Month, day, year) July 7, 1902

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? —

FATHER OF CHILD

10. FULL NAME Shelton F. McPherson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Galveston (City or town) Texas (State or foreign country)
14. Exact Occupation U.S.F.S.
15. Industry or Business Employee

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Strough
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Charles (First name) Busey (Last name), who attended this birth has passed away (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive H. Engle Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 28 day of August 1948.
(SEAL) Edward Cuddy Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1940

FILE # FROM 661 TO DE48-0661 1/4/13 KMC

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

137-216-001-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

RECEIVED SEP 9 1948 DIVISION OF VITAL

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0688
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery: In THIS county 20 years appr. months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? appr. 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD HELEN LOUISE ATTWOOD

5. Date of Birth of Child (Month, day, year) Sept. 16, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME George Thomas Attwood
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Toddington (City or town) England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lilla Elizabeth Lively
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace near Lake Erie (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that Dr. Bowers, (First name) and Mrs. Otto, (Last name) Midwife, who attended this birth are now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Sarah Gaunt Davis. Signature
425 Jefferson St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of August, 1948

(SEAL) Thomas D. Wyatt, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible], Idaho Code Annotated.)

Received for filing on Sept 7, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 688 TO DE48-0688 1/7/13 KMC

JUN 5 1964

MAR 7 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report the birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 16 19[illegible]
NOV 1 1951

981-101-013-981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0787
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CAMAS (b) City Menard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CAMAS
(c) City MANARD
(d) Street Address or R.F.D. No. MANARD, RFD
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) 18.

4. FULL NAME OF CHILD JOHN JOSEPH RYAN

5. Date of Birth of Child (Month, day, year) MARCH 1, 1902

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME CONNLOUS RYAN
11. Color or Race WHITE
12. Age at time of THIS birth 36. yrs.
13. Birthplace IRLAND (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME SARA M. RYAN
17. Color or Race WHITE
18. Age at time of THIS birth 32. yrs.
19. Birthplace IRLAND (City or town) (State or foreign country)
20. Exact Occupation HOUSE, WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of CAMAS } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that SARA, M. (First name) RYAN Mary Ryan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Mary Ryan Signature
914 W Washington St P. O. Address

Subscribed and sworn to before me this 29th day of Sept 1948

(SEAL) Mabel Fleming, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 30, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1948

FILE # FROM 787 TO DE48-0787 1/11/13 KMC

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-207-007-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0796
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue IDA

4. **FULL NAME OF CHILD** Margaret Jane Bradford

5. Date of Birth of Child (Month, day, year) Sept 7, 1902

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hugh Bradford
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Belfast (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer + Stockman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Wallace
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Iola (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Husband (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 46 years, and that Mrs Bath (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph W Robertson Signature

2nd 260 8th Ave No Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 28th day of September, 1948

(SEAL) Thomas Deavey, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 4, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1948

FILE # FROM 796 TO DE48-0796 1/11/13 KMC

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

655-215 · 028-266

RECEIVED
OCT 2 1948
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0871
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ? (b) City CATALDO
   (c) Street Address or R.F.D. No. NO ADDRESS
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ?
   (c) City CATALDO
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) CATALDO, IDA

4. **FULL NAME OF CHILD** ALTA LORETTA Feeler

5. Date of Birth of Child (Month, day, year) Nov 15 1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** JAMES Wm Feeler
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Greyhardor - WASH. (City or town) (State or foreign country)
14. Exact Occupation LUMBERING
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ETHA Booher
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Montrose Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etha Booher Feeler — Signature
Hollywood Calif. — Address

Subscribed and sworn to before me this 20th day of October, 1948

(SEAL) Kenneth J. Gillette, Notary Public residing at Los Angeles
My Commission Expires Oct. 31, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 26, 1948 by John Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1948

FILE # FROM 871 TO DE48-0871 1/16/13 KMC

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-129-030-231

RECEIVED
OCT 29 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0882
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marion Francis Black

5. Date of Birth of Child (Month, day, year) Nov. 29. 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Johnathan Daniel Black
11. Color or Race wh.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Richmond (City or town) Ind. (State or foreign country)
14. Exact Occupation Merchant Salmon, Idaho
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie Sarah Black
17. Color or Race wh
18. Age at time of THIS birth 22 yrs.
19. Birthplace Creston (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Horace Hyde (First name) (Last name) who is related as Uncle (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date September 28, 1948

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 46 years, and that Dr. F.S.Wright (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Horace Hyde Signature

Salmon Idaho P. O. Address

Subscribed and sworn to before me this 28th day of September, 1948.

(SEAL) W. W. Simmonds Clerk District Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 30, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 882 TO DE48-0882 1/16/13 KMC

NOV 1 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

294-208-025-493

RECEIVED
NOV 5 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. not known
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City GRANGEVILLE
   (d) Street Address or R.F.D. No. not known
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Ida.

4. **FULL NAME OF CHILD** PAULINE KIMMEL

5. Date of Birth of Child (Month, day, year) August 8, 1908

6. Sex Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** WILLIAM LEASURE KIMMEL
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace YPSILANTI (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation Electrical Engineer
15. Industry or Business Electrical Engineer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** LORENE FLORENCE MILLS
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace not known (City or town) CALIFORNIA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that the doctor (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Leasure Kimmel Signature
934 W. 14th Spokane Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of November 1948

(SEAL) Earl A. Whitney Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 5, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1948

FILE # FROM 901 TO DE48-0901 1/17/13 KMC

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

285-21-040-343

RECEIVED
NOV 15 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Black Bear, Idaho

4. FULL NAME OF CHILD Clara Irene Sherwood

5. Date of Birth of Child (Month, day, year) Sept. 14, 1902.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Charles Alonzo Sherwood
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Grafton (City or town) Illinois (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Minnie Ann Cullison
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature | M.D. Midwife | Address | Date

State of Oregon
County of Multnomah } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beryl Oran Sherwood (Signature)
1405-N.W. 20th Portland Ore. P. O. Address

Subscribed and sworn to before me this 5th day of November, 1948.

(SEAL) Glenda Kelly, Notary Public, Notary Public for Oregon
My Commission Expires Oct. 15, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 17, 1948 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 943 TO DE48-0943 1/22/13 KMC

1348

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

396-117
0330-357

RECEIVED
NOV 18 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0948
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City North Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Grandmothers Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City North Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) North Fork Idaho

4. **FULL NAME OF CHILD** Charles Jeremiah Trowbridge

5. Date of Birth of Child (Month, day, year) Jan. 17, 1902

6 Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Austin Blair Trowbridge
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Niles Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Potatoe Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Josephine Leabo
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Beaverys Flat Montana (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Charles J. Trowbridge (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 46 years, and that Mrs. Angelie Barth (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Trowbridge Signature
Gibbonsville Ida. P. O. Address

Subscribed and sworn to before me this 15 day of November 1948.

(SEAL) Lena Heidt, Notary Public, residing at Gibbonsville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 23, 1948 by W. W. Burgess, Registrar
by Mary Feeder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 948 TO DE48-0948 1/22/13 KMC

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-226-025-516

RECEIVED DEC 18 1948 DIV. OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Idaho (b) City Greencreek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Greencreek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Anna Kathrine Sauer

5. Date of Birth of Child (Month, day, year) Aug 24 1902

6 Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mathias Sauer
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Hoffman
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that Mrs Joseph Schmidt (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin T. Stoll Signature
Greencreek Idaho P. O. Address

Subscribed and sworn to before me this 15 day of December, 1948.

(SEAL) Felix Martyn, Notary Public, residing at Cottonwood Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 20, 1948 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1026 TO DE48-1026 1/30/13 KMC

DEC 20 1948

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

743-108-025-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? several

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Frank M. Putman

5. Date of Birth of Child (Month, day, year) Dec. 8, 1902

6 Sex male

7. Twin or Triplet If so—born x 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Isaac Bennett Putman
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Linn County, Oregon. (City or town) (State or foreign country)
14. Exact Occupation Grocery Business
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nora Welch
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 3 a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46 years, and that I was there when he was born (First name) (Last name), who attended this birth no doctor (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive B. Wilkinson Signature
1131 G. Street, Springfield, Oregon Address

Subscribed and sworn to before me this 9th day of March, 1949

(SEAL) Marion E. Murphy, Notary Public, residing at Springfield
Comm. Sept. 11, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 21, 1949 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1269 TO DE49-1269 11/6/2013-LLE

MAR 21 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23/229-001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1271
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Boise
   (c) Street Address or R.F.D. No.: 16th Grove
   (d) Name of Hospital or Maternity Home: Residence 16th Grove
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Ada
   (c) City: Boise
   (d) Street Address or R.F.D. No.: 16th Grove
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ada

4. **FULL NAME OF CHILD** Henrietta Susan Starks

5. Date of Birth of Child (Month, day, year) 6/29/1902

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jabud S. Starks
11. Color or Race: white
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Fort Worth (City or town) Texas (State or foreign country)
14. Exact Occupation: Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Kathryn O. Smith
17. Color or Race: white
18. Age at time of THIS birth: 19 yrs.
19. Birthplace: Boise (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: None (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of Washington
County of Pierce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 10 years, and that Mrs W.H. Starks (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kathryn O. Starks — Signature
3338 Nottingham, Tacoma Wash — P. O. Address

Subscribed and sworn to before me this 15 day of March 1949

(SEAL) Notary Public, residing Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 21, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1271 TO DE49-1271 11/6/2013-LLE

MAR 21 1949
MAY 25 1967

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-209-028-195

RECEIVED
MAR 31 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. DE49-1305
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (At time of this birth)
(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

**3. RESIDENCE OF FATHER** (city, state) Lane, Idaho

**4. FULL NAME OF CHILD** Beatrice Seiser

**5.** Date of Birth of Child (Month, day, year) 10-9-02

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Frank Seiser
**11.** Color or Race White **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Hungary (City or town) (State or foreign country)
**14.** Exact Occupation Railroad section foreman
**15.** Industry or Business Railroad

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Theresa Arnhold
**17.** Color or Race White **18.** Age at time of THIS birth 28 yrs.
**19.** Birthplace Hungary (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business Home

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25.** Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Anna (First name) Arnhold (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Seiser Signature
Lane, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 42.
(SEAL) M. Hawkins Notary Public, residing at Coeur d'Alene.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 31, 1949 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1305A TO DE49-1305 11/7/2013-LLE

MAR 31 1949

## DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

chkd 319-217-015-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1305
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 7 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Sarah Ellen Cain

5. Date of Birth of Child (Month, day, year) Sept-17-1921

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Wm Frank Cain
11. Color or Race white
12. Age at time of THIS birth 30 yrs. 2 days
13. Birthplace Platte City Mo (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie May Colon
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cleveland Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

**AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 years, and that Nellie ~~Cain~~ (First name) Dr Sigert (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie May Cain Signature
524 Neptune Address

Subscribed and sworn to before me this 31st day of March 1949.
(SEAL) Mary F Felen, Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 1, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

rep. pd.

FILE # FROM 1305 TO DE49-1305 11/7/2013-LLE

APR 1 1949

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699 - 217-014-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City CALDWELL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HER HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 7 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CANYON
   (c) City CALDWELL
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LAURA FAITH WRIGHT

5. Date of Birth of Child (Month, day, year) 3-17-1902

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JAMES MADISON WRIGHT
11. Color or Race WHITE
12. Age at time of THIS birth 50 yrs.
13. Birthplace NOT KNOWN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** NORA MAUD WRIGHT
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace DAWSON (City or town) MONN. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by DAISY L. WRIGHT (First name) (Last name) who is related as AUNT (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of IDAHO
County of OWYHEE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that LAURA E. WHEELER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy L. Wright Signature

BOX 204 GRANGER, WASHINGTON P. O. Address

Subscribed and sworn to before me this 18th day of APRIL, 1949.

(SEAL) Helen Fuge, Notary Public, residing at HOMEDALE, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 21, 1949 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1363 TO DE49-1363 11/8/2013-LLE

APR 21 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-229-040-236

RECEIVED

MAY 26 1949

BUREAU OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida

4. FULL NAME OF CHILD Mabel Florence Thomas

5. Date of Birth of Child (Month, day, year) Aug. 29, 1902

6 Sex Fem.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Evan Richard Thomas
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Cardiff, Wales (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Last Chance Mining Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Elizabeth Stoessel (Stoessel)
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Eureka, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Dr. Matchett (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Josephine E Scott Signature

7026 S. E. 19th Ave. Portland, Ore. Address

Subscribed and sworn to before me this 23d day of May, 1949

(SEAL) Frank Stamer, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 31, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1495 TO DE49-1495 11/13/2013-LLE

MAY 31 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-201-001-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1575
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 508 S. 5th St.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 508 S. 5th St.
(e) How long has **MOTHER** lived in Idaho? Full life yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Helen Elizabeth Gakey.

5. Date of Birth of Child (Month, day, year) August 1, 1902

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** John Henry Gakey.
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Freeport. Illinois. (City or town) (State or foreign country)
14. Exact Occupation Stockman.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Martha Elizabeth Baker
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Roseburg. Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho. }
County of Ada. } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth Dr. L.P. McCallie. (Is now deceased) or (Cannot be located) deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Gakey Goble Signature
Meridian. R.F.D. P. O. Address

Subscribed and sworn to before me this 7th day of June, 1949.
(SEAL) Walter E. Fuller, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 7, 1949 by W. A. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1575 TO DE49-1575 11/14/2013-LLE

JUN 24 1949

JUL 13 1949

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

415-28-029-419

RECEIVED

United States
Department of Commerce
Bureau of the Ce[redacted]

(Be sure the information is as of date of birth of THIS child.)

DIVISION OF VITAL

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1690
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH ([redacted] of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name [redacted]ospital or Maternity Home
Mrs. Larson
(e) Mothers stay BEFORE delivery:
In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow

4. FULL NAME OF CHILD Frances Emily Davis

5. Date of Birth of Child (Month, day, year) 8-18-1902

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Arthur Lee Davis
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Asheville (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

## MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Marston
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) England (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 47 years, and that Doctor (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Davis Schuster Signature
R#2 Box 169 Clarkston, Wn. P. O. Address

Subscribed and sworn to before me this 30th day of July, 1949

(SEAL) Charlie A. Wilson, Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 2, 1949 by W B Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1690 TO DE49-1690 11/20/2013-LLE

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 2 1949

289-30-025-915

RECEIVED AUG 11 1949 DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1732
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida

4. **FULL NAME OF CHILD** Edward Earl Byrom

5. Date of Birth of Child (Month, day, year) Oct. 30, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Edward Byrom
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Tualitan, Oregon (City or town) (State or foreign country)
14. Exact Occupation Livery Stable Operator
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maude Randall
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mt., Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maude Byrom (First name) (Last name) who is related Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for since Birth years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Byrom Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 8 day of August, 1949.

(SEAL) Ralf Merigenler Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 11, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1732 TO DE49-1732 11/20/2013-LLE

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 11 1949

419-116-04

RECEIVED AUG 31 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1801
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City WARDNER
   (c) Street Address or R.F.D. No. Not Known.
   (d) Name of Hospital or Maternity Home: Not Known.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Washington (b) County Whitman
   (c) City Pullman.
   (d) Street Address or R.F.D. No. Don't Know.
   (e) How long has **MOTHER** lived in Idaho? Don't Know. yrs.

3. **RESIDENCE OF FATHER** (city, state) Don't Know.

4. **FULL NAME OF CHILD** EARL THOMAS MARIS

5. Date of Birth of Child (Month, day, year) March 16 1902.

6. Sex MALE

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** SWARTZ MARIS
11. Color or Race White
12. Age at time of THIS birth about 35 yrs.
13. Birthplace Philadelphia (City or town) Penn. (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Estella Davis
17. Color or Race White
18. Age at time of THIS birth about 30 yrs.
19. Birthplace Pullman (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Knowledge of this.
23. Number of children of this mother: 4 (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of OREGON
County of MULTNOMAH. } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the COUSIN (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for ~~45~~ 47 years 5 months 13 days, and that Doctor Unknown (First name) Unknown (Last name), who attended this birth Cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Burn act 2-9-1929) L. C. Henderson Signature

Portland Oregon 15 P. O. Address

Subscribed and sworn to before me this 29th day of August, 19 49.

(SEAL) Dorothy Adler, Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm exp 1-6-51

Received for filing on Aug 31, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1801 TO DE49-1801 11/22/2013-LLE

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 31 1949

719-228-009-343

RECEIVED SEP 6 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. DE49-1828
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
(a) County Bonner (b) City Dufort
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. Home
IN **THIS** county 1 years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Ida (b) County Bonner
(c) City Dufort
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address

**3. RESIDENCE of FATHER** (city, state) Dufort Ida

**4. FULL NAME OF CHILD** alice marguerite Garrison

**5.** Date of Birth (Month, day year) 11-28-1902

**6.** Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Herod Benton Garrison
**11.** Color or Race white **12.** Age at time of THIS birth 29 yrs.
**13.** Birthplace Eureka Kansas (City or town) (State or foreign country)
**14.** Exact Occupation Farmer, at that time.
**15.** Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary adeline Culter
**17.** Color or Race white **18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Crowford co. Indiana (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

**26.** (a) Sept 7, 1949 (Date received) (b) C B Benson (Registrar's signature)

**27.** Given name added on by (Registrar's signature)

**25.** Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Liberty } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary A. Garrison, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alice Marguerite Garrison (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Prindle (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mrs. Mary A. Garrison Signature
P. O. Address

Subscribed and sworn to before me on this 6th day of June, 1949.
(SEAL) Notary Public, residing at Chester, Montana
My Comm. expires July 26, 1949.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1828 TO DE49-1828 11/22/2013-LLE

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 7 1949

455-205-029-689

RECEIVED
SEP 9 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1841
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home on Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch Idaho

4. **FULL NAME OF CHILD** Hester Ellen Mendenhall

5. Date of Birth of Child (Month, day, year) June 5-1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William A. Mendenhall
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Marrietta (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nina Cora White
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Shelbyville (City or town) Ill. (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 47 years, and that Mrs. Hester Ellen Plowman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Arden O'Brien Signature
Fairfax Virginia P. O. Address

Subscribed and sworn to before me this 8th day of September, 1949

(SEAL) ..... Notary Public, residing at Potlatch, Idaho
Notary Public for the State of Idaho
My Commission Expires Nov. 8, 1952

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 9, 1949 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1841 TO DE49-1841 11/22/2013-LLE

APR 30 1962

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 9 1949

719-212-028-693

RECEIVED SEP 13 1949 DIV OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1854
Local Reg. No.
Reg. Dist. No.

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Morton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Morton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2+ yrs.

3. RESIDENCE OF FATHER (city, state) Morton, Idaho.

4. FULL NAME OF CHILD Bessie Rabelia Parr

5. Date of Birth of Child (Month, day, year) Dec. 12, 1902

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Joseph Henry Parr
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Oregon (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lulu May Wilson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Warrens (City or town) Wisconsin. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

**AFFIDAVIT**

State of Wisconsin, County of Dane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46½ years, and that Mrs. Henry (First name) Graves (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph H Parr Signature

Oregon Wis. P. O. Address

Subscribed and sworn to before me this 3rd day of August 1949.

(SEAL) G. L. Boos, Notary Public, residing at Oregon Wis.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-14-49 by W Wilson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1854 TO DE49-1854 11/22/2013-LLE

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 14 1949

115-226-025-154

RECEIVED
SEP 21 1949
DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1877
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Burk
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (Born at home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ab. 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Burk/a mining community/
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho, Burk

4. **FULL NAME OF CHILD** Edit Ida Sofia Jansson

5. Date of Birth of Child (Month, day, year) Dec. 26, 1902

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Anders Viktor Jansson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pedersöre, Finland (City or town) (State or foreign country)
14. Exact Occupation Miner /foreman/
15. Industry or Business Industry

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Johanna Andersdotter
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Esse, Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None, as far as I can remember
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Finland
County of Parish of Pedersöre } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for ..... years, and that Mrs Wild? (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Johanna Jansson, Svafimmel (Signature)

Jakobstad, Permo, Finland (P. O. Address)

Subscribed and sworn to before me this 23rd day of August, 19 49.

John Berg, Notary Public, residing at Jakobstad

(Notice: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Recorded for filing on Sept 21, 1949 by W. U. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1877 TO DE49-1877 11/25/2013-LLE

FEB 27 1957
SEP 20 1945

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

249-329-007-138

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 49- 1911

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dorothy Irene Smith | | | 2. Date of Birth (month) (day) (year): October 29, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Blaine | b. City or Town of Birth: Soldier |
| **FATHER** | 6. Full Name of Father: Charley Smith | | | 7. State or Country of Father's Birth: St. Louis Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Bessie Achurch | | | 9. State or Country of Mother's Birth: Eureka Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dorothy Reedy | | 11. Present Address of Registrant: 2718 Holden Lane Boise |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 12 1964 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Copy of Social Security Application | By whom issued and signed: Social Security Adm. J. L. Fay, Ass't. Director | Date issued: 1948 | Date Orig. Entry: -------- |
| | Date of Birth: Oct. 29 1902 | Birth Place: Soldier, Idaho | Full Name of Mother: Bessie Achurch | Name of Father: Charley Smith |
| **SUPPORTING RECORD 2.** | Type of Document: Certified statement of school record | By whom issued and signed: Idaho State College Alton B. Jones, Registrar | Date issued: June 17, 1964 | Date Orig. Entry: Enrolled Sept. 15, 1919 |
| | Date of Birth: Oct. 29 1902 | Birth Place: Soldier, Idaho | Full Name of Mother: --------- | Name of Father: -------- |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Ins. Idaho Hospital Service, Inc. | By whom issued and signed: Health Service, Inc. Paul R. Hawley, President | Date issued: Oct. 1949 | Date Orig. Entry: ------- |
| | Date of Birth: Oct. 29 1902 | Birth Place: Soldier, Idaho | Full Name of Mother: -------- | Name of Father: --------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: June 19, 1964 |

FORM BH 56067

5-10-50

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Soldier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: C. H. Smith
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Ida

4. **FULL NAME OF CHILD** Dorothy Irene Smith

5. Date of Birth of Child (Month, day, year) Oct. 29, 1904

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Charley Smith
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace St. Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jessie Achurch
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eureka (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 6.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Oct. 29 (Born alive, stillborn) at 1904 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Smith (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

State of Idaho
County of Blaine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Dorothy Reedy Signature
X Rt. 5 Boise Ida P. O. Address

Subscribed and sworn to before me this 6 day of September, 1949

(SEAL) R. M. Cunningham, Notary Public, residing at Franford Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 3, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1949

JUN 19 1964

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

944-224-625-256

RECEIVED NOV 4 1949 DIV. OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Culdesac
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 3 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County NEZPERCE
(c) City Culdesac
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac Idaho.

4. **FULL NAME OF CHILD** Blanche Tella Zumwalt.

5. Date of Birth of Child (Month, day, year) 3-24-1902.

6. Sex Female

7. Twin ~~or Triplet~~ If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes.

**FATHER OF CHILD**

10. **FULL NAME** Edwin David Zumwalt.
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Laura Frances Snow.
17. Color or Race White.
18. Age at time of THIS birth 33 yrs.
19. Birthplace Neosho Falls (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Midwife _____ Address _____ Date _____

**AFFIDAVIT**

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that Tella (First name) Snow (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles L. Snow Signature
La Crosse, Wash. P. O. Address

Subscribed and sworn to before me this 14th day of October 1949.

(SEAL) Georgia Woodward, Notary Public, residing at La Crosse

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 4, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2004 TO DE49-2004 12/3/2013-LLE

NOV 4 1946

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-206
044-752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2011
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 3 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Ida

4. **FULL NAME OF CHILD** Eva Lusiela Wooden

5. Date of Birth of Child (Month, day, year) Jan. 6, 1902

6. Sex F

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Benjamin Wooden
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Carroll Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ann Pebbles
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Council (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 47 years, and that Frank (First name) Brown (Last name), who attended this birth believed dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Wooden
Signature

Cottage Grove, Oregon
P. O. Address

Subscribed and sworn to before me this 15th day of November 1949

(SEAL) Nellie Holden, Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My com ex May 17 1953

Received for filing on Nov 5, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2011 TO DE49-2011 12/3/2013-LLE

NOV 7

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 - 224
003 - 289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2125
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No. Grant Ward
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No. Grant Ward
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** Thora May Larson

5. Date of Birth of Child (Month, day, year) February 24, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo.

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Henry Larson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Big Cottonwood, Murray, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Elizabeth Byington
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ogden Valley, Huntsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 47 years, and that Hannah Dyantha (Harr) Byington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah E Larson Higlee Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Dec. 1949
(SEAL) Glen Christiansen, Notary Public, residing at Downey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15, 1949 by W. L. Boren, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2125 TO DE49-2125 12/9/2013-LLE

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-115-237-647

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2141
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Albert Edward Bews

5. Date of Birth of Child (Month, day, year) May 15, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William A. Bews
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Connecticut, (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sarah Ann Odgers
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Butte, (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Dr. Witherspoon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Bews Signature
Eagle P. O. Address

Subscribed and sworn to before me this 20th day of Dec. 1949

(SEAL) Mary Felder, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-20-49 by W. U. Benson, Registrar

FILE # FROM 2141 TO DE49-2141 12/9/2013-LLE

JUN 17 1965

DEC 20 1949

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-107-004-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE50-0011
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Twayne Austin | | | 2. Date of Birth (month) April (day) 7 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Liberty (Sharon) |
| **FATHER** | 6. Full Name of Father: Arta Chase Austin | | | 7. State or Country of Father's Birth: Idaho U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Jane Morgan | | | 9. State or Country of Mother's Birth: Idaho U.S.A |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Twayne Austin | | 11. Present Address of Registrant: 625 North Hayes Pocatello, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 24 1950 | 12. Signature of Notary: E H Berrett | | 13. Notary Commission expires: Mar. 7 1950 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church of Jesus Christ of L. D. S. Record | By whom issued and signed: Clarence Richardson, Bishop Pocatello, Idaho | Date Issued: Jan. 24, 1950 | Date Orig. Entry: Baptised Apr. 7, 1910 |
| Class* B | Date of Birth: Apr. 7, 1902 / Birth Place: Liberty, Idaho | Full Name of Mother: Sarah Jane Morgan | Name of Father: Arta Chase Austin | |
| **SUPPORTING RECORD 2.** | Type of Document: Endowment Policy | By whom issued and signed: Metropolitan Life Insurance Company | Date Issued: 9-27-23 | Date Orig. Entry: 9-27-23 |
| Class B | Date of Birth: Apr. 7, 1902 / Birth Place: Sharon, Idaho | Full Name of Mother: Sarah J. Morgan | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Mother Sarah Jane Morgan Austin | Date Issued: Jan. 24, 1950 | |
| Class B | Date of Birth: Apr. 7, 1902, Sharon, Idaho | Full Name of Mother: Sarah Jane Morgan | Name of Father: Arta Chase Austin | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Felder | Date Filed: Jan. 25, 1950 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM 50-11 TO DE50-0011 12/ID2103OLCERTIFICATE JAN 25 1950

57-213-003-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De50-115
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: EGAN, RUTH ADELINE | | | 2. Date of Birth (month) (day) (year): AUGUST 13 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Pocatello |
| **FATHER** | 6. Full Name of Father: TIMOTHY MATHEW EGAN | | | 7. State or Country of Father's Birth: THORALD, CANADA |
| **MOTHER** | 8. Full Maiden Name of Mother: ANNE R. McMILLIAN | | | 9. State or Country of Mother's Birth: MOUNT CHUNK, PENN. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth Egan Orme | | 11. Present Address of Registrant: 2256 Lynhurst Dr. Pasadena 8, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 17 19 50 | 12. Signature of Notary: Isabel Peters | | 13. Notary Commission expires: My Commission Expires July 27, 1953 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: 4/10/50 | Date Orig. Entry: 4/15/1910 |
| Class* B | Date of Birth: 8 yrs. on 4-15-1910 / Birth Place: Idaho | Full Name of Mother: Anna W. Egan | Name of Father: Tim M. Egan | |
| **SUPPORTING RECORD 2.** | Type of Document: Driver's License | By whom issued and signed: State of California | Date Issued: 6/29/28 | Date Orig. Entry: 6/29/28 |
| Class B | Date of Birth: 25 yrs. on 6/29/28 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: Anaconda, Montana Anaconda High School | Date Issued: Feb. 1917 | Date Orig. Entry: Feb. 1917 |
| Class B | Date of Birth: Aug. 13, 1902 | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fielder | | Date Filed: May 29, 1950 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 29 1950

244-211-004-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De50-248
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Winifred Ivalos Budge | | 2. Date Of Birth (month) Feb (day) 11 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Paris Bear Lake | b. City or Town of Birth: Paris Idaho |
| **FATHER** | 6. Full Name of Father: Edwin Stratford Budge | | 7. State or Country of Father's Birth | |
| **MOTHER** | 8. Full Maiden Name of Mother: Winifred Crouch | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Winifred Ivalos Budge Stratford | 11. Present Address of Registrant: 167 So. Beachwood Drive Los Angeles Cal | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 10, 1950 | 12. Signature of Notary: Rosalie Faulk | 13. Notary Commission expires: My Commission Expires March 23, 195 19 1954 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Life Insurance Policy | By whom issued and signed: New York Life Insurance Co. | Date Issued: 7/6/50 | Date Orig. Entry: 11/6/36 |
| Class* B | Date of Birth: 2/11/1902 | Birth Place: Paris, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: 6/29/50 | Date Orig. Entry: 6/21/1910 |
| Class B | Date of Birth: 2/11/1902 | Birth Place: Paris, Idaho | Full Name of Mother: Winnifred Crouch | Name of Father: Edwin S. Budge |
| **SUPPORTING RECORD 3.** | Type of Document: Child's Birth Certificate | By whom issued and signed: P. W. Eliason, Registrar State of Utah | Date Issued: 4-20-26 | Date Orig. Entry: 4-9-26 |
| Class B | Date of Birth: 24 years old | Birth Place: Paris, Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel F. Elefson | Date Filed: 9-1-50 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 5 1950

218-223-016-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De50-254
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ethel Bayliss | | | 2. Date of Birth (month) December (day) 23 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: Elba, Idaho a. County: Cassia | b. City or Town of Birth: Elba |
| **FATHER** | 6. Full Name of Father: Albert Edgar Bayliss | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura Perry | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ethel Cusey | | 11. Present Address of Registrant: 144 No. 10th Street Montebello, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on September 1, 1950 | 12. Signature of Notary: Helen L. Suits | HELEN L. SUITS | 13. Notary Commission expires: My Commission Expires August 8, 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** Class* A | Type of Document: Family Bible Record | By whom issued and signed: Affidavit by Helen L. Suits, Notary Public who viewed Bible 9-1-50 | Date Issued | Date Orig. Entry: 12-23-1902 |
| | Date of Birth: 12-23-1902 / Birth Place: Elba, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 2.** Class B | Type of Document: Church Record | By whom issued and signed: Church of Later Day Saints | Date Issued: 8-4-1950 | Date Orig. Entry: 7-16, 1911 |
| | Date of Birth: Dec. 23, 1902 / Birth Place: Elba, Idaho | Full Name of Mother: Laura Perry | Name of Father: Albert E. Bayliss | |
| **SUPPORTING RECORD 3.** Class | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
| | Date of Birth / Birth Place | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | | Date Filed: 9-5-50 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 6 1900

OCT 18 2012

296-115-007-459

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De50-283
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Burton Howard Browning | | 2. Date Of Birth (month) (day) (year): Jan. 15 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Hailey Idaho Blaine | b. City or Town of Birth: Hailey Idaho |
| **FATHER** | 6. Full Name of Father: Charles Frederick Browning | | 7. State or Country of Father's Birth: Denmark | |
| **MOTHER** | 8. Full Maiden Name of Mother: Edna Jean Mernard Browning | | 9. State or Country of Mother's Birth: Nebraska | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: | 11. Present Address of Registrant: Meadows Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 15 1950 | 12. Signature of Notary: Chas. H. Settle Justice of Peace Payette Idaho | 13. Notary Commission expires: | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Marriage | By whom issued and signed: F. A. Wayner Minister | Date Issued: May 16, 1931 | Date Orig. Entry: same |
| Class* B | Date of Birth: 29 yrs old | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: Dr. J. C. Woodward | Date Issued: 7-18-33 | Date Orig. Entry: 7-8-33 |
| Class B | Date of Birth: 31 yrs old | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Guarantee Reserve Life Insurance Co. | Date Issued: 12-1-41 | Date Orig. Entry: 12-1-41 |
| Class B | Date of Birth: 1902 | Birth Place: Idaho | Full Name of Mother: | Name of Father: Chas. F. Browning |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mary Fiedler | Date Filed: Sept 23, 1950 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 25 1960

859-221-025-818

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-320
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LOUANNA Frances Heitter | | | 2. Date of Birth (month) (day) (year): May 21 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Idaho Falls, Ida |
| **FATHER** | 6. Full Name of Father: Jesse Franklin Heitter | | | 7. State or Country of Father's Birth: ILLinois |
| **MOTHER** | 8. Full Maiden Name of Mother: BLANCHE MAY HAYES | | | 9. State or Country of Mother's Birth: KANSAS |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Louanna Day | | 11. Present Address of Registrant: 235 S.E Franklin St Camas Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 5 1950 | 12. Signature of Notary: Fred W. Wright | | 13. Notary Commission expires: Sept 26 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: J. Richards, Mission Pres. | Date Issued: 5/10/50 | Date Orig. Entry: 5/4/1924 |
| Class* B | Date of Birth: 5/21/1902 / Birth Place: Idaho Falls, Ida. | Full Name of Mother: Blanche May Hayes | Name of Father: Jesse Franklin Heitter | |
| **SUPPORTING RECORD 2.** | Type of Document: Idaho County School Record | By whom issued and signed: Nan Brust, County Supt. | Date Issued: 5/27/50 | Date Orig. Entry: |
| Class B | Date of Birth: 5/21/1902 / Birth Place: Idaho Falls, Ida. | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage Certificate | By whom issued and signed: C. M. Cline, Minister | Date Issued: 9-11-24 | Date Orig. Entry: 9-11-24 |
| Class B | Date of Birth: 22 yrs old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Helen | Oct. 12, 1950 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 13 1950

819-205-040-55-3

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE51-0441
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rose Hellen Harrison | | 2. Date Of Birth (month) June (day) 5 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Shoshone b. City or Town of Birth: Mullan |
| **FATHER** | 6. Full Name of Father: Joshua Edward Harrison | | 7. State or Country of Father's Birth: Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Rose Mildred Nichuta | | 9. State or Country of Mother's Birth: Wisconsin |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Rose H. Edwards | 11. Present Address of Registrant: P.O. Box 1152 Eagle Point, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 1-5 1951 | 12. Signature of Notary: Maurice Boss | 13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires November 13, 1951 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: Congregational Church | Date Issued: 2-26-1903 | Date Orig. Entry: 2-26-1903 |
| Class* A | Date of Birth: June 5, 1902 | Birth Place: Mullan, Ida. | Full Name of Mother: Rose Mildred Nichuta | Name of Father: Joshua E. Harrison | |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | | By whom issued and signed: Bureau of the Census | Date Issued: 1920 | Date Orig. Entry: 1920 Census |
| Class B | Date of Birth: 17 yrs old | Birth Place: Idaho | Full Name of Mother: Mrs. Rose Harrison | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Feeder | Date Filed: 1-12-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 N. M.

CORRECTED FILE # FROM DE50-441 TO [illegible]

JAN 15 1959

619716-001-556

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE51-0451
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gerald John Ward | | 2. Date of Birth (month) Sep. (day) 16th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Star Idaho ada; b. City or Town of Birth: Star Idaho |
| **FATHER** | 6. Full Name of Father: Oliver Nute Ward | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Nellie Alice Neff | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gerald John Ward | 11. Present Address of Registrant: Eagle Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 13, 1951 | 12. Signature of Notary: W. A. Waters | 13. Notary Commission expires: Notary Public for the State of Idaho Residence, Boise, Idaho. My Commission expires Jan. 20, 1953. Jan. 20, 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Honorable Discharge | By whom issued and signed: Clarence V. Martin U. S. Army | Date Issued: 9-25-42 | Date Orig. Entry: 9-25-42 |
| Class* B | Date of Birth: 39 Yrs. old; Birth Place: Star, Idaho | Full Name of Mother: Nellie Alice Neff | Name of Father: Oliver Nute Ward | |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: State of Oregon | Date Issued: 12-10-23 | Date Orig. Entry: 12-10-23 |
| Class B | Date of Birth: 21 Yrs. old; Birth Place: Star, Idaho | Full Name of Mother: Nellie Alice Neff | Name of Father: Oliver Nute Ward | |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Sun Life Assurance Co. | Date Issued: 11-28-29 | Date Orig. Entry: 11-28-29 |
| Class B | Date of Birth: 9-16-02; Birth Place: Star, Idaho | Full Name of Mother: Nellie Alice Neff | Name of Father: Oliver Nute Ward | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Carol Bennett | Date Filed: 1-13-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CORRECTED FILE # FROM DE50-0451 TO DE51-0451; 6/4/12 KMC

JAN 25 1951

796-128-935-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 51-471
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Clare David Grow | | | 2. Date Of Birth (month) (day) (year): Mar. 28 1902 |
| | 3. Color or Race: white | 4. Sex: Male | 5. Place of Birth a. County: Idaho Nez Perce | b. City or Town of Birth: Craigmont |
| **FATHER** | 6. Full Name of Father: John Eaton Grow | | | 7. State or Country of Father's Birth: Adams Co. Wis. |
| **MOTHER** | 8. Full Maiden Name of Mother: Jennie Irene Smith | | | 9. State or Country of Mother's Birth: Oregon City Oregon. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clare David Grow | | 11. Present Address of Registrant: 325 Golden W. Long Beach Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 15 1951 | 12. Signature of Notary: Rosella J. Sheehan | | 13. Notary Commission expires: My Commission Expires Oct 19 1952 NOTARY PUBLIC in and for the County of Los Angeles, State of California |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Employment Record | By whom issued and signed: Crown Zellerbach Corp. Camas, Washington | Date Issued: 12-4-50 | Date Orig. Entry: 1925 |
| Class* B | Date of Birth: 3-28-1902 / Birth Place: Craigmont, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Fidelity Mutual Life Insurance | Date Issued: 9-27-20 | Date Orig. Entry: 9-27-20 |
| Class B | Date of Birth: 3-28-1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record | By whom issued and signed: Affidavit by B. L. Jamison as to Bible record | Date Issued: | Date Orig. Entry: 3-28-1902 |
| Class A | Date of Birth: 3-28-1902 / Birth Place: Craigmont, Idaho | Full Name of Mother: Jennie Irene Smith | Name of Father: John Eaton Grow | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: ". ". Benson | Evidence reviewed by: Mabel Heefer | Date Filed: 1-24-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOTARY PUBLIC in and for the County of Los Angeles, State of California
My Commission Expires Oct. 19, 1952

JAN 25 1951

386-211-040-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-586
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: GERTRUDE MAY THOMPSON | | 2. Date Of Birth (month) May (day) 11, (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: SHOSHONE COUNTY | b. City or Town of Birth: ENAVILLE |
| **FATHER** | 6. Full Name of Father: CHARLES THOMPSON | | 7. State or Country of Father's Birth: UNKNOWN | |
| **MOTHER** | 8. Full Maiden Name of Mother: GERTRUDE HAIGHT | | 9. State or Country of Mother's Birth: MICHIGAN | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gertrude Thompson (Butler) | 11. Present Address of Registrant: E 12811 SHANNON OPPORTUNITY, WASH | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Feb 1 1951 | 12. Signature of Notary: William P. Powell | 13. Notary Commission expires Jan 14 1954 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Copy of Order of Adoption | By whom issued and signed: Probate Court, Shoshone County, | Date issued: 1-16-1912 | Date Orig. Entry |
| Class* B | Date of Birth: May 11, 1902, | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit | By whom issued and signed: Edith Lightner Russell | Date issued: 2-26-51 | Date Orig. Entry |
| Class B | Date of Birth: May 11, 1902, | Birth Place: Wallace, Idaho | Full Name of Mother: Gertrude May Height | Name of Father: Charles Thompson |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Oliver Lightner | Date issued: 2-26-51 | Date Orig. Entry |
| Class B | Date of Birth: May 11, 1902, | Birth Place: Wallace, Idaho | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fielder | 3-6-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 26 1978

MAR 7 1951

689-21-021-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-602
Local Reg. No. 48
Reg. Dist. No. 540

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Florence Ordella Whitehead | | | 2. Date of Birth (month) (day) (year): December 11, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Franklin | b. City or Town of Birth: Franklin |
| **FATHER** | 6. Full Name of Father: John Charles Whitehead | | | 7. State or Country of Father's Birth: Franklin |
| **MOTHER** | 8. Full Maiden Name of Mother: Johanna Durney | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Florence Ordella Whitehead | | 11. Present Address of Registrant: 15 N 1 W |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 7 1951 | 12. Signature of Notary: Ved Larsen | | 13. Notary Commission expires: May 15, 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: L. D. S. Church | Date Issued: 3-7-51 | Date Orig. Entry: 1-24-1911 |
| Class* B | Date of Birth: Dec. 11, 1902 | Birth Place: Franklin, Idaho | Full Name of Mother: Joann Durney | Name of Father: John C. Whitehead | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record | | By whom issued and signed: L. D. S. Church | Date Issued: 6-21-49 | Date Orig. Entry: |
| Class B | Date of Birth: Dec. 11, 1902 | Birth Place: Franklin, Idaho | Full Name of Mother: Joan Derney | Name of Father: John C. Whitehead | |
| **SUPPORTING RECORD 3.** | Type of Document: | | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [signature] | Date Filed: 3-9-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 9 1951

847728-018-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

please return documents.

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. D-e51-623
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Thomas Howard Hughes | | | 2. Date of Birth (month) December (day) 28 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Kooski (Clearwater or Nez Perce) | b. City or Town of Birth: Kooski Idaho |
| **FATHER** | 6. Full Name of Father: Thomas Hall Hughes | | | 7. State or Country of Father's Birth: Oklahoma |
| **MOTHER** | 8. Full Maiden Name of Mother: Azalia ~~Percifat~~ Percival | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Howard Hughes | | 11. Present Address of Registrant: Rt 1 Box 583 Montesano Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 6, 1951 | 12. Signature of Notary: H. G. Johnson | | 13. Notary Commission expires July 21 1954 |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record | By whom issued and signed: Walla Walla Public Schools | Date Issued: 2-21-51 | Date Orig. Entry: Sept. 1919 |
| Class* B | Date of Birth: Dec. 28, 1902 / Birth Place: Kooski, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Lewiston Public Schools | Date Issued: 2-21-51 | Date Orig. Entry: Dec. 24, 1909 |
| Class B | Date of Birth: Dec. 28, 1902 / Birth Place: Kooskia, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Metropolitan Life Insurance Co. | Date Issued: | Date Orig. Entry: March 1, 1935 |
| Class B | Date of Birth: Dec. 28, 1902 / Birth Place: Kooskia, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel E. Elder | | Date Filed: 3-15-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 cys. Rd.

Form DPH 49067

MAR 16 1951

493-207-835-843

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-729
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Maude Esther Miller | | 2. Date Of Birth (month) MAY (day) 7 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Fem. | 5. Place of Birth a. County: Peck Idaho. Nez Perce | b. City or Town of Birth: PECK Idaho |
| **FATHER** | 6. Full Name of Father: Rufus Basil Miller | | 7. State or Country of Father's Birth: Virginia | |
| **MOTHER** | 8. Full Maiden Name of Mother: Josie S. Hutton | | 9. State or Country of Mother's Birth: Virginia | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Maude E. Albertson | 11. Present Address of Registrant: 1902 - Riverside, Kingsburg Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 4-12 19 51 | 12. Signature of Notary: Herbert H Wigh | 13. Notary Commission expires: My Commission Expires March 29, 1954 19 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Physician's Record | By whom issued and signed: J. M. Lyle, M. D. | Date Issued: 2-13-51 | Date Orig. Entry: May 7, 1902 |
| Class* A | Date of Birth: May 7, 1902 / Birth Place: Peck, Idaho | Full Name of Mother: Josie S. Hutton | Name of Father: Rufus B. Miller | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: New York Life Insurance Co. | Date Issued: Oct. 10, 1922 | Date Orig. Entry: |
| Class B | Date of Birth: May 7, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fielden | | Date Filed: Apr. 16, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 21 1950
DIVISION OF VITAL STATISTICS

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH**
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck R. Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): at home

**2. USUAL RESIDENCE OF MOTHER** (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck -
d. STREET ADDRESS (If rural, give location):

**3. CHILD'S NAME** (Type or print)
a. (First): Maude
b. (Middle): Esther
c. (Last): Miller

**4. SEX**: F

**5a. THIS BIRTH**: SINGLE [✓] TWIN [ ] TRIPLET [ ]

**5b. IF TWIN OR TRIPLET** (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

**6. DATE OF BIRTH** (Month) (Day) (Year): May 7 - 1902

## FATHER OF CHILD

**7. FULL NAME**
a. (First): Rufus
b. (Middle): B.
c. (Last): Miller

**8. COLOR OR RACE**: W

**9. AGE** (At time of this birth): 30 YEARS

**10. BIRTHPLACE** (State or foreign country) (City or Town): Virgina

**11a. USUAL OCCUPATION**: Farmer

**11b. KIND OF BUSINESS OR INDUSTRY**: ✓

## MOTHER OF CHILD

**12. FULL MAIDEN NAME**
a. (First): Josie
b. (Middle): S.
c. (Last): Hutton

**13. COLOR OR RACE**: W

**14. AGE** (At time of this birth): 28 YEARS

**15. BIRTHPLACE** (State or foreign country) (City or Town): Virginia

**16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER** (Do NOT include this child)
a. How many OTHER children are now living?: 6
b. How many OTHER children were born alive but are now dead?: 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: none

**17. INFORMANT'S SIGNATURE OR NAME** (Relationship):

*I hereby certify that this child was born alive on the date stated above.*

18a. SIGNATURE: J. M. Lyle
18c. ADDRESS: Lewiston Ida.

18b. ATTENDANT AT BIRTH: M. D. [✓] MIDWIFE [ ] OTHER (Specify)
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.:
20. REGISTRAR'S SIGNATURE:
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

## FOR MEDICAL AND HEALTH USE ONLY
*(This section MUST be filled out)*

22a. LENGTH OF PREGNANCY: WEEKS
22b. WEIGHT AT BIRTH: LBS. OZS.
23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Form DPH-48001

## LOCAL REGISTRATION OF BIRTHS

APR 17 1951

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

### MEDICAL REPORT

**(Not for certified copies)**

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

799-226-036-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-741
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Eliza Price | | | 2. Date of Birth (month) (day) (year): March 26, 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Malad, Oneida | b. City or Town of Birth: Malad |
| **FATHER** | 6. Full Name of Father: Samuel Willard Price | | | 7. State or Country of Father's Birth: Idaho, Malad |
| **MOTHER** | 8. Full Maiden Name of Mother: Matilda Gleed | | | 9. State or Country of Mother's Birth: Wales |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Eliza Price Peterson | | 11. Present Address of Registrant: 362 No. 3rd East Logan, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 19 1951 | 12. Signature of Notary: Jas D. Jones | | 13. Notary Commission expires: Nov. 1 1952 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: L. D. S. Church | Date Issued: 3-23-1951 | Date Orig. Entry: 8-7-1910 |
| Class* A | Date of Birth: #-26-1902 / Birth Place: Malad, Idaho | Full Name of Mother: Matilda Gleed | Name of Father: Samuel W. Price | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Occidential Life Inc. Co. | Date Issued: Apr. 12, 1951 | Date Orig. Entry: |
| Class B | Date of Birth: 3-26-1902 / Birth Place: Malad, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: | Date Orig. Entry: 3-26-1902 |
| Class A | Date of Birth: March 26, 1902 / Birth Place: Malad, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: H. W. Benson | Evidence reviewed by: Mabel Keefer | Date Filed: Apr. 19, 1902 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 20 1951

389-102-1003-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-7143
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joseph Amos Christensen | | | 2. Date of Birth (month) November (day) 2 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Central Bannock | b. City or Town of Birth: Central Idaho. |
| **FATHER** | 6. Full Name of Father: Ferdinand Christian Christensen | | | 7. State or Country of Father's Birth: Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Elsie Marie Miller | | | 9. State or Country of Mother's Birth: Denmark |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jos. A. Christensen | | 11. Present Address of Registrant: Banida, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on _____ 19__ | 12. Signature of Notary: [illegible], Notary Public | | 13. Notary Commission expires: May 1 — 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: L. D. S. Church | Date Issued: 4-15-51 | Date Orig. Entry: 11-2-1902 |
| Class* A | Date of Birth: Nov. 2, 1902 / Birth Place: Central, Idaho | Full Name of Mother: Elsie M. Miller | Name of Father: Ferdinand C. Christensen | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Inter-Mountain Life Inc. Co. | Date Issued: 1926 | Date Orig. Entry: |
| Class B | Date of Birth: 11-2-1902 / Birth Place: Central, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fleeler | | Date Filed: Apr. 19, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 23 1958

APR 20 1951

AUG 13 1958

468-231-040-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-780
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margaret Ann Rita Moyle | | | 2. Date Of Birth (month) (day) (year): December 31, 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Wallace |
| **FATHER** | 6. Full Name of Father: William Moyle | | | 7. State or Country of Father's Birth: Cornwall, England |
| **MOTHER** | 8. Full Maiden Name of Mother: Gertrude Cecelia Carroll | | | 9. State or Country of Mother's Birth: Rossi, New York |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Margaret A Roberts | | 11. Present Address of Registrant: 419 Broadway |
| **NOTARY** (Seal) | Subscribed and sworn to before me on _____ 19 ____ | 12. Signature of Notary | | 13. Notary Commission expires _____ 19 ____ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Child's Birth Certificate | State of Idaho | 7-2-26 | 7-2-26 |
| Class* B | Date of Birth: 23 Yrs. / Birth Place: Wallace, Idaho | Full Name of Mother: Gertrude Cecelia Carroll | Name of Father: William Moyle | |
| **SUPPORTING RECORD 2.** | Federal Census Record | Roy Peel | 12-29-50 | 4-15-1910 |
| Class B | Date of Birth: 7 Yrs. / Birth Place: Wallace, Idaho | Full Name of Mother: Gertrude Cecelia Carroll | Name of Father: William Moyle | |
| **SUPPORTING RECORD 3.** | Affidavit from Aunt | Mary C. Carroll | 7-5-50 | 7-5-50 |
| Class A | Date of Birth: 12-31-1902 / Birth Place: Wallace, Idaho | Full Name of Mother: Gertrude Cecelia Carroll | Name of Father: William Moyle | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Carol Bennett | Date Filed: 4-30-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

143359

OCT 30 1969

MAY 1 1951

AUG 18 2000

349-217-033-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-816
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Velda Cure | | 2. Date Of Birth (month) Jan. (day) 17th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Madison b. City or Town of Birth: Rudy |
| **FATHER** | 6. Full Name of Father: Fredrick William Cure | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Lorena Cure | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Velda C. Ball | 11. Present Address of Registrant: Etna, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August, 3rd 1950 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires August, 24th, 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** Class* B | Type of Document: Marriage Certificate | By whom issued and signed: State of California | Date issued: Aug. 12, 1929 | Date Orig. Entry: |
| | Date of Birth: 27 years old, | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** Class B | Type of Document: Lodge Record | By whom issued and signed: Rebekah Lodge | Date issued: 3-12-1951 | Date Orig. Entry: |
| | Date of Birth: Jan 17, 1902, | Birth Place: Rudy, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** Class | Type of Document: | By whom issued and signed: | Date issued: | Date Orig. Entry: |
| | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: May 4, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 8 1967

MAY 7 1951

954-123-003 219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-880
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: John Henry Reusser | | | 2. Date Of Birth (month) 4 (day) 23 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: BANNOCK | b. City or Town of Birth: BANCROFT |
| **FATHER** | 6. Full Name of Father: Gotlieb Reusser | | | 7. State or Country of Father's Birth: SWITZERLAND |
| **MOTHER** | 8. Full Maiden Name of Mother: Elisabeth BARFUSS | | | 9. State or Country of Mother's Birth: SWITZERLAND |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John H. Reusser | | 11. Present Address of Registrant: R9 Boise Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 29 1951 | 12. Signature of Notary: Mabel F. Felder | | 13. Notary Commission expires: May 7, 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Child's birth certificate | By whom issued and signed: #249816 on file B. V. S. | Date Issued: Dec. 12, 1936 | Date Orig. Entry |
| Class* B | Date of Birth: 34 yrs old / Birth Place: Bancroft, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Family Record | By whom issued and signed: Family of J. H. Reusser | Date Issued: | Date Orig. Entry: Jan. 1, 1924 |
| Class B | Date of Birth: Apr. 23, 1902 / Birth Place: Bancroft, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Idaho Mutual Benefit | Date Issued: | Date Orig. Entry: 8-23-45 |
| Class B | Date of Birth: 4-23-1902 / Birth Place: Bancroft, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel F. Felder | Date Filed: May 29, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 31 1951

893-22-8-1036-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-885
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazel Belle Hill | | | 2. Date of Birth (month) December (day) 28 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth: at home a. County: Oneida | b. City or Town of Birth: Malad City, Idaho |
| **FATHER** | 6. Full Name of Father: Andrew Nelson Hill | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Eleanor Lewis | | | 9. State or Country of Mother's Birth: Wales |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hazel B. West | | 11. Present Address of Registrant: 919 Woodland Ave San Carlos California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: april 5 1951 | 12. Signature of Notary: B S Gron | | 13. Notary Commission expires: 10/21 1953 |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Record Book | | By whom issued and signed: Andrew N. Hill | Date Issued: | Date Orig. Entry: Dec. 28,1902 |
| Class* A | Date of Birth: 12-28-1902 | Birth Place: Malad City, Ida | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Employees Retirement Ass'n | | By whom issued and signed: N. Denton | Date Issued: June 7,1944 | Date Orig. Entry: June 7, 1944 |
| Class B | Date of Birth: 12-28-1902 | Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar: W W Benson | | Evidence reviewed by: Joyce B Foltz | | Date Filed: 5-31-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 23 1954

MAY 31 1961

249-224-004-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-909
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Annie Agnes Buist | | | 2. Date of Birth (month) Sept. (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: ~~Border~~ Bear Lake, Idaho | b. City or Town of Birth: Border |
| **FATHER** | 6. Full Name of Father: David Elder Buist | | | 7. State or Country of Father's Birth: Scotland |
| **MOTHER** | 8. Full Maiden Name of Mother: Hannah Maria Baker | | | 9. State or Country of Mother's Birth: Utah - U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Annie Agnes Buist | | 11. Present Address of Registrant: Mendon, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 29 1951 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: My Commission Expires [illegible] 19[illegible] |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Blessing | | By whom issued and signed: L. D. S. Church | Date Issued: 3-31-51 | Date Orig. Entry: |
| Class* B | Date of Birth: Sept. 24, 1902 | Birth Place: Border, Ida. | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit | | By whom issued and signed: mother | Date Issued: Aug. 28, 1951 | Date Orig. Entry: |
| Class B | Date of Birth: Sept. 24, 1902 | Birth Place: Border, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | | By whom issued and signed: Department of Commerce | Date Issued: 1910 | Date Orig. Entry: |
| Class B | Date of Birth: 7 yrs | Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: June 7, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8 1951

381-220-029-884

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

RECEIVED JUN 8 1951 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. De51-915
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Marvle Beatrice Chausse | | | 2. Date of Birth (month) July (day) 20 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Idaho Idah | b. City or Town of Birth: Moscow Idaho |
| **FATHER** | 6. Full Name of Father: Eugene Clarence Chausse | | | 7. State or Country of Father's Birth: Wisconson |
| **MOTHER** | 8. Full Maiden Name of Mother: Maggie Mae Hyde | | | 9. State or Country of Mother's Birth: South Dakota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant (Deceased): Marvle Beatrice Chausse | 11. Present Address of Registrant: 5929 Cumberland St Oakland Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 5 1951 | | 12. Signature of Notary: Blanche Hamree | 13. Notary Commission expires: Oct 15 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | | By whom issued and signed: Family Bible | Date Issued: | Date Orig. Entry: 7-20-1902 |
| Class* A | Date of Birth: 7-20-1902 | Birth Place: Moscow, Idaho | Full Name of ~~Mother~~ father: Eugene Clarence Chausse | Name of ~~Father~~ mother: Maggie Mae Hyde | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | | By whom issued and signed: Arling Consolidated School | Date Issued: District | Date Orig. Entry: 1912 |
| Class B | Date of Birth: 7-20-1902 | Birth Place: Moscow, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar: W. W. Benson | | Evidence reviewed by: Mabel Fredin | | Date Filed: June 8, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Marjul Beatrice Chance

5. Date of Birth of Child (Month, day, year) 7-20-1902

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Eugene Clarance Chance
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Richland (City or town) Wis (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Maggie Mae Hyde
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Canton (City or town) S. Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for years, and that (First name) Robinson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene Clarance Chance Signature
436 East 93 St Los Angeles Calif P. O. Address

Subscribed and sworn to before me this 18th day of January, 19 51

(SEAL) Jean P. Kregness, Notary Public, residing at Los Angeles
My Commission Expires August 20, 195[illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1951

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-121-003-462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 11 1951

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-935
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. no Street #
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: approx. In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. no Street #
(e) How long has **MOTHER** lived in Idaho? approx. 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** LEO JAY BARBOUR

5. Date of Birth of Child (Month, day, year) April 21, 1902

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Jefferson Barbour
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace H elena, Montana (City or town) (State or foreign country)
14. Exact Occupation Laborer - Mason
15. Industry or Business Mason

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rachel Arminda Moss
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Big Cottonwood, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:00P M. on the date and at the place stated above, and that personal particulars were furnished by Rachel Arminda Moss Barbour (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address Mrs. Culley — Date

**AFFIDAVIT**

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for since birth years, and that Mrs. Culley (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rachel Arminda Moss Barbour — Signature

% Mrs. George Watson

R. F. D. #1 - Pocatello, Idaho — P. O. Address

Subscribed and sworn to before me this 7th day of June, 1951.

(SEAL) Clare A. Daniel, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 11, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1951

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

455705-025-966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-958
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City West Lake
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City West Lake
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Westlake-Idaho

4. **FULL NAME OF CHILD** Henry Charles Menke

5. Date of Birth of Child (Month, day, year) 8/5/1902

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Herman Carl Menke
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Etlyn (City or town) Germany (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Melinda Carolyn Rowden
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Springfield (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

**AFFIDAVIT**

State of California
County of Merced } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that Dr. (First name) Blake (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs H C Menke Signature
Rt. 2 Box 441 Merced, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of June, 1951

(SEAL) Pauline F. Faulkner, Notary Public, residing at Merced Cal. S.
My Commission Expires 1/29/54

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 14, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JUN 15 1951

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

569-129-028-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUL 6 1951 DIVISION OF VITAL STATISTICS

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-1029
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vernon Daniel Northway | | | 2. Date Of Birth (month) March (day) 29 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Rathdrum |
| **FATHER** | 6. Full Name of Father: Frank Western Northway | | | 7. State or Country of Father's Birth: State of Minnesota |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Marie Thomas | | | 9. State or Country of Mother's Birth: State Of Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vernon Daniel Northway | | 11. Present Address of Registrant: 5632-35th, Ave. So. Minneapolis, Minnesota |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 30 1951 | 12. Signature of Notary: Arthur C. Ness | | 13. Notary Commission expires: ARTHUR C. NESS Notary Public, Hennepin County, Minn. My Commission Expires Feb. 20, 1953 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record | By whom issued and signed: Annabelle Iverson, Sup't Kootenai County Schools | Date Issued: 7-26-50 | Date Orig. Entry: 1909 |
| Class* B | Date of Birth: 6 years old, Rathdrum, Idaho | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce | Date Issued: 1920 | Date Orig. Entry: 1920 |
| Class B | Date of Birth: 17 years old, Idaho | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Annie M. Northway | Date Issued: 10-7-50 | Date Orig. Entry |
| Class B | Date of Birth: 3-29-1902 | Birth Place: Rathdrum, Idaho | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Weeler | Date Filed: 7-6-51 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

295-228-025-459 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUL 17 1951
DIVISION OF VITAL

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D51-1054
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CLARA SOPHIA BIEKER | | | 2. Date of Birth (month) July (day) 28 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Ferdinand, Idaho | b. City or Town of Birth: Ferdinand, Idaho Co, Idaho |
| **FATHER** | 6. Full Name of Father: Frank John Anthony Bieker | | | 7. State or Country of Father's Birth: Dubois County, Indiana |
| **MOTHER** | 8. Full Maiden Name of Mother: Catherine Merkley | | | 9. State or Country of Mother's Birth: Dubois County, Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clara B. Goodman | | 11. Present Address of Registrant: 1504 Story Avenue Louisville, Ky. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 12 1951 | 12. Signature of Notary: Regina Murphy | | 13. Notary Commission Expires: Notary Public, Jefferson County, Ky. My Commission Expires Feb. 11, 1954 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Bible Record | Family Bible | | Apr. 23, 1911 |
| Class* A | Date of Birth: July 28, 1902, | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Affidavit by brother | Theodore John Bieker | 7-9-51 | |
| Class B | Date of Birth: July 28, 1902, | Birth Place: Ferdinand, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | School Record | Dubois County Public Schools | | 7-7-51 |
| Class B | Date of Birth: 10 yrs old | Birth Place: | Full Name of Mother: | Name of Father: |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fields | July 17, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 17 1951

134-201-014-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 17 1951 DIVISION OF VITAL STATISTICS

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-1153
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Evelyn Ann Almquist | | 2. Date of Birth (month) Nov. (day) 1 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Nampa, Idaho |
| **FATHER** | 6. Full Name of Father: John Maurits Almquist | | 7. State or Country of Father's Birth: Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Theresa Swanson | | 9. State or Country of Mother's Birth: Sweden | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Evelyn A. McCounel | 11. Present Address of Registrant: 742 Hay Drive | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 11 1951 | 12. Signature of Notary: Rowland Wallis | 13. Notary Commission expires Boise, Ida. 6/25 1954 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: St. Michael's Cathedral | Date Issued: 8-14-51 | Date Orig. Entry: Apr. 3, 1950 |
| Class* B | Date of Birth: Nov. 1, 1902 / Birth Place: Nampa, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by father | By whom issued and signed: John M. Almquist | Date Issued: 8-5-51 | Date Orig. Entry: 11-1-1902 |
| Class B | Date of Birth: Nov. 1, 1902 / Birth Place: Nampa, Idaho | Full Name of Mother: Martha Theresa Almquist | Name of Father: John M. Almquist | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Helfer | Date Filed: Aug. 17, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 12 1987

412-202-028-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-2029
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ethel Alma Mason | | 2. Date of Birth (month) March (day) 2 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Coeur d'Alene |
| **FATHER** | 6. Full Name of Father: James Mason | | 7. State or Country of Father's Birth: Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: Minerva Shaffer | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ethel Alma Lellard | 11. Present Address of Registrant: 621 West Wade Street, El Reno, Oklahoma | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 20 19 51 | 12. Signature of Notary: Odessa Swingle | 13. Notary Commission expires: April 18 19 52 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: | Date Orig. Entry: 3-2-1902 |
| Class* A | Date of Birth: March 2, 1902, | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record, Baptismal | By whom issued and signed: Baptist Church | Date Issued: | Date Orig. Entry: |
| Class B | Date of Birth: March 2, 1902, | Birth Place: Coeur d'Alene, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mary Keeler | Date Filed: Sept. 11, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 12

962-223-025-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-2056
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Wilma Grace Robbins | | 2. Date Of Birth (month) Aug (day) 23 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Cottonwood |
| **FATHER** | 6. Full Name of Father: Claude Robbins | | 7. State or Country of Father's Birth: North Carolina | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ollie Edna Lyons | | 9. State or Country of Mother's Birth: Benton Co. Arkansas. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Wilma Grace Thomas | 11. Present Address of Registrant: Rte 1 Mead Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept 17 1951 | 12. Signature of Notary: J. F. Watkins | 13. Notary Commission expires: Aug 16 1954 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit for marriage license, | By whom issued and signed: County Recorder, Idaho County | Date issued: | Date Orig. Entry: Oct. 7, 1922 |
| Class* B | Date of Birth: 20 years old, | Birth Place: Cottonwood, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Newspaper Notice | By whom issued and signed: Cottonwood Chronicle | Date issued: | Date Orig. Entry: Aug. 29, 1902 |
| Class A | Date of Birth: Aug. 23, 1902, | Birth Place: Cottonwood, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Child's birth certificate | By whom issued and signed: Spokane, Wash | Date issued: | Date Orig. Entry: May 15, 1928 |
| Class B | Date of Birth: 25 yrs old | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Heed | Date Filed: Sept. 21, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 24 1954

W E 613.102.014-145

United States Department of Commerce Bureau of the Census

RECEIVED OCT 16 1951 DIVISION OF VITAL STATISTICS

(All the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Caldwell
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: x in country
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Caldwell
(d) Street Address or R.F.D. No. X
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) 4

4. FULL NAME OF CHILD Roy Cecil Waldron

5. Date of Birth of Child (Month, day, year) Aug 2, 1902

6 Sex male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Alfred Carl Waldron
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Valpraso, Ind. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Clara Elizabeth Ames
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Garden City (City or town) Kansas Garfield County (State or ~~foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name) who is related as X (Mother, etc.) (no attnedants, except and husband and Dr. and have forgotten his name His adress is Caldwell.

25. Attendant's OWN signature X M.D. Midwife Address Date

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

State of ~~Oklahoma~~ Oklahoma
County of ~~Stephens~~ Stephens } ss.

I, the undersigned, being first duly sworn, say that I am the Mother ~~Mother~~ X (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that X (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

~~XX~~ Mrs. M. E. Hire Signature
(mother) P. O. Address

Subscribed and sworn to before me this 11th day of June, 1949

(SEAL) R. Smith, Notary Public, residing at Duncan Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 16, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 17 1950

DELAYED

299-222-028-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De51-2167
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LOLA LORETTA BRIGGLE | | | 2. Date of Birth (month) 11 (day) 22 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Coeur D'Alene Kootenai | b. City or Town of Birth: Coeur D'Alene, Idaho |
| **FATHER** | 6. Full Name of Father: GEORGE BRIGGLE | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: NORA JANE PETERSON | | | 9. State or Country of Mother's Birth: Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lola Loretta Briggle Montgomery | | 11. Present Address of Registrant: 916 O'Farrell, Olympia, Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 1st 19 51 | 12. Signature of Notary: R. P. Padgett | | 13. Notary Commission expires: September 20th 19 53 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Insurance | By whom issued and signed: Metropolitan Life Insurance | Date Issued: | Date Orig. Entry: 11-7-21 |
| Class* B | Date of Birth: 11-22-1902 / Birth Place: Coeur d'Alene, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Lola Loretta Briggle Montgomery | Date Issued: | Date Orig. Entry: Oct. 1, 1951 |
| Class B | Date of Birth: Nov. 22, 1902, Coeur d'Alene, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Nettie Chase | Date Issued: Oct. 5, 1951 | Date Orig. Entry: |
| Class B | Date of Birth: Nov. 22, 1902, Coeur d'Alene, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | Also, affidavit by Uncle, Earl Peterson, gives the date of birth as Nov. 22, 1902, in Coeur d'Alene, Idaho | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Felton | Date Filed: Oct. 29, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 29 1952

168-209-006-337

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED NOV 15 1951 DIVISION OF VITAL

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2212
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Name at Birth: Mary Isabella Johnson | | 2. Date of Birth (month) January (day) 9 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Blackfoot |
| **FATHER** | 6. Full Name of Father: William Russel Johnson | | 7. State or Country of Father's Birth: Scotland | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Staples | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Isabella Johnson Nelson | 11. Present Address of Registrant: 406 Alisky Bldg. Portland, Ore. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 29 19 51 | 12. Signature of Notary: Althea Sheehan | 13. Notary Commission expires: April 15 19 55 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License | By whom issued and signed: State of Oregon, County of Multnomah | Date Issued | Date Orig. Entry: Aug. 1, 1928 |
| Class* B | Date of Birth: 26 years old, | Birth Place: Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Hospital Record | By whom issued and signed: St. Charles Hospital, Bend, | Date Issued: Oregon | Date Orig. Entry: Sept. 5, 1944 |
| Class B | Date of Birth: 42 yrs. old | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Alice Staples Johnson | Date Issued: July 24, 1951 | Date Orig. Entry |
| Class B | Date of Birth: Jan. 9, 1902, | Birth Place: Blackfoot, Idaho | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fleeler | | Date Filed: Nov. 15, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 16 1951

313-109-022-6143

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 12 1951
DIVISION OF VITAL STATISTICS

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2293
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vivian A Call | | | 2. Date of Birth (month) April (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Fremont (now Jefferson) | b. City or Town of Birth: Rigby |
| **FATHER** | 6. Full Name of Father: Josiah Call | | | 7. State or Country of Father's Birth: Utah, Boxelder County |
| **MOTHER** | 8. Full Maiden Name of Mother: Dove Facer | | | 9. State or Country of Mother's Birth: Utah, Boxelder County |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vivian A. Call | | 11. Present Address of Registrant: Rigby Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Dec. 10th 1951 | 12. Signature of Notary: George M. Larsen | | 13. Notary Commission expires Dec. 12 1955 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: L. D. S. Church | Date Issued: Blessed | Date Orig. Entry: June 4, 1910 |
| Class* B | Date of Birth: Apr. 9, 1902 / Birth Place: Rigby, Idaho | Full Name of Mother: Dove Facer | Name of Father: Josiah Call | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother | By whom issued and signed: Oel F. Call | Date Issued: | Date Orig. Entry: Nov. 21, 1951 |
| Class B | Date of Birth: Apr. 9, 1902 / Birth Place: Rigby, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister | By whom issued and signed: Mary Nancy Chandler | Date Issued: | Date Orig. Entry: 11-21-1951 |
| Class B | Date of Birth: Apr. 9, 1902 / Birth Place: Rigby, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fielder | Date Filed: Dec. 12, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

## STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Child's name at birth | | |
| | 2. Sex | 3. Date of birth (month, day, year) | 4. Place of birth (city, county, state) |
| | 5. Hospital or other place of birth | | |
| | 6. Mother's maiden name | | |
| | 7. Place of residence of mother (city, county, state) | | |
| | 8. Usual residence of mother (city, county, state) | | |
| | 9. Mother's usual residence (street address or rural route) | | |
| | 10. Mother's usual residence (city, county, state) | | |
| | 11. Mother's usual residence (zip code) | | |
| AFFIDAVIT | 12. Affiant (person who knows most about the birth) | 13. Signature of Affiant | 14. Present address of affiant |
| | 15. Relationship to child | 16. Signature of affiant | 17. Notary jurisdiction and expiration |
| | 18. | | |
| SUPPORTING RECORD 1 | Type of document | By whom issued and signed | Date filed, Entry |
| | Date of birth, place of birth | Full name of mother | Name of father |
| SUPPORTING RECORD 2 | Type of document | By whom issued and signed | Date filed, Entry |
| | Date of birth, place of birth | Full name of mother | Name of father |
| SUPPORTING RECORD 3 | Type of document | By whom issued and signed | Date filed, Entry |
| | Date of birth, place of birth | Full name of mother | Name of father |
| QUALIFYING INFORMATION | | | |

DEC 12 1951

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth and/or death has been found in the Bureau of Vital Statistics for this (registrant) and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing certificate.

| State Registrar | Evidence reviewed by | Date filed |
|---|---|---|
| | | |

Class A records are those that are used based upon the hospital birth certificate.
Class B records are those made after the hospital birth certificate has expired or at least 2 years old.

Form 200 (400)

619-203-016-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. ~~Jo51-2321~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Amy May Fairchild. | | | 2. Date of Birth (month) Oct. (day) 3, (year) 1902 |
| | 3. Color or Race: Wh. | 4. Sex: F. | 5. Place of Birth a. County: Cassia Co. | b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: Moroni J. Fairchild | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Amy J. Hatch | | | 9. State or Country of Mother's Birth: ~~Utah~~ Washington |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Amy May Fairchild Jolley | | 11. Present Address of Registrant: Ogden, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 12/24 1951 | 12. Signature of Notary: Henry W. Fuller | | 13. Notary Commission expires: June 1, 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: July 27, 1922 |
| Class* B | Date of Birth: Oct. 3, 1902 / Birth Place: Basin, Idaho | Full Name of Mother: Amy J. Hatch | Name of Father: Moroni J. Fairchild | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: July 28, 1922 |
| Class B | Date of Birth: Oct. 3, 1902 / Birth Place: Basin, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Amy J. Pendergrass | Date Issued: Dec. 24, 1951 | Date Orig. Entry: |
| Class B | Date of Birth: Oct. 3, 1902 / Birth Place: Basin, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Michael Keefer | | Date Filed: Dec. 31, 1951 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 31 1951

719 - 202 - 006 - 314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED FEB 6 1952 VITAL STATISTICS

**CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. De52-2433
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 18 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

**3. RESIDENCE OF FATHER** (city, state) deceased

**4. FULL NAME OF CHILD** Anna Luella Garrard

5. Date of Birth of Child (Month, day, year) May 2 1902

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Garrard
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Liard Campbell
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3-30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs (First name) Lingreen (Last name), who is related to this child as deceased (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date May 2-1902

State of California
County of El Dorado } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Mrs Lingreen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna L. Haston Signature
60 Bedford Ave. Placerville Cal. P. O. Address

Subscribed and sworn to before me this 25th day of April, 1944

(SEAL) Patricia Darlington Notary Public, residing at Placerville Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 6, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 7 1952

449-227-016-593

RECEIVED
FEB 6 1952
DIVISION OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. De52-2434
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Almo Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
Born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo Idaho

4. **FULL NAME OF CHILD** Rosa Florence Murfee

5. Date of Birth of Child (Month, day, year) August 27 1902

6 Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Miller Murfee
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Florence Nicholas
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Willard Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 50 years, and that Mrs Annie Green (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin Murfee Signature
Almo, Idaho. P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 52
(SEAL) J. Henry Thompson, Notary Public, residing at MALTA, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 6, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

FEB 7 1952

147.203.035-485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2438
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Westlake
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Westlake
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Westlake, Ida.

4. **FULL NAME OF CHILD** Bertha Kathryn Augustine [redacted]

5. Date of Birth of Child (Month, day, year) Dec. 3, 1902

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Frederick Augustine
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Hausen an Zaber (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Katherine Myers
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Württemberg (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oklahoma
County of Tulsa } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Mrs. Rekthal (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emil Augustine Signature

2316 S. Florence Ave., Tulsa, Okla. O. Address

Subscribed and sworn to before me this 16 day of Jany 1952

(SEAL) Beneath A. Hull, Notary Public, residing at Tulsa, Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-910, Idaho Code Annotated.)

Wm. Expires 3/24-1954

Received for filing on Feb. 7, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

FEB 8 1952

819-114-606-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2446
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bingham (b) City: Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bingham
   (c) City: Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** LeRoi Ellsworth Harrington

5. Date of Birth of Child (Month, day, year) July 14, 1902

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Heber A. Harrington
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Ellen Kelley
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.) Certificate of Baptism from L. D. S. Church gives date of birth, July 14, 1902, Shelley, Idaho

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 40 years, and that Mrs. Gimmett (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuel S. Harrington Signature

1728 Herbert Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 9 day of April, 1943

(SEAL) Norma Service, Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Feb 11, 1952 by Mabel Keeler, Deputy, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

CERTIFICATE OF BIRTH

# Church of Jesus Christ of Latter Day Saints

Salt Lake City, Utah, March 29, 1943

**This Certifies** that according to the Records of the Church of Jesus Christ of Latter Day Saints

- LE ROI E. HARRINGTON -

was born on the fourteenth day of July, Nineteen Hundred and Two

at Shelley, Bingham County, Idaho

Father's name Heber A. Harrington

Mother's maiden name Mary E. Kelley

Joseph Fielding Smith

*Historian of the Church and ex officio Custodian of its Records*

Shelley Stake, Shelley Second Ward Record of Members,
Book A. Entered on Record September 7, 1902.

# Church of Jesus Christ of Latter Day Saints

Salt Lake City, Utah March 25, 1943

This Certifies that according to the Records of the Church of Jesus Christ of Latter Day Saints

Robert R. Bailey

was born on the Seventeenth day of July, Nineteen Hundred and Two

Bailey, Bingham County, Idaho

Father's name Robert A. Burrington

Mother's maiden name Mary E. Bailey

Authorized by the Church and in Official Custodian of its Records

Heber J. Grant, President Second Ward Record of Members,

John A. Widtsoe, Counselor Stake Record of Members.

FEB 12 1943

RETURN TO OFFICIAL FILE

666-130-037-855

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 23 1952
DIVISION OF VITAL STATISTICS

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2484
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Melvin Hendry Wood | | 2. Date of Birth (month) January (day) 30 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth: a. County: Madison | b. City or Town of Birth: Rexburg |
| **FATHER** | 6. Full Name of Father: Henry H. Wood | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Hendry | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Melvin Hendry Wood | 11. Present Address of Registrant | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 21, 1952 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires Jan. 20, 1953 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Baptismal Certificate | By whom issued and signed: L. D. S. Church | Date Issued: 6-3-11 | Date Orig. Entry: |
| Class* A | Date of Birth: 1-30-1902 / Birth Place: Rexburg, Idaho | Full Name of Mother: Elizabeth Hendry | Name of Father: Henry H. Wood | |
| **SUPPORTING RECORD 2.** | Type of Document: Application for Insurance | By whom issued and signed: New York Life Insurance | Date Issued: June 25, 1925 | Date Orig. Entry: |
| Class B | Date of Birth: Jan. 30, 1902 / Birth Place: Rexburg, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: Feb. 25, 1952 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 26

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

Date Filed

FEB. 25, 1952

793-128-032 - 239

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2490
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JAMES FREDERICK PICKREN | | | 2. Date Of Birth (month) JUNE (day) 28TH (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth: ~~SHOSHONE~~ - a. County: LINCOLN | b. City or Town of Birth: SHOSHONE, IDAHO |
| **FATHER** | 6. Full Name of Father: HOWARD FREDERICK PICKREN | | | 7. State or Country of Father's Birth: New York- U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: BERNICE ATKINSON STRACHAN | | | 9. State or Country of Mother's Birth: IDAHO, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: J. F. Pickren | | 11. Present Address of Registrant: DOWNEY, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Feb. 19 1952 | 12. Signature of Notary: Elvin Christiansen | | 13. Notary Commission expires Dec. 16 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible viewed by C. L. Swenson, Clerk of the Court Franklin County | Date Issued: | Date Orig. Entry: June 28, 1902 |
| Class* A | Date of Birth: June 28, 1902 | Birth Place: Shoshone, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Massachusetts Protective Association | Date Issued: | Date Orig. Entry: Apr. 15, 1938 |
| Class B | Date of Birth: June 28, 1902 | Birth Place: Shoshone, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fields | | Date Filed: Feb. 26, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# CERTIFIED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.

Reg. Dist. No.

**REGISTRANT**
(Person whose birth is being registered)

1. Registrant's Full Name at Birth: JAMES FREDERICK PICKREN
2. Date of Birth (Month, Day, Year): JUNE 28TH 1905
3. Sex: WHITE MALE
4. Place of Birth (City or Town): SMOSHONE -
5. County: LINCOLN
6. City or Town of Birth: SHOSHONE, IDAHO

**FATHER**

7. Full Name of Father: HOWARD FREDERICK PICKREN
8. State or Country of Father's Birth: NEW YORK - U.S.A.

**MOTHER**

9. Full Maiden Name of Mother: BERNICE ATKINSON STRICHAN
10. State or Country of Mother's Birth: IDAHO, U.S.A.

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant
12. Present Address of Registrant: POWNEY, IDAHO

**NOTARY** (Seal)

Subscribed and sworn to before me on [illegible] 19[illegible]

13. Signature of Notary
14. Notary Commission expires [illegible] 1953

**SUPPORTING RECORD A.**

Type of Document
By whom issued and signed
Date issued
Date orig. Entry

Date of Birth
Birth Place
Full Name of Mother
Name of Father

**SUPPORTING RECORD B.**

Type of Document: Insurance Policy
By whom issued and signed: Association of Protective Association
Date issued: June 29, 1905
Date orig. Entry: Apr. 1, 1933

Date of Birth
Birth Place: Shoshone, Idaho
Full Name of Mother
Name of Father

**SUPPORTING RECORD C.**

Type of Document
By whom issued and signed
Date issued
Date orig. Entry

Date of Birth
Birth Place
Full Name of Mother
Name of Father

**DIAGNOSTIC INFORMATION**

FEB 26 1952

**REGISTRAR'S CERTIFICATION**

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] Hodson
Evidence reviewed by
Date Filed: Feb. 26, 1952

Class A Records are those made and dates of the registrant's actual birthday.
Class B Records are those made after the foregoing but are at least 5 years old.

864-107022-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony R.F.D. 2
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Charles Leland Young

5. Date of Birth of Child (Month, day, year) July 7 1902

6 Sex male

7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Charles Young
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Baldwin Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Adrienne Wilson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace St Anthony R.F.D. 2 Ida (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P. M., on the date and at the place stated above, and that personal particulars were furnished by Hattie Watson (First name) (Last name) who is related as Midwife (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Hattie (First name) Watson (Last name), who attended this birth is now disabled (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

her age 92 yr

Adrienne W. Young Signature
St Anthony Ida. P. O. Address

Subscribed and sworn to before me this 5th day of June, 1948

(SEAL) [signature], Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 26, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 27 1952

713-212-035-141

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED MAR 15 1952 DIVISION OF VITAL STATISTICS

State File No. De 52-2557
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALMA MAUDE GALLAHAN | | 2. Date of Birth (month) FEB. (day) 12 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: ~~NEAR LEWISTON~~ NEZ PERCE b. City or Town of Birth: Near Lewiston (OUT OF CITY) |
| **FATHER** | 6. Full Name of Father: George Cyrus Gallahan | | 7. State or Country of Father's Birth: Iowa - U S A |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Jane Adams | | 9. State or Country of Mother's Birth: Illinois - U S A |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alma Maude Gallahan Hurd | 11. Present Address of Registrant: 1806 NE 48 AVE PORTLAND Ore |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 13 1952 | 12. Signature of Notary: Dorothy M Oldham | 13. Notary Commission expires: March 21 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit of Marriage Return & History | By whom issued and signed: R. Givens, Deputy County Clerk Multnomah Co., Oregon | Date Issued: Aug.20,;942 | Date Orig. Entry: Mar. 9, 1928 |
| Class* B | Date of Birth: 26 yrs | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit-Equitable Life Assurance Society | By whom issued and signed: J. Robinson, Asst. Cashier | Date Issued: Feb. 20,1952 | Date Orig. Entry: Dec. 1, 1939 |
| Class B | Date of Birth: Feb. 12,1902 | Birth Place: Lewiston,Ida. | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit-Pac. Tel.& Tel.Co | By whom issued and signed: H. Barclay,Gen.Traffic Mgr | Date Issued: Feb.26,'52 | Date Orig. Entry: 6-29-21 |
| Class B | Date of Birth: Feb.12,1902 | Birth Place: | Full Name of Mother: | Name of Father: |

**QUALIFYING INFORMATION**

Also affidavit of County Clerk of Multnomah Co., Oregon, signed by P.J.Pickering, Deputy County Clerk, stating voting records show, father as George C. Gallahan and mother as Mary Gallahan, place of birth Lewiston, Idaho-

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | G Snook | Mar. 18, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

943209-028-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2604
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Marjorie Lois Rutherford | | | 2. Date of Birth (month) (day) (year): September 9 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho, Kootenai | b. City or Town of Birth: Post Falls |
| **FATHER** | 6. Full Name of Father: George Francis Rutherford | | | 7. State or Country of Father's Birth: Minnesota |
| **MOTHER** | 8. Full Maiden Name of Mother: Nora May Worden | | | 9. State or Country of Mother's Birth: Michigan |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marjorie L. Rutherford | | 11. Present Address of Registrant: 1900 Washington St. San Francisco 9, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on January 4, 1952 | 12. Signature of Notary: NOTARY PUBLIC In and for the City and County of San Francisco, State of California Pauline M. Smith | | 13. Notary Commission expires: April 9, 1955. 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister | | By whom issued and signed: Helen E. Rutherford Hampton | Date Issued: 3-19-52 | Date Orig. Entry: |
| Class* B | Date of Birth: Sept. 9, 1902 | Birth Place: Post Falls, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: | Date Orig. Entry: 1920 Census |
| Class B | Date of Birth: 17 yrs old | Birth Place: Idaho | Full Name of Mother: Nora Rutherford | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | | By whom issued and signed: Metropolitan Life Insurance Co. | Date Issued: | Date Orig. Entry: Apr. 29, 1918 |
| Class B | Date of Birth: 16 yrs old | Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel F. Geer | Date Filed: Apr. 3, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

| | |
|---|---|
| 1. Registrant's full name at birth: Marjorie Lois Rutherford | 2. Date of birth (month) (day) (year): September 9 1902 |
| 3. Color or race: White | 4. Sex: Female |
| 5. Place of birth (county): Kootenai | 6. Place of birth (city or town): Post Falls |
| 7. Full name of father: George Francis Rutherford | 8. State or country of father's birth: Minnesota |
| 9. Maiden name of mother: Mary Morgan | 10. State or country of mother's birth: Michigan |
| 11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 12. Signature of Registrant: |
| 13. Residence and address of Registrant: 1900 Washington St. San Francisco 9, Calif. | |
| 14. Subscribed and sworn to before me on: April 9, 1952 | 15. Notary Commission expires: April 9, 1955. |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| SUPPORTING RECORD 1. | Type of Document | Date of Birth | Birth Place | By whom issued and signed | Full Name of Mother | Date issued | Date Orig. Entry |
|---|---|---|---|---|---|---|---|
| Class: B | Affidavit of relative | Year old | Idaho | Helen K. Rutherford Johnson | Mary Morgan | 3-19-62 | |
| | | | | Court, City, County, State, Title | | Name of Father | |

| SUPPORTING RECORD 2. | Type of Document | Date of Birth | Birth Place | By whom issued and signed | Full Name of Mother | Date issued | Date Orig. Entry |
|---|---|---|---|---|---|---|---|
| Class: B | Census Record | 17 yrs old | Idaho | Department of Commerce Bureau of the Census | Mary Rutherford | | 1920 Census |
| | | | | | | Name of Father | |

| SUPPORTING RECORD 3. | Type of Document | Date of Birth | Birth Place | By whom issued and signed | Full Name of Mother | Date issued | Date Orig. Entry |
|---|---|---|---|---|---|---|---|
| Class: | Insurance Policy | Year old | Idaho | Metropolitan Life Insurance Co. | | Apr. 29, 1918 | |
| | | | | | | Name of Father | |

DATE RECEIVED IN DIVISION

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(Seal)

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. [illegible] Benson | | Apr. 3, 1952 |

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 1001

253-211-006-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No. #4
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lillie Anna Belnap

5. Date of Birth of Child (Month, day, year) Oct 11, 1902

6 Sex Fe

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Oliver Belnap
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anna B. Leuenberger
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Walterswil (City or town) Switzerland (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Belnap (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Mary A Hatch ~~M.D.~~ Midwife Address Moreland, Ida Date March 22, 1952

**AFFIDAVIT**

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that Mary A. Hatch (First name) (Last name), who attended this birth is Alive. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Belnap Signature
1665 Yellowstone Ave Pocatello P. O. Address

Subscribed and sworn to before me this 22 day of March, 1952.
(SEAL) Carl W. Draper, Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 8, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1952

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619201-040-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2686
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Esther Hansena Warner | | 2. Date of Birth (month) October (day) 1 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County | b. City or Town of Birth: Gem, Idaho |
| **FATHER** | 6. Full Name of Father: Jacob Warner | | 7. State or Country of Father's Birth: Denmark | |
| **MOTHER** | 8. Full Maiden Name of Mother: Nellie Siverson | | 9. State or Country of Mother's Birth: Minnesota, U. S. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Esther H Berg | 11. Present Address of Registrant: 1925 E. Empire Ave. Spokane, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 17 19 52 | 12. Signature of Notary: Bess E. Myers | 13. Notary Commission expires: Oct. 28 19 54 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record- Baptismal | By whom issued and signed: Norwegian Lutheran Church of America | Date Issued: Baptised | Date Orig. Entry: June 8, 1903 |
| Class* A | Date of Birth: Oct. 1, 1902, | Birth Place: | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit | By whom issued and signed: Mrs. D. Hudson | Date Issued: 6-12-40 | Date Orig. Entry |
| Class B | Date of Birth: Oct. 1, 1902, | Birth Place: Gem, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Nellie Warner, present at the time of the birth | By whom issued and signed | Date Issued: 6-12-40 | Date Orig. Entry |
| Class B | Date of Birth: Oct. 1, 1902, | Birth Place: Gem, Idaho | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [signature] | Date Filed: Apr. 22, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

**CHILD'S NAME**
(Period when given at birth)
registered)

1. Registrant's full name at birth
[illegible] HOSPITAL AIRPORT

2. Date of birth (month) October (day) 1 (year) 1902

3. Sex: White

4. Place of birth: County
City or town of birth: Gem, Idaho

**FATHER**
6. Full name of father: Jacob [illegible]
7. State or country of father's birth: Denmark

**MOTHER**
8. Full maiden name of mother: Nellie Silverson
9. State or country of mother's birth: Germany

**AFFIDAVIT**
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief
10. Signature of registrant: [illegible]
11. Present address of registrant: 1525 E. Empire Ave. Spokane, Washington

Subscribed and sworn to before me on April 17 19 52
12. Signature of notary: [illegible]
13. Notary Commission expires: Oct. 28 19 54

**MARRIAGE RECORD**
Date of marriage
Place of marriage
Name of groom
Date of birth, birth place
Full name of mother
Name of father
WARNING — DO NOT WRITE FROM THIS COPY
By whom issued and signed
Date issued
Date orig. entry
Married June 3, 1903

**DIVORCE RECORD**
Date of decree
Place of decree
Name of plaintiff
Date of birth, birth place
Full name of mother
Name of father
By whom issued and signed
Date issued
Date orig. entry

**DEATH RECORD**
Date of death
Place of death
Cause
Date of birth, birth place
Full name of mother
Name of father
Oct. 1, 1902, Gem, Idaho

**DIVORCE RECORD**
Date of decree
Place of decree
Name of plaintiff
Date of birth, birth place
Full name of mother
Name of father
By whom issued and signed
Date issued
Date orig. entry

**REGISTRAR'S CERTIFICATION**
(seal)
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
R. D. [illegible]
Reference reviewed by
Date filed
Oct. 22, 1952

APR 22 1952

Filed: A records are those made and being before the registrant's birth.
Class B records are those made after the birth attempt but at least 1 year old.

Form 100 (2000)

414-228-025-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2689
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Emma Mader | | 2. Date Of Birth (month) May (day) 28 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Keuterville Idaho | b. City or Town of Birth: Keutwrville Idaho |
| **FATHER** | 6. Full Name of Father: Charles F Mader | | 7. State or Country of Father's Birth: Staten Germany | |
| **MOTHER** | 8. Full Maiden Name of Mother: Katherine Trautman | | 9. State or Country of Mother's Birth: Cincinnatti Ohio | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Madu Beckman | 11. Present Address of Registrant: Kamiah Idaho | |
| **NOTARY** (Seal) K | Subscribed and sworn to before me on April 17th 1952 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires 2-1- 1956 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Record | By whom issued and signed: Family | Date Issued: | Date Orig. Entry: May 28, 1902 |
| Class* A | Date of Birth: May 28, 1902, | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record | By whom issued and signed: Holy Cross Church | Date Issued: | Date Orig. Entry: May 25, 1911 |
| Class B | Date of Birth: 8yrs old | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Northern Life Insurance Co. | Date Issued: | Date Orig. Entry: June 13, 1930 |
| Class B | Date of Birth: May 28, 1902, | Birth Place: Keutwrville, Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: Apr. 22, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 22 1952

512-216-021-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 52-2735
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In THIS county 24 years 2 months 19 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 74 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Josie May Nash

**5.** Date of Birth of Child (Month, day, year) 4-16-1902

**6** Sex Female

**7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnancy 9

**9.** Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Isaac Henry Nash
**11.** Color or Race White
**12.** Age at time of THIS birth 30 yrs.
**13.** Birthplace Franklin (City or town) Idaho (State or foreign country)
**14.** Exact Occupation State Land Commissioner
**15.** Industry or Business Farm and Livestock

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Amanda May West
**17.** Color or Race White
**18.** Age at time of THIS birth 24 yrs.
**19.** Birthplace Franklin (City or town) Idaho (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum
**23.** Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

**25.** Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date

**AFFIDAVIT**

State of ..... County of ..... } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that Ellen Morgan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda West Nash Signature
34 E. First South, Preston, Ida. P. O. Address

Subscribed and sworn to before me this 18 day of April 1952

(SEAL) ..... Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 30, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAY 1 1952

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

693-210-022-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 18 1952
DIVISION OF VITAL STA.

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2747
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Beatrice Williams | | 2. Date Of Birth (month) June (day) 10 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: St. Anthony |
| **FATHER** | 6. Full Name of Father: Elias Williams | | 7. State or Country of Father's Birth: Wales | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Lewis | | 9. State or Country of Mother's Birth: England | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Beatrice Pittel | 11. Present Address of Registrant: R.F.D.2 Rigby, Idaho. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 16th April 1952 | 12. Signature of Notary: H. A. Miller | 13. Notary Commission expires: 8/31 1954 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: 2-4-08 | Date Orig. Entry: Oct. 5, 1902 |
| Class* B | Date of Birth: June 10, 1902 / Birth Place: St. Anthony, Idaho | Full Name of Mother: Emily Lewis | Name of Father: Elias Williams | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License | By whom issued and signed: County Clerk, Bonneville County | Date Issued: 2-26-23 | Date Orig. Entry: |
| Class B | Date of Birth: 20 yrs old. / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Blessing | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: Oct. 5, 1902 |
| Class B | Date of Birth: June 10, 1902 / Birth Place: St. Anthony, Idaho | Full Name of Mother: Emily Lewis | Name of Father: Elias Williams | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Keefer | Date Filed: May 2, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 6 1952

# DELAYED CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 22[illegible]

Local Reg. No.

Reg. Dist. No.

**REGISTRANT** (Person whose birth is being registered)

1. Name at Birth: [illegible]
2. Date of Birth: June 14 1902 (month) (day) (year)
3. Color or Race: WHITE
4. Sex: [illegible]
5. Place of Birth (County): [illegible]
6. City or Town of Birth: [illegible]

**FATHER**

7. Full Name: [illegible]
8. State or Country of Father's Birth: [illegible]

**MOTHER**

9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

**AFFIDAVIT** (Only if Registrant is deceased and known to be living as of date of this application)

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]
12. Present Address of Registrant: [illegible]
13. Notary Commission expires: [illegible]

**SUPPORTING RECORD**

Type of Document: [illegible]

Date of Birth: [illegible] Birth Place: [illegible]

Full Name of Mother: [illegible]

Full Name of Father: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible] Date Orig. Entry: [illegible]

**SUPPORTING RECORD 2**

Type of Document: Marriage License

Date of Birth: [illegible] Birth Place: [illegible]

Full Name of Mother: [illegible]

Full Name of Father: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible] Date Orig. Entry: [illegible]

**REGISTRAR'S CERTIFICATION** (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: Nov 5 1902

*Class A Records are those made and date of birth is one year or more prior to date of filing.
Class B Records are those made after the fourth birthday but at least 1 year [illegible]

636-223-040-128

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2764
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mabel Violet Flock | | 2. Date of Birth (month) (day) (year): Dec 23 1902 | |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Kellogg Idaho |
| **FATHER** | 6. Full Name of Father: Abraham Lincoln Flock | | 7. State or Country of Father's Birth: Indiana | |
| **MOTHER** | 8. Full Maiden Name of Mother: Florence Ashby Flock | | 9. State or Country of Mother's Birth: Illinois | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Larrison | 11. Present Address of Registrant: 1420 N. 48th Seattle 3, Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 21, 1952 | 12. Signature of Notary: S. H. Emery | 13. Notary Commission expires: Dec. 9, 1955 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mrs. Florence Flock | Date Issued: Aug. 30, 1935 | Date Orig. Entry |
| Class* B | Date of Birth: Dec. 23, 1902, | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Mutual Life Insurance Co. | Date Issued: March 12, 1932 | Date Orig. Entry |
| Class B. | Date of Birth: Dec. 23, 1902, | Birth Place: Kellogg, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Insurance | By whom issued and signed: Mutual Life Insurance Co. | Date Issued: March 12, 1932 | Date Orig. Entry |
| Class B | Date of Birth: Dec. 23, 1902, | Birth Place: Kellogg, Idaho | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Helfer | Date Filed: May 6, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

MAR 9 1966

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT
(Person whose birth is being registered)

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)

3. City or Town of Birth

4. County of Birth

5. City or Town of Residence

6. Sex

7. State or Country of Father's Birth

FATHER

8. Full Name of Father

9. Maiden Name of Mother

10. State or Country of Mother's Birth

I hereby declare upon oath that the statements made herein are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission Expires

19 53

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

ADDITIONAL INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

(Seal)

State Registrar

Evidence reviewed by

Date Filed

Class A records are those made after the 1st birthday.
Class B records are those made after the 1st birthday but are at least 5 years old.

799-713-003-555

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2808
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ada Lucile Price | | 2. Date of Birth (month) (day) (year): March 13 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Pocatello. Bannock, Idaho b. City or Town of Birth: Pocatello, Idaho |
| **FATHER** | 6. Full Name of Father: William Harper Price | | 7. State or Country of Father's Birth: Norfolk, Ohio |
| **MOTHER** | 8. Full Maiden Name of Mother: Rose Neeser Price | | 9. State or Country of Mother's Birth: Providence, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ada Lucile Price Cullen | 11. Present Address of Registrant: 1405 N Garfield |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 13 1952 | 12. Signature of Notary: F E Tyderman. | 13. Notary Commission expires: Feb 15 1956 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Metropolitan Life Insurance Co. | Date Issued: | Date Orig. Entry: 3-8-30 |
| Class* B | Date of Birth: Mch. 13, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Baptismal Record | By whom issued and signed: First Baptist Church | Date Issued: | Date Orig. Entry: Apr. 21, 1926 |
| Class B | Date of Birth: 24 yrs old / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Child's birth certificate | By whom issued and signed: On file in Bureau of Vital Statistics #176818 | Date Issued: | Date Orig. Entry: Nov. 29, 1929 |
| Class B | Date of Birth: 27 yrs old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Geefer | Date Filed: May 17, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. Name of child: Nellie Price

2. Sex: Female

3. Place of birth: County: Bonneville

4. City or town of birth: Ammon

5. Date of birth (month, day, year): March 15, 1912

6. Full name of father: Willis Reuben Price

7. State or country of father's birth: Pennsylvania

8. Full maiden name of mother: Rosie Pepper Price

9. State or country of mother's birth: Ohio

10. Occupation of Registrant: Housewife

11. Present address of Registrant: 1405 N Portland, Portland, Oregon

12. Signature of Notary: [illegible]

13. Notary Commission expires: [illegible]

SUPPORTING RECORD 1: Type of document: Immunization Notice

Date of birth: Birth place:

Full name of mother:

Name of father:

By whom issued and signed:

Date issued:

Date orig. filed:

SUPPORTING RECORD 2: Type of document: Application for Social Security Card

Date of birth: Birth place:

Full name of mother:

Name of father:

By whom issued and signed:

Date issued:

Date orig. filed:

SUPPORTING RECORD 3: Type of document:

Date of birth: Birth place:

Full name of mother:

Name of father:

By whom issued and signed:

Date issued:

Date orig. filed:

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the accompanying affidavit.

(Seal)

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date filed: May 11, 1972

Place a Roman or Arabic numeral after each entry to indicate the registrant's birth order.
Place a asterisk after each entry the fourth birthday but are at least 7 years old.

MAY 19 1972

469-226-038-145

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2835
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazel Marie Dorathy | | 2. Date of Birth (month) Sept. (day) 26 (year) 1902 | |
| | 3. Color or Race | 4. Sex | 5. Place of Birth a. County | b. City or Town of Birth: Fruitland, Idaho |
| **FATHER** | 6. Full Name of Father: Lawrence Palmatier Dorathy | | | 7. State or Country of Father's Birth: Cortland, Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Kate Aden | | | 9. State or Country of Mother's Birth: Fairbury, Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hazel Marie Ross | | 11. Present Address of Registrant: Meridian, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on ~~March~~ May 22 1952 | 12. Signature of Notary: Mabel F. Eldar | | 13. Notary Commission expires May 7 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by midwife | By whom issued and signed: Marie Syme | Date Issued: 3-13-52 | Date Orig. Entry: |
| Class* B | Date of Birth: Sept. 26, 1902 | Birth Place: Payette County | Full Name of Mother: Kate Aden | Name of Father: Lawrence P. Dorathy |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: On file Bureau of Vital Statistics Boise, Idaho, #170952 | Date Issued: | Date Orig. Entry: May 22, 1929 |
| Class B | Date of Birth: Se[illegible] 26 years old | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Royal Neighbors of America | Date Issued: | Date Orig. Entry: Apr. 15, 1938 |
| Class B | Date of Birth: Sept. 26, 1902 | Birth Place: Fruitland, Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: | Date Filed: May 22, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 22 1952

| | | | |
|---|---|---|---|
| 1. Place of birth: County of Blaine | 2. Full name of child: Lawrence Quentin Forsling | 3. Sex: Male | 4. Date of birth: May 22, 1952 |
| 5. Town of birth: Hailey, Idaho | 6. State or country of mother's birth: Idaho, Illinois | 7. State or country of father's birth: Idaho, Illinois | |
| 8. Full maiden name of mother: Kate Allen | 9. Full name of father: Lawrence Quentin Forsling | | |
| 10. Present address of applicant: Hailey, Idaho | 11. Signature of applicant: Mrs. Lawrence Q. Forsling | 12. I hereby declare under oath that the above statements are true to the best of my knowledge and belief. | |
| 13. Signature of notary: [illegible] | 14. Notary Commission expires: [illegible] | Subscribed and sworn to before me on: [illegible] | |

SUPPORTING RECORD 1.

| | | | |
|---|---|---|---|
| Type of document: Midwife's certificate | By whom issued and signed: Hailey, Idaho | Date issued: May 22, 1952 | Date orig. entry: May 22, 1952 |
| Date of birth: May 22, 1952 | Birth place: Hailey, Idaho | Full name of mother: Kate Allen | Name of father: Lawrence Q. Forsling |

SUPPORTING RECORD 2.

| | | | |
|---|---|---|---|
| Type of document: Delayed birth certificate | By whom issued and signed: State of Idaho Bureau of Vital Statistics | Date issued: May 22, 1952 | Date orig. entry: May 22, 1952 |
| Date of birth: May 22, 1952 | Birth place: Hailey, Idaho | Full name of mother: Kate Allen | Name of father: Lawrence Q. Forsling |

SUPPORTING RECORD 3.

| | | | |
|---|---|---|---|
| Type of document: Insurance Policy | By whom issued and signed: Royal Neighbors of America | Date issued: Apr. 15, 1952 | Date orig. entry: Apr. 15, 1952 |
| Date of birth: May 22, 1952 | Birth place: Hailey, Idaho | Full name of mother: [illegible] | Name of father: [illegible] |

Class 1 records are those made and based upon the registrant's own statement.
Class 2 records are those made after the fourth birthday but on or before a year's time.

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that no known legal evidence has been presented which substantiates the facts as set forth in the preceding abstract.

| | | |
|---|---|---|
| Date Registrar: May 22, 1952 | Evidence received by: W. W. Hobson | Date filed: May 22, 1952 |

556-212010-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-52-2849
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Golda Engberson | | 2. Date of Birth (month) July (day) 12 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Idaho Falls Bonneville | b. City or Town of Birth: Idaho Falls |
| **FATHER** | 6. Full Name of Father: Hyrum Henry Engberson | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Rosetta ~~Engb~~ Burns | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Golda E Woodmansee | 11. Present Address of Registrant: Rexburg, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 24 19 52 | 12. Signature of Notary: Helen Gauer Residing at Rexburg Idaho | 13. Notary Commission expires 3-31 1955 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: May 6, 1939 |
| Class* B | Date of Birth: July 12, 1902 | Birth Place: Idaho Falls, | Full Name of Mother: Rosetta Burns | Name of Father: Hyrum Engberson | |
| **SUPPORTING RECORD 2.** | Type of Document: Metropolitan Life Insurance Company | | By whom issued and signed: F. R. Boysen | Date Issued: 6/29/25 | Date Orig. Entry: |
| Class B | Date of Birth: 23 years | Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | | By whom issued and signed: Montpelier High School | Date Issued: | Date Orig. Entry: Sept. 8, 1918 |
| Class B | Date of Birth: July 12, 1902, | Birth Place: Idaho Falls, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Michael Freeden | Date Filed |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 24 1959

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. Dec-2-2000

Local Reg. No.

Reg. Dist. No.

REGISTRANT — 1. Registrant's full name at birth: [illegible]

2. Date of birth: [illegible]

3. Sex: [illegible]

4. Place of birth: [illegible]

5. County: [illegible]

FATHER — 6. Full name of father: [illegible]

7. Place of country of father's birth: [illegible]

MOTHER — 8. Maiden name of mother: [illegible]

9. State or country of mother's birth: [illegible]

AFFIDAVIT — I hereby swear upon oath that the statements made are true to the best of my knowledge and belief.

10. Signature of registrant: [illegible]

11. Present address of registrant: [illegible]

NOTARY — Subscribed and sworn to before me on [illegible]

12. Signature of Notary: [illegible]

13. Notary Public, State of Idaho: [illegible]

SUPPORTING RECORDS 1. — Type of document: [illegible]

Date issued: [illegible]

By whom issued and signed: [illegible]

Date orig. entry: [illegible]

Date of birth: [illegible]

Birth place: [illegible]

Full name of mother: [illegible]

Name of father: [illegible]

Class: [illegible]

SUPPORTING RECORDS 2. — Type of document: School Record

Date issued: [illegible]

By whom issued and signed: Grangeville High School

Date orig. entry: Sept. 8, 1918

Date of birth: Feb. 12, 1902

Birth place: Idaho County, Idaho

Full name of mother: [illegible]

Name of father: [illegible]

Class: [illegible]

SUPPORTING RECORDS 3. — Type of document: [illegible]

Date issued: [illegible]

By whom issued and signed: [illegible]

Date orig. entry: [illegible]

Date of birth: [illegible]

Birth place: [illegible]

Full name of mother: [illegible]

Name of father: [illegible]

Class: [illegible]

CERTIFICATE — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying affidavit.

Signature of registrar: [illegible]

Evidence reviewed by: [illegible]

Date filed: [illegible]

Registrant must be at least 5 years old.

Registrant fourth birthday.

MAY 24 1929

654129.004-358

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52- 2969
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Elmer Wedel | | | 2. Date of Birth (month) November (day) 29, (year) 1902 |
| | 3. Color or Race: white | 4. Sex: M | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Montpelier |
| **FATHER** | 6. Full Name of Father: John William Wedel | | | 7. State or Country of Father's Birth: Iowa, |
| **MOTHER** | 8. Full Maiden Name of Mother: Rose Lehman | | | 9. State or Country of Mother's Birth: Switzerland, |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James Elmer Wedel | | 11. Present Address of Registrant: Montpelier, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 27th 1952 | 12. Signature of Notary: Ruth Aland | | 13. Notary Commission expires: RUTH ALAND Notary Public Residing at Montpelier, Idaho My Commission Expires March 5, 1956 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Insurance - Kansas City Life Insurance Co. | By whom issued and signed: Donald Welker - Agent | Date Issued: 6/25/41 | Date Orig. Entry: |
| Class* B | Date of Birth: Nov. 29, 1902 / Birth Place: Montpelier | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Designation of Beneficiary under Railroad Retirement Act | By whom issued and signed: Union Pacific Railroad Co. | Date Issued: 11/9/40 | Date Orig. Entry: |
| Class B | Date of Birth: Nov. 29, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Service - Union Pacific Rail-Road Co. | By whom issued and signed: A. B. Scott, | Date Issued: 9/4/28 | Date Orig. Entry: |
| Class B. | Date of Birth: Nov. 29, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: June 30, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

Local Reg. District No.

Reg. Dist. No.

JUL 1 1962

1. Registrant's Full Name at Birth: John Miller Medal

2. Date of Birth (month): November

3. Date of Birth (day): 30

4. Date of Birth (year): 1902

5. Sex: M

6. Place of Birth: Soda Lake

7. Birthplace of Father: Iowa

8. Birthplace of Mother: Switzerland

9. Full Name of Father: John Miller Medal

10. Maiden Name of Mother: Rose Lehmann

11. Occupation of Father: Farmer

12. Occupation of Mother: Housewife

13. Signature of Registrant: John Miller Medal

14. Signature of Mother: Rose Lehmann

15. Present Address of Registrant: Montpelier, Idaho

16. Delayed Certificate of Birth Filed: June 20, 1962

Evidence upon such that the statements are true to the knowledge and belief.

Subscribed and sworn to before me on

Date of Birth: Nov. 29, 1902

Place of Birth: Soda Lake

Full Name of Mother: Rose Lehmann

Full Name of Father: John Miller Medal

Date of Birth: Nov. 29, 1902

Place of Birth: Soda Lake

Full Name of Mother: Rose Lehmann

Full Name of Father: John Miller Medal

Date of Birth: Nov. 29, 1902

Place of Birth: Soda Lake

Full Name of Mother: Rose Lehmann

Full Name of Father: John Miller Medal

Registrar's Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: T. T. Brown

Evidence Reviewed by: Idaho Birth Form

Date Filed: June 20, 1962

Class A Records are those made at the time of birth (within four years).
Class B Records are those made after the time of birth (within four years).

796-228-035-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52- 2985
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Clara Etta Grow / Twin to Clare Grow | | 2. Date of Birth (month) March (day) 28, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Craigmont |
| **FATHER** | 6. Full Name of Father: John Grow | | 7. State or Country of Father's Birth: Adams County, Wisconsin | |
| **MOTHER** | 8. Full Maiden Name of Mother: Jennie Smith | | 9. State or Country of Mother's Birth: Oregon City, Oregon | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clara E. Grow Gunshore | 11. Present Address of Registrant: Portland, Oregon | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 1 1952 | 12. Signature of Notary: Fred R. Meyers | 13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Record from family Bible | | By whom issued and signed: Photostatic copy, certified to by Notary Public E.L.Jamison | Date Issued: | Date Orig. Entry: Bible copyrighted in 1901, James Potts & Co. |
| Class* A | Date of Birth: Mar.28, 1902 | Birth Place: Craigmont, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: State of Washington Drivers License #32024 | | By whom issued and signed: | Date Issued: | Date Orig. Entry: July 14, 1921 |
| Class B | Date of Birth: 19 years old | Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit re Insurance Policy No. 50 557-MI Metropolitan Life Ins. Co. | | By whom issued and signed: F. R. Boysen, Asst. Sec. | Date Issued: 3/27/51 | Date Orig. Entry: 2/1/29 |
| Class B | Date of Birth: To be 27 on next birthday | Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: July 8, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 16 1967

JAN 8

| | | | |
|---|---|---|---|
| 1. Name of child (If any) | 2. Date of birth (month) (day) (year) | 3. Sex | |
| | | | |
| 4. Full name of father | 5. Place of birth (country) | 6. Age (years) | |
| | | | |
| 7. Full maiden name of mother | 8. Place of birth (country) | 9. Age (years) | |
| | | | |
| 10. Place of birth (city, county, state) | 11. Present address of applicant | | |
| | | | |
| 12. Signature of applicant | 13. Signature of notary | 14. Notary Commission expires | |
| | | | |
| 15. Relationship of applicant to child | | | |
| | | | |
| 16. Date of request | 17. Date issued and signature of issuing officer | | |
| | | | |
| 18. Date of birth | 19. Place of birth | 20. Full name of mother | 21. Date issued |
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| 22. Date of birth | 23. Place of birth | 24. Full name of father | 25. Date issued |
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| 26. Date of birth | 27. Place of birth | 28. Full name of mother | 29. Date issued |
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| 30. Date of birth | 31. Place of birth | 32. Full name of father | 33. Date issued |
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| 34. Date of birth | 35. Place of birth | 36. Full name of mother | 37. Date issued |
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| 38. Date of birth | 39. Place of birth | 40. Full name of father | 41. Date issued |
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| 42. Date of birth | 43. Place of birth | 44. Full name of mother | 45. Date issued |
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| 46. Date of birth | 47. Place of birth | 48. Full name of father | 49. Date issued |
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| 50. Date of birth | 51. Place of birth | 52. Full name of mother | 53. Date issued |
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| 54. Date of birth | 55. Place of birth | 56. Full name of father | 57. Date issued |
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| 58. Date of birth | 59. Place of birth | 60. Full name of mother | 61. Date issued |
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| 62. Date of birth | 63. Place of birth | 64. Full name of father | 65. Date issued |
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| 66. Date of birth | 67. Place of birth | 68. Full name of mother | 69. Date issued |
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| 70. Date of birth | 71. Place of birth | 72. Full name of father | 73. Date issued |
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| 74. Date of birth | 75. Place of birth | 76. Full name of mother | 77. Date issued |
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| 78. Date of birth | 79. Place of birth | 80. Full name of father | 81. Date issued |
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| 82. Date of birth | 83. Place of birth | 84. Full name of mother | 85. Date issued |
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| 86. Date of birth | 87. Place of birth | 88. Full name of father | 89. Date issued |
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| 90. Date of birth | 91. Place of birth | 92. Full name of mother | 93. Date issued |
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| 94. Date of birth | 95. Place of birth | 96. Full name of father | 97. Date issued |
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| 98. Date of birth | 99. Place of birth | 100. Full name of mother | 101. Date issued |
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| 102. Date of birth | 103. Place of birth | 104. Full name of father | 105. Date issued |
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| 106. Date of birth | 107. Place of birth | 108. Full name of mother | 109. Date issued |
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| 110. Date of birth | 111. Place of birth | 112. Full name of father | 113. Date issued |
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| 114. Date of birth | 115. Place of birth | 116. Full name of mother | 117. Date issued |
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| 118. Date of birth | 119. Place of birth | 120. Full name of father | 121. Date issued |
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| 122. Date of birth | 123. Place of birth | 124. Full name of mother | 125. Date issued |
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| 126. Date of birth | 127. Place of birth | 128. Full name of father | 129. Date issued |
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| 130. Date of birth | 131. Place of birth | 132. Full name of mother | 133. Date issued |
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| 134. Date of birth | 135. Place of birth | 136. Full name of father | 137. Date issued |
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| 138. Date of birth | 139. Place of birth | 140. Full name of mother | 141. Date issued |
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| 142. Date of birth | 143. Place of birth | 144. Full name of father | 145. Date issued |
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| 146. Date of birth | 147. Place of birth | 148. Full name of mother | 149. Date issued |
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| 150. Date of birth | 151. Place of birth | 152. Full name of father | 153. Date issued |
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| 154. Date of birth | 155. Place of birth | 156. Full name of mother | 157. Date issued |
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| 158. Date of birth | 159. Place of birth | 160. Full name of father | 161. Date issued |
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| 162. Date of birth | 163. Place of birth | 164. Full name of mother | 165. Date issued |
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| 166. Date of birth | 167. Place of birth | 168. Full name of father | 169. Date issued |
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| 170. Date of birth | 171. Place of birth | 172. Full name of mother | 173. Date issued |
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| 174. Date of birth | 175. Place of birth | 176. Full name of father | 177. Date issued |
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| 178. Date of birth | 179. Place of birth | 180. Full name of mother | 181. Date issued |
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| 182. Date of birth | 183. Place of birth | 184. Full name of father | 185. Date issued |
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| 186. Date of birth | 187. Place of birth | 188. Full name of mother | 189. Date issued |
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| 190. Date of birth | 191. Place of birth | 192. Full name of father | 193. Date issued |
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| 194. Date of birth | 195. Place of birth | 196. Full name of mother | 197. Date issued |
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| 198. Date of birth | 199. Place of birth | 200. Full name of father | 201. Date issued |
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| 202. Date of birth | 203. Place of birth | 204. Full name of mother | 205. Date issued |
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| 206. Date of birth | 207. Place of birth | 208. Full name of father | 209. Date issued |
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| 210. Date of birth | 211. Place of birth | 212. Full name of mother | 213. Date issued |
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| 214. Date of birth | 215. Place of birth | 216. Full name of father | 217. Date issued |
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| 218. Date of birth | 219. Place of birth | 220. Full name of mother | 221. Date issued |
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| 222. Date of birth | 223. Place of birth | 224. Full name of father | 225. Date issued |
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| 226. Date of birth | 227. Place of birth | 228. Full name of mother | 229. Date issued |
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| 230. Date of birth | 231. Place of birth | 232. Full name of father | 233. Date issued |
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| 234. Date of birth | 235. Place of birth | 236. Full name of mother | 237. Date issued |
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| 238. Date of birth | 239. Place of birth | 240. Full name of father | 241. Date issued |
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| 250. Date of birth | 251. Place of birth | 252. Full name of mother | 253. Date issued |
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| 254. Date of birth | 255. Place of birth | 256. Full name of father | 257. Date issued |
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| 258. Date of birth | 259. Place of birth | 260. Full name of mother | 261. Date issued |
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| 262. Date of birth | 263. Place of birth | 264. Full name of father | 265. Date issued |
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| 266. Date of birth | 267. Place of birth | 268. Full name of mother | 269. Date issued |
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| 270. Date of birth | 271. Place of birth | 272. Full name of father | 273. Date issued |
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| 274. Date of birth | 275. Place of birth | 276. Full name of mother | 277. Date issued |
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| 606. Date of birth | 607. Place of birth | 608. Full name of father | 609. Date issued |
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| 686. Date of birth | 687. Place of birth | 688. Full name of father | 689. Date issued |
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| 702. Date of birth | 703. Place of birth | 704. Full name of father | 705. Date issued |
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| 706. Date of birth | 707. Place of birth | 708. Full name of mother | 709. Date issued |
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| 714. Date of birth | 715. Place of birth | 716. Full name of mother | 717. Date issued |
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| 718. Date of birth | 719. Place of birth | 720. Full name of father | 721. Date issued |
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| 722. Date of birth | 723. Place of birth | 724. Full name of mother | 725. Date issued |
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| 726. Date of birth | 727. Place of birth | 728. Full name of father | 729. Date issued |
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| 730. Date of birth | 731. Place of birth | 732. Full name of mother | 733. Date issued |
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| 734. Date of birth | 735. Place of birth | 736. Full name of father | 737. Date issued |
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| 738. Date of birth | 739. Place of birth | 740. Full name of mother | 741. Date issued |
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| 742. Date of birth | 743. Place of birth | 744. Full name of father | 745. Date issued |
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| 746. Date of birth | 747. Place of birth | 748. Full name of mother | 749. Date issued |
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| 750. Date of birth | 751. Place of birth | 752. Full name of father | 753. Date issued |
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| 754. Date of birth | 755. Place of birth | 756. Full name of mother | 757. Date issued |
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| 758. Date of birth | 759. Place of birth | 760. Full name of father | 761. Date issued |
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| 762. Date of birth | 763. Place of birth | 764. Full name of mother | 765. Date issued |
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| 766. Date of birth | 767. Place of birth | 768. Full name of father | 769. Date issued |
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| 770. Date of birth | 771. Place of birth | 772. Full name of mother | 773. Date issued |
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| 774. Date of birth | 775. Place of birth | 776. Full name of father | 777. Date issued |
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| 778. Date of birth | 779. Place of birth | 780. Full name of mother | 781. Date issued |
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| 782. Date of birth | 783. Place of birth | 784. Full name of father | 785. Date issued |
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| 786. Date of birth | 787. Place of birth | 788. Full name of mother | 789. Date issued |
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| 790. Date of birth | 791. Place of birth | 792. Full name of father | 793. Date issued |
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| 794. Date of birth | 795. Place of birth | 796. Full name of mother | 797. Date issued |
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| 798. Date of birth | 799. Place of birth | 800. Full name of father | 801. Date issued |
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| 802. Date of birth | 803. Place of birth | 804. Full name of mother | 805. Date issued |
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| 806. Date of birth | 807. Place of birth | 808. Full name of father | 809. Date issued |
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| 810. Date of birth | 811. Place of birth | 812. Full name of mother | 813. Date issued |
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| 814. Date of birth | 815. Place of birth | 816. Full name of father | 817. Date issued |
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| 818. Date of birth | 819. Place of birth | 820. Full name of mother | 821. Date issued |
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| 822. Date of birth | 823. Place of birth | 824. Full name of father | 825. Date issued |
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| 826. Date of birth | 827. Place of birth | 828. Full name of mother | 829. Date issued |
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| 830. Date of birth | 831. Place of birth | 832. Full name of father | 833. Date issued |
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| 834. Date of birth | 835. Place of birth | 836. Full name of mother | 837. Date issued |
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| 838. Date of birth | 839. Place of birth | 840. Full name of father | 841. Date issued |
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| 842. Date of birth | 843. Place of birth | 844. Full name of mother | 845. Date issued |
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| 846. Date of birth | 847. Place of birth | 848. Full name of father | 849. Date issued |
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| 850. Date of birth | 851. Place of birth | 852. Full name of mother | 853. Date issued |
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| 854. Date of birth | 855. Place of birth | 856. Full name of father | 857. Date issued |
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| 858. Date of birth | 859. Place of birth | 860. Full name of mother | 861. Date issued |
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| 862. Date of birth | 863. Place of birth | 864. Full name of father | 865. Date issued |
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| 866. Date of birth | 867. Place of birth | 868. Full name of mother | 869. Date issued |
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| 870. Date of birth | 871. Place of birth | 872. Full name of father | 873. Date issued |
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| 874. Date of birth | 875. Place of birth | 876. Full name of mother | 877. Date issued |
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| 878. Date of birth | 879. Place of birth | 880. Full name of father | 881. Date issued |
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| 882. Date of birth | 883. Place of birth | 884. Full name of mother | 885. Date issued |
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| 886. Date of birth | 887. Place of birth | 888. Full name of father | 889. Date issued |
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| 890. Date of birth | 891. Place of birth | 892. Full name of mother | 893. Date issued |
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| 894. Date of birth | 895. Place of birth | 896. Full name of father | 897. Date issued |
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| 898. Date of birth | 899. Place of birth | 900. Full name of mother | 901. Date issued |
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| 902. Date of birth | 903. Place of birth | 904. Full name of father | 905. Date issued |
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| 906. Date of birth | 907. Place of birth | 908. Full name of mother | 909. Date issued |
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| 910. Date of birth | 911. Place of birth | 912. Full name of father | 913. Date issued |
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| 914. Date of birth | 915. Place of birth | 916. Full name of mother | 917. Date issued |
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| 918. Date of birth | 919. Place of birth | 920. Full name of father | 921. Date issued |
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| 922. Date of birth | 923. Place of birth | 924. Full name of mother | 925. Date issued |
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| 926. Date of birth | 927. Place of birth | 928. Full name of father | 929. Date issued |
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| 930. Date of birth | 931. Place of birth | 932. Full name of mother | 933. Date issued |
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| 934. Date of birth | 935. Place of birth | 936. Full name of father | 937. Date issued |
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| 942. Date of birth | 943. Place of birth | 944. Full name of father | 945. Date issued |
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| 946. Date of birth | 947. Place of birth | 948. Full name of mother | 949. Date issued |
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| 950. Date of birth | 951. Place of birth | 952. Full name of father | 953. Date issued |
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| 954. Date of birth | 955. Place of birth | 956. Full name of mother | 957. Date issued |
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| 958. Date of birth | 959. Place of birth | 960. Full name of father | 961. Date issued |
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| 970. Date of birth | 971. Place of birth | 972. Full name of mother | 973. Date issued |
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| 974. Date of birth | 975. Place of birth | 976. Full name of father | 977. Date issued |
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| 978. Date of birth | 979. Place of birth | 980. Full name of mother | 981. Date issued |
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| 982. Date of birth | 983. Place of birth | 984. Full name of father | 985. Date issued |
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| 986. Date of birth | 987. Place of birth | 988. Full name of mother | 989. Date issued |
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| 990. Date of birth | 991. Place of birth | 992. Full name of father | 993. Date issued |
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| 994. Date of birth | 995. Place of birth | 996. Full name of mother | 997. Date issued |
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| 998. Date of birth | 999. Place of birth | 1000. Full name of father | 1001. Date issued |
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| 1002. Date of birth | 1003. Place of birth | 1004. Full name of mother | 1005. Date issued |
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| 1006. Date of birth | 1007. Place of birth | 1008. Full name of father | 1009. Date issued |
| | | | |
| 1010. Date of birth | 1011. Place of birth | 1012. Full name of mother | 1013. Date issued |
| | | | |
| 1014. Date of birth | 1015. Place of birth | 1016. Full name of father | 1017. Date issued |
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| 1018. Date of birth | 1019. Place of birth | 1020. Full name of mother | 1021. Date issued |
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| 1022. Date of birth | 1023. Place of birth | 1024. Full name of father | 1025. Date issued |
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| 1026. Date of birth | 1027. Place of birth | 1028. Full name of mother | 1029. Date issued |
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| 1030. Date of birth | 1031. Place of birth | 1032. Full name of father | 1033. Date issued |
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| 1042. Date of birth | 1043. Place of birth | 1044. Full name of mother | 1045. Date issued |
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| 1046. Date of birth | 1047. Place of birth | 1048. Full name of father | 1049. Date issued |
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| 1050. Date of birth | 1051. Place of birth | 1052. Full name of mother | 1053. Date issued |
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| 1054. Date of birth | 1055. Place of birth | 1056. Full name of father | 1057. Date issued |
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| 1062. Date of birth | 1063. Place of birth | 1064. Full name of father | 1065. Date issued |
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| 1070. Date of birth | 1071. Place of birth | 1072. Full name of father | 1073. Date issued |
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| 1074. Date of birth | 1075. Place of birth | 1076. Full name of mother | 1077. Date issued |
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| 1078. Date of birth | 1079. Place of birth | 1080. Full name of father | 1081. Date issued |
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| 1082. Date of birth | 1083. Place of birth | 1084. Full name of mother | 1085. Date issued |
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| 1086. Date of birth | 1087. Place of birth | 1088. Full name of father | 1089. Date issued |
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| 1090. Date of birth | 1091. Place of birth | 1092. Full name of mother | 1093. Date issued |
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| 1094. Date of birth | 1095. Place of birth | 1096. Full name of father | 1097. Date issued |
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| 1098. Date of birth | 1099. Place of birth | 1100. Full name of mother | 1101. Date issued |
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| 1102. Date of birth | 1103. Place of birth | 1104. Full name of father | 1105. Date issued |
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| 1106. Date of birth | 1107. Place of birth | 1108. Full name of mother | 1109. Date issued |
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| 1110. Date of birth | 1111. Place of birth | 1112. Full name of father | 1113. Date issued |
| | | | |
| 1114. Date of birth | 1115. Place of birth | 1116. Full name of mother | 1117. Date issued |
| | | | |
| 1118. Date of birth | 1119. Place of birth | 1120. Full name of father | 1121. Date issued |
| | | | |
| 1122. Date of birth | 1123. Place of birth | 1124. Full name of mother | 1125. Date issued |
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| 1126. Date of birth | 1127. Place of birth | 1128. Full name of father | 1129. Date issued |
| | | | |
| 1130. Date of birth | 1131. Place of birth | 1132. Full name of mother | 1133. Date issued |
| | | | |
| 1134. Date of birth | 1135. Place of birth | 1136. Full name of father | 1137. Date issued |
| | | | |
| 1138. Date of birth | 1139. Place of birth | 1140. Full name of mother | 1141. Date issued |
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| 1142. Date of birth | 1143. Place of birth | 1144. Full name of father | 1145. Date issued |
| | | | |
| 1146. Date of birth | 1147. Place of birth | 1148. Full name of mother | 1149. Date issued |
| | | | |
| 1150. Date of birth | 1151. Place of birth | 1152. Full name of father | 1153. Date issued |
| | | | |
| 1154. Date of birth | 1155. Place of birth | 1156. Full name of mother | 1157. Date issued |
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| 1158. Date of birth | 1159. Place of birth | 1160. Full name of father | 1161. Date issued |
| | | | |
| 1162. Date of birth | 1163. Place of birth | 1164. Full name of mother | 1165. Date issued |
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| 1166. Date of birth | 1167. Place of birth | 1168. Full name of father | 1169. Date issued |
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| 1170. Date of birth | 1171. Place of birth | 1172. Full name of mother | 1173. Date issued |
| | | | |
| 1174. Date of birth | 1175. Place of birth | 1176. Full name of father | 1177. Date issued |
| | | | |
| 1178. Date of birth | 1179. Place of birth | 1180. Full name of mother | 1181. Date issued |
| | | | |
| 1182. Date of birth | 1183. Place of birth | 1184. Full name of father | 1185. Date issued |
| | | | |
| 1186. Date of birth | 1187. Place of birth | 1188. Full name of mother | 1189. Date issued |
| | | | |
| 1190. Date of birth | 1191. Place of birth | 1192. Full name of father | 1193. Date issued |
| | | | |
| 1194. Date of birth | 1195. Place of birth | 1196. Full name of mother | 1197. Date issued |
| | | | |
| 1198. Date of birth | 1199. Place of birth | 1200. Full name of father | 1201. Date issued |
| | | | |
| 1202. Date of birth | 1203. Place of birth | 1204. Full name of mother | 1205. Date issued |
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| 1206. Date of birth | 1207. Place of birth | 1208. Full name of father | 1209. Date issued |
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| 1210. Date of birth | 1211. Place of birth | 1212. Full name of mother | 1213. Date issued |
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| 1214. Date of birth | 1215. Place of birth | 1216. Full name of father | 1217. Date issued |
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| 1218. Date of birth | 1219. Place of birth | 1220. Full name of mother | 1221. Date issued |
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| 1222. Date of birth | 1223. Place of birth | 1224. Full name of father | 1225. Date issued |
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| 1226. Date of birth | 1227. Place of birth | 1228. Full name of mother | 1229. Date issued |
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| 1230. Date of birth | 1231. Place of birth | 1232. Full name of father | 1233. Date issued |
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| 1234. Date of birth | 1235. Place of birth | 1236. Full name of mother | 1237. Date issued |
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| 1238. Date of birth | 1239. Place of birth | 1240. Full name of father | 1241. Date issued |
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| 1242. Date of birth | 1243. Place of birth | 1244. Full name of mother | 1245. Date issued |
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| 1246. Date of birth | 1247. Place of birth | 1248. Full name of father | 1249. Date issued |
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| 1250. Date of birth | 1251. Place of birth | 1252. Full name of mother | 1253. Date issued |
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| 1254. Date of birth | 1255. Place of birth | 1256. Full name of father | 1257. Date issued |
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| 1258. Date of birth | 1259. Place of birth | 1260. Full name of mother | 1261. Date issued |
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| 1262. Date of birth | 1263. Place of birth | 1264. Full name of father | 1265. Date issued |
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| 1266. Date of birth | 1267. Place of birth | 1268. Full name of mother | 1269. Date issued |
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| 1270. Date of birth | 1271. Place of birth | 1272. Full name of father | 1273. Date issued |
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| 1274. Date of birth | 1275. Place of birth | 1276. Full name of mother | 1277. Date issued |
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| 1278. Date of birth | 1279. Place of birth | 1280. Full name of father | 1281. Date issued |
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| 1282. Date of birth | 1283. Place of birth | 1284. Full name of mother | 1285. Date issued |
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| 1286. Date of birth | 1287. Place of birth | 1288. Full name of father | 1289. Date issued |
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| 1290. Date of birth | 1291. Place of birth | 1292. Full name of mother | 1293. Date issued |
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| 1294. Date of birth | 1295. Place of birth | 1296. Full name of father | 1297. Date issued |
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| 1298. Date of birth | 1299. Place of birth | 1300. Full name of mother | 1301. Date issued |
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| 1302. Date of birth | 1303. Place of birth | 1304. Full name of father | 1305. Date issued |
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| 1306. Date of birth | 1307. Place of birth | 1308. Full name of mother | 1309. Date issued |
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| 1310. Date of birth | 1311. Place of birth | 1312. Full name of father | 1313. Date issued |
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| 1314. Date of birth | 1315. Place of birth | 1316. Full name of mother | 1317. Date issued |
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| 1318. Date of birth | 1319. Place of birth | 1320. Full name of father | 1321. Date issued |
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| 1322. Date of birth | 1323. Place of birth | 1324. Full name of mother | 1325. Date issued |
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| 1326. Date of birth | 1327. Place of birth | 1328. Full name of father | 1329. Date issued |
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| 1330. Date of birth | 1331. Place of birth | 1332. Full name of mother | 1333. Date issued |
| | | | |
| 1334. Date of birth | 1335. Place of birth | 1336. Full name of father | 1337. Date issued |
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| 1338. Date of birth | 1339. Place of birth | 1340. Full name of mother | 1341. Date issued |
| | | | |
| 1342. Date of birth | 1343. Place of birth | 1344. Full name of father | 1345. Date issued |
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| 1346. Date of birth | 1347. Place of birth | 1348. Full name of mother | 1349. Date issued |
| | | | |
| 1350. Date of birth | 1351. Place of birth | 1352. Full name of father | 1353. Date issued |
| | | | |
| 1354. Date of birth | 1355. Place of birth | 1356. Full name of mother | 1357. Date issued |
| | | | |
| 1358. Date of birth | 1359. Place of birth | 1360. Full name of father | 1361. Date issued |
| | | | |
| 1362. Date of birth | 1363. Place of birth | 1364. Full name of mother | 1365. Date issued |
| | | | |
| 1366. Date of birth | 1367. Place of birth | 1368. Full name of father | 1369. Date issued |
| | | | |
| 1370. Date of birth | 1371. Place of birth | 1372. Full name of mother | 1373. Date issued |
| | | | |
| 1374. Date of birth | 1375. Place of birth | 1376. Full name of father | 1377. Date issued |
| | | | |
| 1378. Date of birth | 1379. Place of birth | 1380. Full name of mother | 1381. Date issued |
| | | | |
| 1382. Date of birth | 1383. Place of birth | 1384. Full name of father | 1385. Date issued |
| | | | |
| 1386. Date of birth | 1387. Place of birth | 1388. Full name of mother | 1389. Date issued |
| | | | |
| 1390. Date of birth | 1391. Place of birth | 1392. Full name of father | 1393. Date issued |
| | | | |
| 1394. Date of birth | 1395. Place of birth | 1396. Full name of mother | 1397. Date issued |
| | | | |
| 1398. Date of birth | 1399. Place of birth | 1400. Full name of father | 1401. Date issued |
| | | | |
| 1402. Date of birth | 1403. Place of birth | 1404. Full name of mother | 1405. Date issued |
| | | | |
| 1406. Date of birth | 1407. Place of birth | 1408. Full name of father | 1409. Date issued |
| | | | |
| 1410. Date of birth | 1411. Place of birth | 1412. Full name of mother | 1413. Date issued |
| | | | |
| 1414. Date of birth | 1415. Place of birth | 1416. Full name of father | 1417. Date issued |
| | | | |
| 1418. Date of birth | 1419

319-211-038-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2992
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lillian Beatrice Carter | | 2. Date of Birth (month) Feb (day) 11 (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Nez Perce, Ida. Nez Perce | b. City or Town of Birth: Nez Perce, Idaho |
| **FATHER** | 6. Full Name of Father: Elzie Ernest Carter | | 7. State or Country of Father's Birth: Polk City, Iowa | |
| **MOTHER** | 8. Full Maiden Name of Mother: Fannie Mabel Hollister | | 9. State or Country of Mother's Birth: Genessee, Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lillian Beatrice Carter | 11. Present Address of Registrant: Stewart - 1015 W. 8th Eugene Ore. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 1 19 52 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Sept 28 19 54 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: | Date Orig. Entry: Feb. 11, 1902 |
| Class* A | Date of Birth: Feb. 11, 1902 | Birth Place: Nez Perce, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Child's Birth Certificate | By whom issued and signed: On file in office of Vital Statistics, Boise, Idaho # 97689 | Date Issued: | Date Orig. Entry: Nov. 30, 1921 |
| Class B | Date of Birth: 19 yrs old | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Felder | | Date Filed: July 9, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

## STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. 20[illegible]
Local Reg. No.
Dept. Dist. No.

REGISTRATION DATE JUL 9 [illegible]

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Sex
4. Place of Birth (County)
5. City or Town of Birth
6. Full Maiden Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth
10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Present Address of Registrant
12. Signature of Declarant
13. Subscribed and sworn to before me on
14. Signature of Notary
15. Notary Commission expires

16. Type of Document
17. Place of Birth
18. Full Name of Father
19. Date Issued
20. Date Orig. Entry
21. Type of Document
22. Place of Birth
23. Full Name of Mother
24. Date Issued
25. Date Orig. Entry
26. Registrar's Certification (seal)
27. State Registrar
28. Date Filed

Registrar's Remarks are those made and dated before the Registrar's signature.
Clerk's Remarks are those made after the Registrar's signature but are dated prior to [illegible].

State File No. 20[illegible]
Local Reg. No.
Dept. Dist. No.

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Sex
4. Place of Birth (County)
5. City or Town of Birth
6. Full Maiden Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth
10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Present Address of Registrant
12. Signature of Declarant
13. Subscribed and sworn to before me on
14. Signature of Notary
15. Notary Commission expires

16. Type of Document
17. Place of Birth
18. Full Name of Father
19. Date Issued
20. Date Orig. Entry
21. Type of Document
22. Place of Birth
23. Full Name of Mother
24. Date Issued
25. Date Orig. Entry
26. Registrar's Certification (seal)
27. State Registrar
28. Date Filed

Registrar's Remarks are those made and dated before the Registrar's signature.
Clerk's Remarks are those made after the Registrar's signature but are dated prior to [illegible].

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, and it substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Denton
Evidence reviewed:
Date Filed: July 9, 1972

695-124-033-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-2999
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jess H Winters | | | 2. Date of Birth (month) (day) (year): July 24, 1902 |
| | 3. Color or Race: Angelo | 4. Sex: Male | 5. Place of Birth a. County: Rexburg Idaho | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: F H Winters | | | 7. State or Country of Father's Birth: Vermont |
| **MOTHER** | 8. Full Maiden Name of Mother: Phillis Alma Smith. | | | 9. State or Country of Mother's Birth: Kentucky |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jess H Winters | | 11. Present Address of Registrant: Glenns Ferry, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 12 1952 | 12. Signature of Notary: Mabel Felder | | 13. Notary Commission expires: May 7 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Record | By whom issued and signed: Diary | Date Issued: | Date Orig. Entry: July 24, 1902 |
| Class* A | Date of Birth: July 24, 1902 | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Child's Birth Certificate | By whom issued and signed: Filed with Bureau of Vital Statistics #184829 | Date Issued: | Date Orig. Entry: Sept. 14, 1930 |
| Class B | Date of Birth: 28 yrs old | Birth Place: Rexburg, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Felder | | Date Filed: July 12, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT [redacted] Full Name at Birth

(Person whose birth is being registered)

2. Date of Birth: July 20, 1902

3. Place of Birth

FATHER

4. Full Name of Father

MOTHER

5. Maiden Name of Mother

6. State or Country of Father's Birth: Vermont

7. State or Country of Mother's Birth

8. Present Address of Registrant: Idaho Falls, Idaho

AFFIDAVIT

I, the above named upon oath that the statements are true to the best of my knowledge and belief.

(Signature of Registrant)

Subscribed and sworn to before me on

(Signature of Notary)

(Notary Commission expires)

SUPPORTING RECORD 1.

(Type of document)

(Date of issue)

(By whom issued and where)

(Date filed)

(Name of Father)

(Name of Mother)

SUPPORTING RECORD 2.

(Type of document)

(Date of issue)

(By whom issued and where)

(Date filed)

(Name of Father)

(Name of Mother)

SUPPORTING RECORD 3.

(Type of document)

(Date of issue)

(By whom issued and where)

(Date filed)

(Name of Father)

(Name of Mother)

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth, death, or fetal death records are on file in the Division of Vital Statistics for this registrant and that documentary evidence has been found which substantiates the facts as set forth in the foregoing statement.

(Date Registrar)

(Evidence received)

(Date Filed)

W. W. Thomson

July 10, 1952

522229-036 389 JUL 12 1952

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3000
Local Reg. No. 872
Reg. Dist. No. 51

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Mothers home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Mink Creek Id

4. FULL NAME OF CHILD Ruth Anilla Eskelsen

5. Date of Birth of Child (Month, day, year) Sept. 29, 1902

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Eskel Eskelsen
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Christensen
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Home-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person ~~for~~ since birth years, and that Nis Larsen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nels Christian Eskelsen Signature
Los Angeles (22) Calif P. O. Address

Subscribed and sworn to before me this 9th day of July 1952

(SEAL) Alfred E. Bardon, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1952 by Eva M. Wallin, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 19

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

314202.040-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 14 1952
DIVISION OF VITAL STATISTICS

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52- 3017
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Elizabeth Campbell | | | 2. Date of Birth (month) July (day) 2 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Mullan, Idaho |
| **FATHER** | 6. Full Name of Father: Alex Campbell | | | 7. State or Country of Father's Birth: Ireland |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellen O'Reilly | | | 9. State or Country of Mother's Birth: Ireland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Elizabeth Campbell | | 11. Present Address of Registrant: St. John's Academy Colfax, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 3, 1952 | 12. Signature of Notary: Louisa Alary | | 13. Notary Commission expires _____ 19____ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of Baptismal Record of St. Vincent dePaul's, Burke, Idaho | By whom issued and signed: | Date Issued: 6/16/52 | Date Orig. Entry: July 13, 1902 |
| Class* A | Date of Birth: July 2, 1902 / Birth Place: Mullan, Idaho | Full Name of Mother: Ellen O'Reilly | Name of Father: Alex Campbell | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by father | By whom issued and signed: Alexander Campbell | Date Issued: 6/12/52 | Date Orig. Entry: |
| Class B | Date of Birth: July 2, 1902 / Birth Place: Mullan, Idaho | Full Name of Mother: Ellen O'Reilly | Name of Father: Alexander Campbell | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Mrs. L. N. Thennes | Date Issued: 6/12/52 | Date Orig. Entry: |
| Class B | Date of Birth: July 2, 1902 / Birth Place: Mullan, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: July 15, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____ 2011
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT

1. Registrant's Name as Born
Elizabeth Campbell

2. Date (month) (day) (year)
July 2 1902

PERSON WHO WAS BORN

3. Color or Race
White

4. Sex
Female

5. Place of Birth
Mullan, Ida. Shoshone

6. Full Name of Father
Alex Campbell

7. State or Country of Father's Birth
Ireland

MOTHER

8. Full Maiden Name of Mother
Ellen O'Neill

9. State or Country of Mother's Birth
Ireland

AFFIDAVIT

I hereby certify that the above statements are to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant
St. John's Academy
Colfax, Washington

NOTARY (SEAL)

Subscribed and sworn to before me on _____ 19 _____

12. Signature of Notary

13. Notary Commission Expires
_____ 19 _____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Record
(and) file copy of Certificate
Record of Baptism (Catholic)

By whom issued and signature
Father Pedro

Date issued
6/24/62

Date orig. Entry
July 12, 1902

Date of Birth
July 2, 1902

Place of Birth
Mullan, Idaho

Name of Father
Alex Campbell

SUPPORTING RECORD 2.

Type of Document
Affidavit by Witness

By whom issued and signature
Alexander Campbell

Full Name of Mother
Ellen O'Neill

Date issued
6/27/62

Date orig. Entry

Date of Birth
July 2, 1902

Place of Birth
Mullan, Ida.

Full Name of Witness
J. M. Thompson

Name of Father
Alexander Campbell

CERTIFYING INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for the registrant and that document(s) submitted has been reviewed, which supports the facts as set forth by the informing affiant.

State Registrar
R. E. Tudson

Evidence reviewed by
Donna Emilison

Date filed
July 16, 1962

*Class A records are those made and filed before the registrant's tenth birthday.
Class B records are those made after the tenth birthday but are at least 5 years old.

841-206-004-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. Da52-3100
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: La Rue Quayle | | 2. Date of Birth (month): April (day): Sixth (year): 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Montpelier, Idaho |
| **FATHER** | 6. Full Name of Father: John F. Quayle | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Ellen Hunter | | 9. State or Country of Mother's Birth: Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: LaRue Quayle Macfarlane | 11. Present Address of Registrant: Cedar City, Utah | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 10, 1952 | 12. Signature of Notary: Glen Floyd | 13. Notary Commission expires: January 29 1955 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Blessing | | By whom issued and signed: L.D.S. Church Montpelier First Ward | Date Issued: | Date Orig. Entry: Blessed on June 8, 1902 |
| Class* A | Date of Birth: April 6, 1902 | Birth Place: Montpelier, Idaho | Full Name of Mother: Margaret Ellen Hunter | Name of Father: John F. Quayle | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | | By whom issued and signed: L.D.S. Church Montpelier First Ward | Date Issued: | Date Orig. Entry: Baptized on July 16, 1910 |
| Class B | Date of Birth: April 6, 1902 | Birth Place: Montpelier, Idaho | Full Name of Mother: Margaret Ellen Hunter | Name of Father: John F. Quayle | |
| **SUPPORTING RECORD 3.** | Type of Document: | | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: | |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W.W.Benson | Edna Hamilton Edna Hamilton | August 8, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

MAR 13 1964

OCT 9 1967

1. Name of registrant (Print) Full name at birth: In the Gospel

2. Date of birth: April

3. Color or race: White

4. Sex: Female

5. Place of birth: North Side

6. County: Mahoning

7. City or town of birth: Youngstown, Ohio

FATHER

8. Full name of father: John F. Smyle

9. Birth place of father: Hungary

MOTHER

10. Full maiden name of mother: Margaret Allen Smyler

11. Birth place of mother: Hungary

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of applicant

12. Present address: Cedar City, Utah

NOTARY

Sworn to before me

Date: July 10, 1952

13. Notary commission expires: January 29, 1956

AUG 11 1952

SUPPORTING RECORD 1

Type of document: Certificate of Baptism

Date of birth: April 6, 1902

Birth place: Youngstown, Ohio

Given name at baptism: Margaret Allen Smyler

Date issued: July 19, 1910

Name of father: John F. Smyle

SUPPORTING RECORD 2

Type of document: Certificate of Marriage

Date of birth: April 7, 1902

Birth place: Youngstown, Ohio

Date issued: July 9th, 1927

Name of father: John F. Smyle

SUPPORTING EVIDENCE

Date of birth: Birth place: Name of mother: Name of father:

REGISTRAR'S CERTIFICATION

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.

State Registrar: W.J. Gerson

Evidence received by: Ohio Health Department

Date filed: August 8, 1952

Forms A records are those made and dated before the registrant's fourth birthday.
Forms B records are those made after the fourth birthday, but prior to least 5 years old.

555-229-028-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**
**STATE OF IDAHO**

State File No. D52-3119
Local Reg. No.
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Clara
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months 4 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Clara
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** Frances Irene Needham

**5.** Date of Birth of Child (Month, day, year) March 29, 1902

**6.** Sex Female

**7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

**8.** No. months of Pregnacy Nine

**9.** Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Downing Needham
**11.** Color or Race W
**12.** Age at time of THIS birth 48 yrs.
**13.** Birthplace Illinois (City or town) (State or foreign country)
**14.** Exact Occupation Farmer
**15.** Industry or Business Agriculture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Zora Taylor MaGee
**17.** Color or Race W
**18.** Age at time of THIS birth 38 yrs.
**19.** Birthplace Illinois (City or town) (State or foreign country)
**20.** Exact Occupation Housewife
**21.** Industry or Business

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum None

**23.** Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alma Martindale Hardie (First name) (Last name) who is related to this child as half-sister (Mother, etc.)

**25.** Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Crook } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 50 years, and that Sally Revel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma M. Martindale Hardie Signature
Box 52, Rio Del, California P. O. Address

Subscribed and sworn to before me this 7th day of August, 1952
(SEAL) Ora L. Stearns ~~Notary Public, residing at~~ County Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 13, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1952

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

551-226-036-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Da52-3160
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 76 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Idaho

4. **FULL NAME OF CHILD** Gwenfread Evans

5. Date of Birth of Child (Month, day, year) Feb. 26, 1902

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** Isaac Evans
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Glamorganshire, South Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie W. Jones
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Oneida } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for all her life 44 yrs. years, and that Dr. J. M. Kerns (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret E. Peterson Signature
Inkom Idaho P. O. Address

Subscribed and sworn to before me this 29th day of August, 1946
(SEAL) John H. McAllister Notary Public, residing at Malad
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 21, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1952

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**

DELAYED

618-201-028576

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D52-3[illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County
(b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: none - residence.
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. Unknown
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD EDITH CATHARINE WAYNE

5. Date of Birth of Child (Month, day, year) SEPT. 1 - 1902

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Alexander Anthony Wayne
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace New York - N.Y. (City or town) (State or foreign country)
14. Exact Occupation Scaler
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Mary Exon
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Portland Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 87 years of age, that I have known this person for 49 years, and that the Doctor whose name I cannot recall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Corr. sig. 9/26/55 Alexander Anthony Wayne

Alexander A. Wayne — Signature

Astoria Hotel, S. Olive, Los Angeles — Address

Subscribed and sworn to before me this 18th day of August, 19 52

(SEAL) Noene A. Bartels, Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 26, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 8 1969

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

AUG 26 1952

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

113-218-029-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52-3185
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lillian Frances Jackson | | | 2. Date of Birth (month) Sept. (day) 18 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Kendrick Ida. Latah Co. | b. City or Town of Birth: Kendrick Idaho |
| **FATHER** | 6. Full Name of Father: Richard Francis Jackson | | | 7. State or Country of Father's Birth: Michigan |
| **MOTHER** | 8. Full Maiden Name of Mother: Elva Mary Allen | | | 9. State or Country of Mother's Birth: Butte Nebraska |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lillian Jackson | | 11. Present Address of Registrant: 1334 Larch, Everett Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 22 1952 | 12. Signature of Notary: B M Stallsmith | | 13. Notary Commission expires: December 22, 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Bible Record | Bible viewed by B. M. Stallsmith, Notary | | Sept. 18, 1902 |
| Class* A | Date of Birth: Sept. 18, 1902 | Birth Place: Kendrick, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Affidavit by mother | Mary Elva Cluphf | Aug. 26, 1952 | |
| Class B | Date of Birth: Sept. 18, 1902 | Birth Place: Kendrick, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Affidavit by father | Richard T. Jackson | Aug. 26, 1952 | |
| Class B | Date of Birth: Sept. 18, 1902 | Birth Place: Kendrick, Idaho | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Helen | Sept. 2, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

**CHILD**

1. Registrant's full name at birth: [illegible]
2. Date of birth (month) (day) (year): Sept. 1, 1902
3. Color or race: [illegible]
4. Sex: [illegible]
5. Place of birth (county): [illegible]
6. Place of birth (city or town): [illegible]

**FATHER**

7. Full name of father: [illegible]
8. State or country of father's birth: [illegible]

**MOTHER**

9. Full maiden name of mother: [illegible]
10. State or country of mother's birth: [illegible]

I hereby declare under oath that the statements made on this certificate are true to the best of my knowledge and belief.

11. Signature of registrant: [illegible]
12. Present address of registrant: [illegible]
13. Signature of witness: [illegible]
14. Notary Commission expires: [illegible]

Subscribed and sworn to before me on [illegible]

[illegible]

**DO NOT WRITE BELOW THIS LINE**

| Type of document | By whom issued and signed | Date issued | Date of birth |
|---|---|---|---|
| Affidavit by mother | Mary Iva [illegible] | Aug. 20, 1952 | Sept. 1, 1902 |
| Date of birth | Birth place | Full name of mother | Name of father |
| Sept. 1, 1902 | Kamiah, Idaho | | |

| Type of document | By whom issued and signed | Date issued | Date of birth |
|---|---|---|---|
| Affidavit by father | Richard [illegible] Jackson | Aug. 20, 1952 | |
| Date of birth | Birth place | Full name of mother | Name of father |
| Sept. 12, 1902 | Kamiah, Idaho | | |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION**

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Signature required by | Date filed |
|---|---|---|
| W. W. Hanson | [illegible] | Sept. 9, 1952 |

Class A Records are those made and issued within the [illegible]
Class B Records are those made after the [illegible]

493-219-037-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City De Lamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City De Lamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) De Lamar Idaho

4. **FULL NAME OF CHILD** Alice Irene Mitchell

5. Date of Birth of Child (Month, day, year) July 19, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Mitchell
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Dublin (City or town) Ireland (State or foreign country)
14. Exact Occupation Mine Foreman
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Morton Treglown
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Redruth (City or town) Cornwall England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

**AFFIDAVIT**

State of ENGLAND
County of LONDON, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 83 years of age, that I have known this person for 50 years, and that (Doctor's name unknown to me), (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. E. Treglown Signature

83 Stanthorpe Road, Streatham S.W.16 Londres Eng. P. O. Address

Subscribed and sworn to before me this Sixth day of August, 1952.

(SEAL) John Clarke, Notary Public, residing at 12 Whitehall, London

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 19, 1952 by W. W. Benson, Registrar

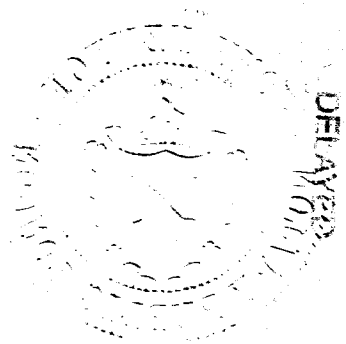
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

# DELAYED REGISTRATION LAW

**(1937 Session Laws, Chapter 139, Section 4)**

**Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.**



291-108-006-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3321
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CHARLES BRADLEY | | | 2. Date of Birth (month) May (day) 8 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Male | 5. Place of Birth a. County: Bingham County | b. City or Town of Birth: Blackfoot, Idaho |
| **FATHER** | 6. Full Name of Father: Jerome B. Bradley | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Evelyn Story | | | 9. State or Country of Mother's Birth: Pennsylvania |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles Bradley | | 11. Present Address of Registrant: 275 So 10th St. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 7 1952 | 12. Signature of Notary: Mabel Fielder | | 13. Notary Commission expires: May 7 1953 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Child's birth certificate | By whom issued and signed: Bureau of Vital Statistics Stateof Idaho #127434 | Date Issued: 1/1/25 | Date Orig. Entry: 12/26/24 |
| Class* B | Date of Birth: 22 yrs old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Application for Marriage license | By whom issued and signed: Bingham County F. M. Fisher, Recorder | Date Issued: 12/26/22 | Date Orig. Entry: 12/26/52 |
| Class B | Date of Birth: 21 yrs old / Birth Place: Blackfoot, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Metropolitan Life Insurance | Date Issued: 12/1/41 | Date Orig. Entry: 12/1/41 |
| Class B | Date of Birth: 40 yrs old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Eva Karnes | Date Filed: 10/7/52 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# REGISTRATION OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Registrant's Full Name of Birth<br>CHARLES BRADLEY | | 2. Date of Birth<br>May 8 1920 |
| | 3. Order or Place in Line of Birth<br>Single | 4. Place of Birth<br>Blackfoot, Idaho | 5. City or Town of Birth<br>Blackfoot, Idaho |
| FATHER | 6. Full Name of Father<br>Jerry B. Bradley | | 7. State or Country of Father's Birth<br>Idaho |
| MOTHER | 8. Full Maiden Name of Mother<br>Sylvia Perry | | 9. State or Country of Mother's Birth<br>Pennsylvania |
| AFFIDAVIT | I do solemnly declare upon oath that the foregoing statements are true to the best of my knowledge and belief. | 10. Signature of Informant | 11. Present Address of Registrant |
| NOTARY USE ONLY | Subscribed and sworn to before me on 12. Signature of Notary | | 13. Notary Commission expires<br>19 |

| | | | | |
|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document<br>Certified birth certificate | Date of Birth, Birth Place<br>Blackfoot, Idaho | Full Name of Mother<br>Sylvia Perry | Name of Father<br>Jerry B. Bradley |
| | By whom issued and signed<br>Bureau of Vital Statistics<br>State of Idaho | Date issued<br>12/2/22 | Date orig. entry<br>12/2/22 | |
| SUPPORTING RECORD 2. | Type of Document<br>Application for Insurance Policy | Date of Birth, Birth Place<br>Blackfoot, Idaho | Full Name of Mother<br>Sylvia Perry, Beneficiary | Name of Father<br>Jerry B. Bradley |
| | By whom issued and signed<br>Metropolitan Life Insurance Co. | Date issued<br>12/1/22 | Date orig. entry<br>12/1/22 | |
| SUPPORTING RECORD 3. | Type of Document | Date of Birth, Birth Place | Full Name of Mother | Name of Father |
| | By whom issued and signed | Date issued | Date orig. entry | |
| QUALIFYING INFORMATION | | | | |

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date filed |
|---|---|---|
| W. S. Benson | Ora Barnes | 12/1/22 |

Class A Records are those made and dated before the registration year of birth.
Class B Records are those made after the year of birth and are at least 1 year old.

419-212-1035-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. De52 3325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Nezperce
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez-perce
   (c) City Nez-perce
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? Two yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce, Idaho

4. **FULL NAME OF CHILD** Ethel Theresa Martin

5. Date of Birth of Child (Month, day, year) November 12, 1902

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Franklin Martin
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Un Known (City or town) Kansas (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Confectionary

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eleanor Adeline Lawrence
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Knoxville (City or town) Tennessee (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living ~~Two~~ One

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of California
County of Nevada } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 49 years, and that Rachael Martin (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor Adeline Hussey Signature

Rte 1-Box 307 A2 Nevada City Calif P. O. Address

Subscribed and sworn to before me this 17th day of July, 1952

(SEAL) M Henry Argall, Notary Public, residing at Grass Valley Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 8, 1952 by W. W. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 9 1952

DELAYED

814-216-004-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
NOV 24 1952
DIVISION OF VITAL STATISTICS

State File No. De52-3490
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Violet D. Hauck | | 2. Date of Birth (month) Nov. (day) 16 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Montpelier |
| **FATHER** | 6. Full Name of Father: Peter Hauck | | 7. State or Country of Father's Birth: Cleveland, Ohio | |
| **MOTHER** | 8. Full Maiden Name of Mother: Deseret Burbank | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Violet D Hauck Philpott | 11. Present Address of Registrant: 823 West Lewis, Pocatello, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on November 21 19 52 | 12. Signature of Notary: Lamoy P Carr | 13. Notary Commission expires August 1st 19 54 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | | By whom issued and signed: Family Bible | Date Issued: | Date Orig. Entry: Nov. 16, 1902 |
| Class* A | Date of Birth: Nov. 16, 1902 | Birth Place: Montpelier, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record | | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: Aug. 19, 1911 |
| Class B | Date of Birth: Nov. 16, 1902 | Birth Place: Montpelier, Idaho | Full Name of Mother: Deseret Burbank | Name of Father: Peter Hauck | |
| **SUPPORTING RECORD 3.** | Type of Document: | | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Keefer | Date Filed: Nov. 24, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

NOV 24 1952

APR 6 2000

REGISTRANT — 1. Full name at birth: Violet T. Busick
2. Date of birth: Nov. 15, 1922
3. Place of birth: a. County: Bear Lake b. City or town of birth: Montpelier

FATHER — 4. Full name of father: Alger Busick
5. Birthplace: Montpelier
6. State or country of father's birth: Geneva, Ohio

MOTHER — 7. Full maiden name of mother: Elsert Hudson
8. Birthplace: Bear Lake
9. State or country of mother's birth: Utah

AFFIDAVIT — I solemnly declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Violet T. Busick
11. Present Address of Registrant: Boise, Idaho

NOTARY — Subscribed and sworn to before me on November 21, 1952
12. Signature of Notary: Lucille A. Nelson
13. Notary Commission expires: Aug. 20, 1956

SUPPORTING RECORD — Type of Document: Bible Record
By whom issued and signed: Family Office
Date issued: Nov. 15, 1922
Date orig. entry: Nov. 15, 1922
Date of birth: Nov. 15, 1922
Birth place: Montpelier, Idaho
Full name of Mother: Elsert Hudson
Name of Father: Alger Busick

SUPPORTING RECORD — Type of Document: Church Record
By whom issued and signed: L. A. S. Church
Date issued: Nov. 15, 1922
Date orig. entry: Nov. 15, 1922
Date of birth: Nov. 15, 1922
Birth place: Montpelier, Idaho
Full name of Mother: Elsert Hudson
Name of Father: Alger Busick

SUPPORTING RECORD — Type of Document:
By whom issued and signed:
Date issued:
Date orig. entry:
Date of birth:
Birth place:
Full name of Mother:
Name of Father:

REGISTRAR'S CERTIFICATE — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Registrar: W. W. Benson
Evidence reviewed by:
Date Filed: Nov. 24, 1952

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

819-107-026-855

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De52 3582
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: DAVID D. HARMON | | | 2. Date of Birth (month) July (day) 7th. (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lewisville Jefferson | b. City or Town of Birth: Lewisville Idaho |
| **FATHER** | 6. Full Name of Father: Allen Ithamor Harmon Sr. | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Louisa Henderson | | | 9. State or Country of Mother's Birth: Brigham City Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: David D. Harmon | | 11. Present Address of Registrant: Rt 2 Box 1021 Stockton California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 2 1952 | 12. Signature of Notary: J. M. Wenger | | 13. Notary Commission expires: My Commission Expires Dec. 4, 1955. 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: Aug. 6, 1910 |
| Class* B | Date of Birth: July 7, 1902, Birth Place: Lewisville, Idaho | Full Name of Mother: Emma Henderson | Name of Father: Allen I Harmon | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother | By whom issued and signed: Walter F. Harmon | Date Issued: Dec. 2, 1952 | Date Orig. Entry: |
| Class B | Date of Birth: July 7, 1902, Birth Place: Lewisville, Idaho | Full Name of Mother: Emma Louise Henderson | Name of Father: Allen Ithamor Harmon | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Blessing | By whom issued and signed: L. D. S. Church | Date Issued: 12/15/52 | Date Orig. Entry: Blessed on July 7, 1902 |
| Class A | Date of Birth: July 7, 1902, Birth Place: Lewisville, Ida. | Full Name of Mother: Emma Henderson | Name of Father: Allen I. Harmon | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: Dec. 22, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

DEC 22 1952

REGISTRANT

1. Registrant's full name at birth: DAVID D. HARMON

2. Date of birth (month) (day) (year): July 7, 1902

3. Color or race: Ia. Sex: Male

4. Place of birth: Lewisville, Ida. County: Henry

5. City or town of birth: Lewisville, Ida.

FATHER

6. Full name of father: Alden Lincoln Harmon Jr.

7. State or country of father's birth: Ida.

MOTHER

8. Full maiden name of mother: Hattie Jane Clark

9. State or country of mother's birth: Ida.

AFFIDAVIT

10. I hereby certify that the statements made herein are true to the best of my knowledge and belief.

11. Present address of registrant: [illegible]

NOTARY

12. Subscribed and sworn to before me on [illegible] 19[illegible]

13. Signature of notary: [illegible]

14. Notary Commission expires: [illegible]

SUPPORTING RECORD 1

Kind of record: Birth Place

Date of document: July 7, 1902, Lewisville, Ida.

By whom issued and signed: Hattie Jane Harmon

Date issued: Dec. 2, 1952

Name of father: Alden Lincoln Harmon

Class: B

SUPPORTING RECORD 2

Kind of document: Certificate of Physician

Date of birth: July 7, 1902

Birth place: Lewisville, Ida.

By whom issued and signed: L. D. S. Church

Date issued: July 7, 1902

Name of father: Alden Lincoln Harmon

Class: A

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing sworn statement.

(seal)

State Registrar: W. W. Benson

Evidence reviewed by: John Hamilton

Date filed: Dec. 22, 1952

819-267-026-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3583
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dora Harmon | | 2. Date Of Birth (month) July (day) 7 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lewisville Jefferson | b. City or Town of Birth: Lewisville Idaho. |
| **FATHER** | 6. Full Name of Father: Allen Ithamor Harmon Sr. | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Louisa Harmon | | 9. State or Country of Mother's Birth: Brigham City Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dora Harmon Armstrong | 11. Present Address of Registrant: Pocatello Idaho Route 1 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Dec. 12 1952 | 12. Signature of Notary: Eileen Madsen. | 13. Notary Commission expires: CLERK OF THE DISTRICT COURT NINTH JUDICIAL DISTRICT | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: Aug. 6, 1910 |
| Class* B | Date of Birth: July 7, 1902 / Birth Place: Lewisville, Idaho | Full Name of Mother: Emma Henderson | Name of Father: Allen I. Harmon | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother | By whom issued and signed: Allen I. Harmon, Jr. | Date Issued: Dec. 12, 1952 | Date Orig. Entry: |
| Class B | Date of Birth: July 7, 1902 / Birth Place: Lewisville, Idaho | Full Name of Mother: Emma Louisa Henderson | Name of Father: Allen Ithamor Harmon, Sr. | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Blessing | By whom issued and signed: L. D. S. Church | Date Issued: 12/15/52 | Date Orig. Entry: Blessed on July 7, 1902 |
| Class A | Date of Birth: July 7, 1902 / Birth Place: Lewisville, Idaho | Full Name of Mother: Emma Henderson | Name of Father: Allen I. Harmon | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: Dec. 22, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 22 1969

714-117-029-682

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. ~~De52 3591~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Oscar Fritzof Pauls<br>FRITJOF OSCAR PAULS | | | 2. Date of Birth (month) (day) (year): FEB. 17 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: GENESEE-LATAH | b. City or Town of Birth: GENESEE |
| **FATHER** | 6. Full Name of Father: PETER PAULS | | | 7. State or Country of Father's Birth: SWEDEN |
| **MOTHER** | 8. Full Maiden Name of Mother: EMILY Olson Pauls | | | 9. State or Country of Mother's Birth: SWEDEN |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief: | 10. Signature of Registrant: (Oscar Fritzof Pauls) Fred Pauls. | | 11. Present Address of Registrant: DETROIT MICH |
| **NOTARY** (Seal) | Subscribed and sworn to before me on September 25, 1952 19 | 12. Signature of Notary: M F Ryan | | 13. Notary Commission expires: Dec. 11, 1955 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Norwegian Church (Lutheran) at Genesee | Date Issued: | Date Orig. Entry: Baptized on April 4, 1902 |
| Class* A | Date of Birth: Feb. 17, 1902 | Birth Place: | Full Name of Mother: Emily Pauls | Name of Father: Pete Pauls |
| **~~SUPPORTING~~ RECORD 2.** | ~~Type of Document~~ Affidavit by brother | By whom issued and signed: Clarence R. Pauls | Date Issued: 12/24/52 | Date Orig. Entry: |
| Class B | Date of Birth: Feb. 17, 1902 | Birth Place: Genesee, Idaho | Full Name of Mother: Emily Olson Pauls | Name of Father: Peter Pauls |
| **SUPPORTING RECORD 3.** | Type of Document: No. 79902 Birth Certificate of daughter | By whom issued and signed: Bureau of Vital Statistics | Date Issued: Filed on June 8, 1920 | Date Orig. Entry: Child born on May 13, 1920 |
| Class B | Date of Birth: 18 yrs old | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: W W Benson | Date Filed: Dec. 26, 1952 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 30 1982

275-125-044-141

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-8
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Theodore Sprinkle | | 2. Date of Birth (month) May (day) 25 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex | 5. Place of Birth a. County: Washington | b. City or Town of Birth: Weiser |
| **FATHER** | 6. Full Name of Father: William Rufus Sprinkle | | 7. State or Country of Father's Birth: Tennessee | |
| **MOTHER** | 8. Full Maiden Name of Mother: Nancy Viola Adams | | 9. State or Country of Mother's Birth: Golden City, Mo. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Theodore Sprinkle | 11. Present Address of Registrant: 217 Eddy St. San Francisco Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 2nd, 1953 | 12. Signature of Notary: Gertrude J. Hayward NOTARY PUBLIC In and for the City and County of San Francisco, California | 13. Notary Commission expires: September 13-1956 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Viola Sprinkle | Date Issued: 7/13/32 | Date Orig. Entry: July 13 1932 |
| Class* B. | Date of Birth: May 25 1902 / Birth Place: Weiser, Idaho | Full Name of Mother: Viola Sprinkle | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: School Census Record | By whom issued and signed: Lloyd J. Eason, Supt. Washington Co. School District | Date Issued: 10/1/52 | Date Orig. Entry: Census Record for 1909 |
| Class B. | Date of Birth: 7 yrs old / Birth Place: | Full Name of Mother: | Name of Father: W. R. Sprinkle | |
| **SUPPORTING RECORD 3.** | Type of Document: Service Record Marine Service Bureau | By whom issued and signed: #63967 Marine Service Bureau | Date Issued: 9/2/28 | Date Orig. Entry: Sept 22 1928 |
| Class B | Date of Birth: May 25 1902 / Birth Place: Idaho | Full Name of Mother: Viola Sprinkle | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Eva Karnes | Date Filed: Dec. 30, 1952 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# CERTIFIED CERTIFICATE OF BIRTH

STATE OF TENNESSEE

Department of Public Health
Division of Vital Statistics
Nashville

State File No. 5-3
Local Reg. No.
Reg. Dist. No.

CHILD-STUDENT

1. Registrant's Full Name at Birth: William Theodore Springle Jr.

2. Date of Birth (Month) May (Day) 25 (Year) 1906

3. Sex: Male

4. Place of Birth: a. County: Washington

b. City or Town of Birth: Watauga

FATHER

5. Full Name of Father: William Monroe Springle

6. State or Country of Fatherís Birth: Tennessee

MOTHER

7. Full Maiden Name of Mother: Viola Adkins

8. State or Country of Motherís Birth: Bolden, Dig., MO.

AFFIDAVIT

9. Signature of Registrant: [illegible]

10. Present Address of Registrant: [illegible]

NOTARY

11. Notary Commission Expires: September 13-20 30

12. Signature of Notary: [illegible]

Notary Public, 21 County of [illegible]

Subscribed and sworn to before me on [illegible] 19 22

ATTEST—DO NOT WRITE ON THIS LINE

| Supporting Record 1. | Type of Document | By whom issued and signed | Date issued | Date orig. Entry |
|---|---|---|---|---|
| | Affidavit by Mother | Viola Springle | 1/13/22 | Jan. 13, 1922 |
| | Date of Birth / Birth Place | Full Name of Mother | Name of Father | |
| Class | | | | |

| Supporting Record 2. | Type of Document | By whom issued and signed | Date issued | Date orig. Entry |
|---|---|---|---|---|
| | Federal Census Record | Lloyd J. Eason, Supv. | 10/1/32 | Census Record |
| | Date of Birth / Birth Place | Full Name of Mother | Name of Father | |
| Class | | | | |

| Supporting Record 3. | Type of Document | By whom issued and signed | Date issued | Date orig. Entry |
|---|---|---|---|---|
| | Service Record | Marine Service Bureau | 8/2/22 | Sept 22 1922 |
| | Date of Birth / Birth Place | Full Name of Mother | Name of Father | |
| Class | | | | |

Supporting Record 4. Type of Document: [illegible] 1922

Date of Birth / Birth Place: [illegible]

Full Name of Mother: Viola Springle

Name of Father: W. E. Springle

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| Date of Registrar | Evidence reviewed by | Date filed |
|---|---|---|
| W. H. Sanson | Eva Barnes | Dec. 30, 1922 |

*Items A through G are those required and defined by the Mortality Report of Death Certificate.
Items 2 and 3 are those required by the Federal Bureau of Vital Statistics but are of little use.

Form 1 Rev. 1-1-32

653-108-037-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-33
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Lowell Wees | | | 2. Date of Birth (month) Sept. (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth: IDAHO a. County: Owyhee | b. City or Town of Birth: Silver City |
| **FATHER** | 6. Full Name of Father: James Lowell Wees | | | 7. State or Country of Father's Birth: Michigan |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Ellen Kelly | | | 9. State or Country of Mother's Birth: Quebec Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James Lowell Wees | | 11. Present Address of Registrant: Wapato Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 9 1953 | 12. Signature of Notary: Timothy McCuff | | 13. Notary Commission expires: Oct 4th 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: Roman Catholic Church | Date Issued: Baptised | Date Orig. Entry: June 14, 1903 |
| Class* A | Date of Birth: Sept. 8, 1902 | Birth Place: Silver City, Idaho | Full Name of Mother: Elizabeth Kelly | Name of Father: James Wees | |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | | By whom issued and signed: Department of Commerce Census Bureau | Date Issued: | Date Orig. Entry: 1910 Census |
| Class B | Date of Birth: 7 yrs old | Birth Place: Idaho | Full Name of Mother: Elizabeth E. Wees | Name of Father: James L. Wees | |
| **SUPPORTING RECORD 3.** | Type of Document: | | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fleeder | Date Filed: Jan. 13, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT

(Center where birth is being registered)

1. Registrant's full name at birth

2. Date of birth (month) (day) (year)

3. Place of birth

4. Sex

5. Place of birth: County

6. Hour of birth

FATHER

7. Full name of father

8. State or Country of father's birth

MOTHER

9. Maiden name of mother

10. State or Country of mother's birth

I, _____, hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Present address of registrant

Subscribed and sworn to before me on _____, 19__.

12. Signature of notary

13. Notary Commission expires _____, 19__.

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document

Date Issued

By whom issued and signed

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

Date Issued

By whom issued and signed

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Father

Name of Father

PRELIMINARY CERTIFICATE

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar

Evidence reviewed by

Date Filed

Place a Records are those made at the time of birth or within one year thereafter.
Class B Records are those made after the first anniversary but prior to the registrant's 5 years old.

Form DPH 1000

866-213-029-523

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-68
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lois Howton | | 2. Date of Birth (month) March (day) 13 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Genesee, Latah | b. City or Town of Birth: IDAHO |
| **FATHER** | 6. Full Name of Father: John Howton | | 7. State or Country of Father's Birth: Kentucky | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Geneva Estes | | 9. State or Country of Mother's Birth: North Carolina. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x Lois Howton Leavell | 11. Present Address of Registrant: 501- 6th. St. Lynden, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 26, 1952. | 12. Signature of Notary: x [illegible] | 13. Notary Commission expires: October 31, 1953. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible viewed by Ben Klendish, Notary | Date Issued | Date Orig. Entry: Mch 13, 1902 |
| Class* A | Date of Birth: Mch. 13, 1902 / Birth Place | Full Name of Mother: Alice Geneva Estes | Name of Father: John Howton | |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: Census | Date Orig. Entry: of 1920 |
| Class B | Date of Birth: Mch. 13, 1902, Idaho / Birth Place | Full Name of Mother: Alice G. Hawton | Name of Father: John Hawton | |
| **SUPPORTING RECORD 3.** | Type of Document: School Census | By whom issued and signed: Sup't of Schools Ritzville, Wash. | Date Issued: May census | Date Orig. Entry: 1913 |
| Class B | Date of Birth: Mch 13, 1902, / Birth Place | Full Name of Mother: Alice Howton | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | | Date Filed: Jan. 21, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Registrant's Full Name at Birth<br>Joseph Gaston | 2. Date of Birth (Month) (Day) (Year)<br>March 13 1922 | |
| Hospital where Birth is claimed (Registrant) | 3. Date of Birth | 4. Place of Birth (County)<br>Gooding, Idaho | |
| FATHER | 5. Full Name of Father<br>Joseph Gaston | 6. City or Town of Birth<br>Hailey | |
| MOTHER | 7. Maiden Name of Mother<br>Frances Gaston | 8. State or Country of Father's Birth<br>Kentucky | |
| | 9. Maiden Name of Mother<br>Frances Gaston | 10. State or Country of Mother's Birth<br>Kentucky | |
| NOTARY (Seal) | 11. I hereby certify that the statements made by me are true to the best of my knowledge and belief.<br>Signature of Registrant | 12. Address of Registrant<br>Hailey, Idaho | |
| | 13. I believe the above statements are true to the best of my knowledge and belief.<br>Signature of Notary | 14. Notary Commission expires<br>Feb. 21, 1923 | |
| SUPPORTING RECORD 1. | Date of Birth<br>Birth Place | Type of Document<br>Full Name of Mother | By whom issued and signed<br>Maiden Name of Mother |
| | Date issued<br>Name of Father | Date orig. Entry<br>Name of Father | |
| SUPPORTING RECORD 2. | Date of Birth<br>Birth Place | Type of Document<br>Full Name of Mother | By whom issued and signed<br>Maiden Name of Mother |
| | Date issued<br>Name of Father | Date orig. Entry<br>Name of Father | |
| SUPPORTING RECORD 3. | Date of Birth<br>Birth Place | Type of Document<br>Full Name of Mother | By whom issued and signed<br>Maiden Name of Mother |
| | Date issued<br>Name of Father | Date orig. Entry<br>Name of Father | |
| ADDITIONAL INFORMATION | | | |
| REGISTRAR'S CERTIFICATE | I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement. | | |
| | Registrar<br>Evidence reviewed by | | Date filed<br>Jan. 21, 1923 |

JAN 22 1923

COPY

STATE OF IDAHO

Class A Records are those made and identified during the month following birth by hospital or other institution, and which are a formal part of their permanent records.

Class B Records are those made and identified during the month following birth by parents or other persons.

249-202-007-264

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-99
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ada Lois Smith | | | 2. Date of Birth (month) June (day) 2nd (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Home Blaine | b. City or Town of Birth: Bellevue, Idaho |
| **FATHER** | 6. Full Name of Father: Henry Edward Smith | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Eleanor Jennie Southard | | | 9. State or Country of Mother's Birth: Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ada Lois Chapman | | 11. Present Address of Registrant: 239 Tower Cliff Dr. Laguna Beach Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 10 1952 | 12. Signature of Notary: Howard C. Mender | | 13. Notary Commission expires: May 31 1955 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Ada Lois Chapman | Date Issued: June 17, 1952 | Date Orig. Entry |
| Class* B | Date of Birth: June 2, 1902 / Birth Place: Bellevue, Idaho | Full Name of Mother: Eleanor J. Smith | Name of Father: Henry Edward Smith | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister | By whom issued and signed: Marion R. Smith | Date Issued: Dec. 8, 1952 | Date Orig. Entry |
| Class B | Date of Birth: June 2, 1902 / Birth Place: Bellevue, Idaho | Full Name of Mother: Eleanor Jane Southard | Name of Father: Henry Edward Smith | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Sarah E. Broadie | Date Issued: June 17, 1952 | Date Orig. Entry |
| Class | Date of Birth / Birth Place | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Heefner | | Date Filed: 1-29-53 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrar's No. 1000-01 MAC

2. Date of birth

3. Place of birth

4. Name of Father

5. State or country of Father's birth

6. Maiden name of Mother

7. State or country of Mother's birth

AFFIDAVIT

I (we) declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

10. Signature of Registrant

11. Present address of Registrant

12. Signature of Notary

13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING EVIDENCE 1.

Type of Document

Date of Birth Birth Place

Full name of Father

Full name of Mother

By whom issued and signed

Date issued

Date filing Notary

SUPPORTING EVIDENCE 2.

Type of Document

Date of Birth Birth Place

Full name of Father

Full name of Mother

By whom issued and signed

Date issued

Date filing Notary

SUPPORTING EVIDENCE 3.

Type of Document

Date of Birth Birth Place

Full name of Father

Full name of Mother

By whom issued and signed

Date issued

Date filing Notary

FINAL CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this applicant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

W. W. [illegible]

Evidence reviewed by

Date filed

1-[illegible]-[illegible]

Class A Records are those that [illegible] Class B Records are those that [illegible]

Form [illegible]

763713-003-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53 113
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lawrence Joseph Potter | | 2. Date of Birth (month) Oct. (day) 13 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock b. City or Town of Birth: Lava Hot Springs |
| **FATHER** | 6. Full Name of Father: Franklin Clarence Potter | | 7. State or Country of Father's Birth: Bannock Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Rebecca Sanderson | | 9. State or Country of Mother's Birth: Willard Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lawrence Joseph Potter | 11. Present Address of Registrant: 727 North Garfield Pocatello Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 27 1953 | 12. Signature of Notary: F. E. Tyldesman | 13. Notary Commission expires: Feb 16 1956 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family record | By whom issued and signed: | Date Issued: | Date Orig. Entry: Oct. 13, 1902 |
| Class* A | Date of Birth: Oct. 13, 1902 / Birth Place: Lava Hot Springs | Full Name of Mother: Rebecca Sanderson | Name of Father: Franklin Clarence Potter | |
| **SUPPORTING RECORD 2.** | Type of Document: Baptismal Record | By whom issued and signed: L. D.S. Church | Date Issued: 1/20/53 | Date Orig. Entry: Baptized on Dec. 12, 1943 |
| Class B | Date of Birth: Oct. 13, 1902 / Birth Place: Lava Hot Springs | Full Name of Mother: Rebecca Sanderson | Name of Father: Franklin Clarence Potter | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | | Date Filed: Feb. 4, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 28 1957

FEB 5

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Medical area for place of birth | | 2. Date of Birth (month) Oct. |
| (Person whose birth is being registered) | | | |
| FATHER | 6. Full name of father | 7. Color or Race | 8. Age |
| MOTHER | 9. Maiden name of Mother | | 9. State or Country of Mother's Birth |
| AFFIDAVIT | I, the undersigned, upon oath that the above statements are true to the best of my knowledge and belief. | | 11. Present address of Applicant |
| NOTARY (Seal) | Subscribed and sworn to before me on | 12. Signature of Notary | 13. Notary Commission expires |

SUPPORTING RECORD 1.

| | | | |
|---|---|---|---|
| Type of Document | | | Date issued / Date orig. entry |
| Date of Birth / Birth Place | Full Name of Mother | Name of Father | |

SUPPORTING RECORD 2.

| | | | |
|---|---|---|---|
| Type of Document | | | Date issued / Date orig. entry |
| Date of Birth / Birth Place | Full Name of Mother | Name of Father | |

SUPPORTING RECORD 3.

| | | | |
|---|---|---|---|
| Type of Document | | | Date issued / Date orig. entry |
| Date of Birth / Birth Place | Full Name of Mother | Name of Father | |

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the (accompanying) abstract.

| Name of Registrar | Evidence reviewed by | Date filed |
|---|---|---|
| T. T. Tolson | [illegible] | [illegible] 4, 1963 |

Place a Number in the box above if the registrant's Fourth birthday.
Place a Number in the box above if the registrant's birthday is under 4 years old.

466-205-006-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53 155
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: OPAL BELLE DOWNING | | 2. Date of Birth (month) June (day) 5 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Blackfoot |
| **FATHER** | 6. Full Name of Father: Jefferson Davis Downing | | 7. State or Country of Father's Birth: Tennessee | |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Deck | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Opal Belle Downing | 11. Present Address of Registrant: 528 So. State St. Grangeville, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Sept. 17 1952 | 12. Signature of Notary: Paul E. Eimers | 13. Notary Commission expires Feb. 25 1954 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible record of family births | By whom issued and signed: Bible and true copy examined by Paul E. Eimers, Notary Public | Date Issued: 12/10/52 | Date Orig. Entry: June 5, 1902 |
| Class* A | Date of Birth: June 5, 1902 | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Letter re membership in Woman's Benefit Association, Port Huron, Mich. | By whom issued and signed: Woman's Benefit Association Eleanor E. Schwikert | Date Issued: 11/19/52 | Date Orig. Entry: Oct. 30, 1924 |
| Class B | Date of Birth: June 5, 1902 | Birth Place: Blackfoot, Idaho | Full Name of Mother: Julia Deck | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Elsie Barnes | Date Issued: 10/25/52 | Date Orig. Entry: |
| Class B | Date of Birth: June 5, 1902 | Birth Place: Blackfoot, Idaho | Full Name of Mother: Julia Deck Downing | Name of Father: Jefferson Davis Downing |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: Feb. 13, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 19 1953

249-124-029-789

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 186
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alfred Burton | | | 2. Date of Birth (month) January (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: RFD, Viola, Idaho |
| **FATHER** | 6. Full Name of Father: Eugene Burton | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Olive Griffith | | | 9. State or Country of Mother's Birth: England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alfred Burton | | 11. Present Address of Registrant: Avon, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 19 53 | 12. Signature of Notary: G. H. Wylie | | 13. Notary Commission expires: Dec. 30 19 55 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License | By whom issued and signed: Latah County Auditor and Recorder Harry A. Thatcher, Recorder | Date Issued: Sept. 1, 1928 | Date Orig. Entry: Sept. 1, 1928 |
| Class* B | Date of Birth: 26 yrs old / Birth Place: Idaho | Full Name of Mother: Emma J. Sayles, Deputy | Name of Father | |
| **SUPPORTING RECORD 2.** | Type of Document: Moscow Public Schools record | By whom issued and signed: L. C. Robinson, Supt. | Date Issued: 11/24/52 | Date Orig. Entry: School Census Jan. 19, 1912 |
| Class B | Date of Birth: 9 yrs old / Birth Place | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document: Moose Lodge Membership application to/ | By whom issued and signed: J. E. Strang, Secretary | Date Issued | Date Orig. Entry: Application on Feb. 10, 1937 |
| Class B | Date of Birth: Jan. 24, 1902 / Birth Place: Viola, Idaho | Full Name of Mother | Name of Father | |

**QUALIFYING INFORMATION**

Also an affidavit made by mother, Olive Foster, giving birth date as January 24, 1902 and place of birth as Viola, Idaho, in Latah County. Dated Feb. 13, 1953.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Edna Hamilton | Feb. 23, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 04 1969

219-111-025-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-20995
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOHN AMOS BARNETT | | 2. Date of Birth (month) February (day) 11 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Woodland Idaho | b. City or Town of Birth: Woodland, Idaho |
| **FATHER** | 6. Full Name of Father: Martin Ballard Barnett | | 7. State or Country of Father's Birth: Walla Walla, Washington | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Anis Jones | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John Amos Barnett | 11. Present Address of Registrant: Gen. Del., Yucaipa, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August 27, 19 52 | 12. Signature of Notary: Ethel M Lane | 13. Notary Commission expires August 16, 19 56 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Census | By whom issued and signed: State Board of Education Kootenai County, Coeur d'Alene, Idaho | Date Issued: | Date Orig. Entry: 1914 Census |
| Class* B | Date of Birth: 12 yrs old / Birth Place: | Full Name of Mother: | Name of Father: Martin Barnett | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister | By whom issued and signed: Lecy Barnett Anderson | Date Issued: May 24, 1952 | Date Orig. Entry: |
| Class B | Date of Birth: Feb. 11, 1902, Woodland, Idaho / Birth Place: | Full Name of Mother: Mary Annice Jones | Name of Father: Martin Ballard Barnett | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: | Date Orig. Entry: 1920 Census |
| Class B | Date of Birth: 18 yrs old / Birth Place: Idaho | Full Name of Mother: Mary A. Barnett | Name of Father: Mary Anis Jones | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: March 2, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 1 9 1966

REGISTRANT

(Person whose birth is being registered)

1. Registrant's full name at birth: JOHN AMOS BARNETT

3. Color or race: White

4. Sex: Male

5. Place of birth: Woodland, Idaho

FATHER

6. Full name of father: William Ballard Barnett

MOTHER

8. Maiden name of mother: Mary Amelia Jones

AFFIDAVIT

I, the undersigned, upon oath, that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Signature of Notary

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 21, 19 52

14. Notary Commission expires: August 16, [illegible]

EVIDENCE

School Census

Date of birth: Birth Place

Full Name of Mother

State Board of Education

Federal Gov't. Court Bldg., Boise, Idaho

Date Issued: 1911 Census

Date Orig. Entry

Name of Father

| Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
|---|---|---|---|
| Affidavit by sister | Mary Amelia Jones | May 21, 1952 | |

Date of birth: Feb. 11, 1902, Woodland, Idaho

Full Name of Mother: Mary Amelia Jones

Name of Father: William Ballard Barnett

| Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
|---|---|---|---|
| Census Record | Bureau of Census Washington, D. C. | 1920 Census | |

Date of birth: Birth Place: Idaho

Full Name of Mother: Mary A. Barnett

Name of Father: Mary Amelia Jones

Registrar's CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Registrar

Examined by

Date Filed: March 2, 1952

999-124-040-367

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-235
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: RUPERT Louis Rizzonelli | | | 2. Date of Birth (month) (day) (year): Feb. 24 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Mullan Shoshone | b. City or Town of Birth: Mullan IDAHO |
| **FATHER** | 6. Full Name of Father: Basil RIZZONELLI | | a Residence | 7. State or Country of Father's Birth: AUSTRIA |
| **MOTHER** | 8. Full Maiden Name of Mother: NORA AMELIA COX | | | 9. State or Country of Mother's Birth: COLORADA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: R. L. Rizzonelli | | 11. Present Address of Registrant: 4446 MAMMOTH AVE. SHERMAN OAKS CALIF |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 2nd 1953 | 12. Signature of Notary: G. G. Greenwood | | 13. Notary Commission expires: 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | | By whom issued and signed: Family Bible viewed by Irving Raymond Golden, Notary | Date Issued: | Date Orig. Entry: Feb. 24, 1902 |
| Class* A | Date of Birth: Feb. 24, 1902, | Birth Place: | Full Name of Mother: Nora Cox | Name of Father: Basil Rizzonelli | |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: | Date Orig. Entry: 1920 Census |
| Class B | Date of Birth: 17 yrs old | Birth Place: Idaho | Full Name of Mother: Nora Rizzonelli | Name of Father: Basil Rizzonelli | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | | By whom issued and signed: Class "A" School District Wallace, Idaho | Date Issued: Oct. 19, 52 | Date Orig. Entry: Sept. 1918 |
| Class B | Date of Birth: Feb. 24, 1902, | Birth Place: Mullan, Idaho | Full Name of Mother: | Name of Father: Basil Rizzonelli | |

**QUALIFYING INFORMATION**

Affidavit by mother, Mrs. Nora A. Rizzonelli, gives date of birth as Feb. 24, 1902 at Mullan, Idaho

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Helfer | Mch 6, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

REGISTRANT

(Person whose birth is being registered)

1. Registrant's Name at Birth: Dupont Louis Pizzorenelli

2. Color or Race: White

3. Sex: Male

4. Place of Birth: Mullan Shoshone

5. County: Shoshone

6. Date of Birth (month, day, year): Feb. 24 1902

7. City or Town of Birth: Mullan IDAHO

FATHER

8. Full Name of Father: Oszu Pizzorenelli

9. State or Country of Father's Birth: AUSTRIA

MOTHER

10. Full Maiden Name of Mother: Anna Amelia Lea

11. State or Country of Mother's Birth: California

AFFIDAVIT

12. Signature of Registrant: Dupont Pizzorenelli

13. Address of Registrant: 4444 Hammoth Ave. Sunnyvale Oaks Calif.

14. Signature of Witness:

15. Notary Commission expires:

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record

By whom issued and signed: Family Bible Irving Hammond

Date of Birth: Birth Place: Full Name of Notary, Notary Name of Father

Date Issued: Date Entd. Entry: Feb. 25, 1922

SUPPORTING RECORD 2.

Type of Document: Census Report

By whom issued and signed: Department of Commerce Bureau of the Census

Date of Birth: Birth Place: Idaho

Full Name of Mother: Anna Pizzorenelli

Name of Father: Paul Pizzorenelli

Date Issued: 1920 Census

Date Entd. Entry:

SUPPORTING RECORD 3.

Type of Document: School Record

By whom issued and signed: Mrs. Mary Johnson Principal Mullan High School

Date of Birth: Birth Place: Mullan, Idaho

Full Name of Mother: Anna Pizzorenelli

Name of Father: Paul Pizzorenelli

Date Issued: Sept. 19, 1921

Date Entd. Entry:

OTHER INFORMATION

Affidavit by mother, Mrs. Anna E. Pizzorenelli, gives date of birth as Feb. 24, 1902 in Mullan, Idaho.

REGISTRAR'S CERTIFICATION

I hereby certify that a certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar: T. A. Carson

Evidence reviewed: Family Bible, Census, School Records

Date Filed: Mar. 5, 1923

Class A Records are those made from the records of birth certificates.

Class B Records are those made from other documentary evidence of at least a year's age.

238-103-015-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-246
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Freedom
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Freedom
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Herman Lloyd Schiess

5. Date of Birth of Child (Month, day, year) Nov. 3, 1902

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jacob Schiess
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business own farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Susan Stauffer
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Willard, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Herman Lloyd Schiess (First name) (Last name) who is related as self (Mother, etc.)
25. Attendant's **OWN** signature Elise F. Roberts ~~M.D.~~ Midwife Address 231 N. 3rd E, Logan Ut. Date 9 Feb 1953

**AFFIDAVIT**

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 11, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

NOV 1 6 1967

MAR 1 1 1953

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

613-219-002-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-344
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Sarah Ann Wallace | | 2. Date of Birth (month) Feb (day) 19 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: at home Meadows | b. City or Town of Birth: Meadows Idaho |
| **FATHER** | 6. Full Name of Father: Ellis D. Wallace | | 7. State or Country of Father's Birth: Believed to be in Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha A. Cole | | 9. State or Country of Mother's Birth: Senecca, Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Sarah Ann Hubbard | 11. Present Address of Registrant: Cambridge, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 31, 1953 19 | 12. Signature of Notary: Arthur Wilson | 13. Notary Commission expires: Nov. 17, 1953 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Federal Census Record | By whom issued and signed: Bureau of Census, Washington, D. C. Roy V. Peel, Director | Date Issued: 1/23/53 | Date Orig. Entry: Jan 1, 1920 |
| Class* B | Date of Birth: 17 yrs old / Birth Place: Idaho | Full Name of Mother: Martha A. Wallace | Name of Father: Ellis D. Wallace | |
| **SUPPORTING RECORD 2.** | Type of Document: School Census Report | By whom issued and signed: Adams County Hazel McClymonds, Co. Supt of | Date Issued: 9/19/52 | Date Orig. Entry: school year of 1913 -1914 |
| Class B | Date of Birth: 11 yrs old / Birth Place: | Full Name of Mother: | Name of Father: E. D. Wallace | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by midwife | By whom issued and signed: Sarah Anderson | Date Issued: Jan. 31, 1953 | Date Orig. Entry: |
| Class A | Date of Birth: Feb. 19, 1902, Meadows, Idaho | Full Name of Mother: Martha Cole | Name of Father: Ellis D. Wallace | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fielder | Date Filed: Apr. 3, 1953 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.
State File No.

**REGISTRANT**

1. Registrant's Present Legal Name
Carmen Ann Williams

2. Date of Birth (month) Feb (day) 18 (year) 1922

3. Color or Race White
4. Sex Female
5. Place of Birth (Check one) Hospital Residence
6. County
7. City or Town of Birth Meadows Idaho

**FATHER**

8. Full Name of Father Philip D. Williams
9. State or Country of Father's Birth Believed to be in Missouri

**MOTHER**

10. Full Maiden Name of Mother Marvina A. Cole
11. State or Country of Mother's Birth Sequoia Missouri

**AFFIDAVIT**

Affiant declares upon oath that the above statements are true to the best of his knowledge and belief.

12. Signature of Registrant Carmen Ann Williams
13. Present Address of Registrant Cambridge, Idaho

Subscribed and sworn to before me on Nov. 24, 1953 (Seal)

14. Signature of Notary [illegible]
15. Notary Commission expires Nov. 17, 1953

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

Type of document Recorded Copies Record
Date of Birth Place Idaho
Full Name of Father Marvina A. Williams
Date Issued Date Orig. Entry Jan 1, 1922

Issued and signed Bureau of Census, Washington, D. C. Roy V. [illegible], Director

**SUPPORTING RECORD A**

Type of Document School Census Record
Date of Birth Place 11 yrs old
Full Name of Mother Mrs. Williams, Co. Supt of Schools Madison County
Date Issued Date Orig. Entry 9/29/32 School year of 1931-1932

By whom issued and signed T. D. Wallace

**SUPPORTING RECORD B**

Date of Birth Place
Full Name of Mother
Date Issued Date Orig. Entry
Name of Father

**CERTIFICATION**

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the data as set forth in the preceding sections.

(Seal)

Signature of Registrar
Date Filed Apr. 3, 1953

*Class A records are those made and dated before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but at least 5 years old.

799-221-029-812

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-352
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Teresia Victoria Grieser | | | 2. Date of Birth (month) March (day) 21 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Genesee | b. City or Town of Birth: Latah |
| **FATHER** | 6. Full Name of Father: Charles F. Grieser | | | 7. State or Country of Father's Birth: Nebraska |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna B Hasfurther | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Teresia Johann | | 11. Present Address of Registrant: E 513 Everett Spokane Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 13 1953 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Jan. 2 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Church of St. Mary, Genesee, Idaho | Date Issued: | Date Orig. Entry: Baptised Mch. 30, 1902 |
| Class* A | Date of Birth: Mch 21, 1902 / Birth Place: Genesee, Idaho | Full Name of Mother: Anna Hasfurther | Name of Father: Charles Grieser | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License Affidavit | By whom issued and signed: Latah County Recorder | Date Issued: | Date Orig. Entry: Oct. 29, 1921 |
| Class B | Date of Birth: 19 yrs old / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: April 8, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 9 1953

613-205-020-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-420
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mae Watkins | | | 2. Date of Birth (month) March (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Elmore | b. City or Town of Birth: Glenns Ferry |
| **FATHER** | 6. Full Name of Father: James Watkins | | | 7. State or Country of Father's Birth: Kansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie Watkins | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mae Watkins Reddington | | 11. Present Address of Registrant: P.O. Box 324 - Nampa, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 22 1953 | 12. Signature of Notary: Lonie M Collins | | 13. Notary Commission expires: June 27 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: | Date Orig. Entry: census of 1920 |
| Class* B | Date of Birth: 18 yrs old / Birth Place: Idaho | Full Name of Mother: | Name of Father: James Watkins | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit | By whom issued and signed: Myrtle Glenn Carney | Date Issued: Apr. 3, 1953 | Date Orig. Entry: |
| Class B | Date of Birth: Mch. 8, 1902, Glenns Ferry, Idaho | Full Name of Mother: Minnie Watkins | Name of Father: James Watkins | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by brother | By whom issued and signed: Roy E. Watkins | Date Issued: Mch. 1, 1953 | Date Orig. Entry: |
| Class B | Date of Birth: Mch. 8, 1902, Glenns Ferry, Idaho | Full Name of Mother: Minnie Watkins | Name of Father: James Watkins | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fleden | Apr. 28, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's Full Name of Birth

Place of Birth: Idaho

Date of Birth: April 8 1924

City or Town of Birth: Glenns Ferry

Full Name of Father: [illegible]

State of Country of Father's Birth: Idaho

Full Maiden Name of Mother: [illegible]

State or Country of Mother's Birth: Idaho

Signature of Registrant

Present Address of Registrant: Idaho

Signature of Notary

Notary Commission Expires

Type of Document

Date of Birth: Birth Place

Full Name of Mother

Name of Father

By whom issued and signed

Date issued

Date orig. entry

Type of Document

Date of Birth: Birth Place

Full Name of Mother

Name of Father

By whom issued and signed

Date issued

Date orig. entry

Type of Document

Date of Birth: Birth Place

Full Name of Mother

Name of Father

By whom issued and signed

Date issued

Date orig. entry

Registrar

Evidence Filed by

Date Filed

Apr. 26 1943

719-101-004-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-546
Local Reg. No.
Reg. Dist. No.

**REGISTRANT** (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Renald Parker
2. Date of Birth (month) June (day) 1 (year) 1902
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Lanark Bear Lake
b. City or Town of Birth: Lanark Idaho

**FATHER**

6. Full Name of Father: Oscar Fritzallen Parker
7. State or Country of Father's Birth: Leicester England

**MOTHER**

8. Full Maiden Name of Mother: Annie Watkins
9. State or Country of Mother's Birth: St Louis Missouri

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Renald Parker
11. Present Address of Registrant: Paris Idaho

**NOTARY** (Seal)

Subscribed and sworn to before me on May 26th 1953
12. Signature of Notary: L Hugh Shepherd
13. Notary Commission expires Oct 10th 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| SUPPORTING RECORD 1. | Certificate of Baptism | L. D. S. Church | | June 3, 1910 |
| Class* B | Date of Birth: June 1, 1902 / Birth Place: Lanark, Idaho | Full Name of Mother: Annie Watkins | Name of Father: Oscar F. Parker | |
| SUPPORTING RECORD 2. | Certificate of Ordination | L. D. S. Church | Ordained | Apr. 26, 1915 |
| Class B | Date of Birth: June 1, 1902 / Birth Place: Lanark, Idaho | Full Name of Mother: Annie Watkins | Name of Father: Oscar F. Parker | |
| SUPPORTING RECORD 3. | Ward record | L. D. S. Church | | Apr. 17, 1921 |
| Class B | Date of Birth: June 1, 1902 / Birth Place: Lanark, Idaho | Full Name of Mother: Annie Watkins | Name of Father: Oscar F. Parker | |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | | June 2, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Affidavit of Birth

June 1, 1922

Little Girl Clement Bennett Clement Idaho

Father Twin Falls Twin Falls County Idaho

Mother Fraser Idaho

Clerk of District Court

JUN 3 -

Twin Falls Idaho

538-221-040-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53 602
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Helen Marguerite Ely | | 2. Date Of Birth (month) Feb. (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Kellogg, Idaho | b. City or Town of Birth: Kellogg, Ida. |
| **FATHER** | 6. Full Name of Father: Howard Ely | | 7. State or Country of Father's Birth: Pennsylvania | |
| **MOTHER** | 8. Full Maiden Name of Mother: Cora Adele Fetterly | | 9. State or Country of Mother's Birth: Wisconsin | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs. Marguerite Robinson | 11. Present Address of Registrant: Metaline Falls Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 17 1953 | 12. Signature of Notary: Genevieve Wolf | 13. Notary Commission expires: January 8 1955 | |

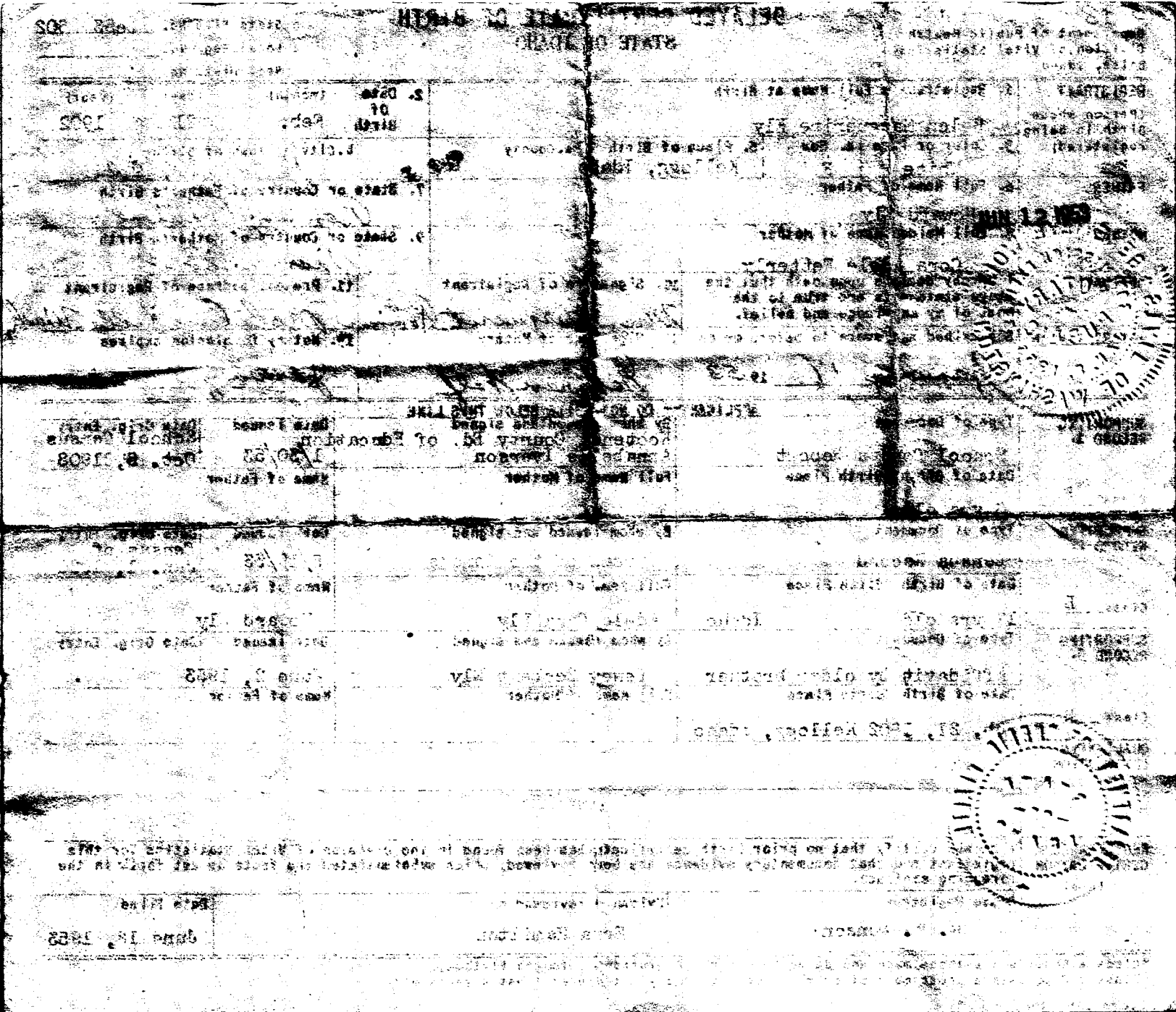
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Census Report | By whom issued and signed: Kootenai County Bd. of Education Annabelle Iverson | Date Issued: 1/30/53 | Date Orig. Entry: School Census Oct. 5, 1908 |
| Class* B | Date of Birth: 6 yrs old / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: Bureau of the Census | Date Issued: 5/19/53 | Date Orig. Entry: Census of Jan. 1, 1920 |
| Class B | Date of Birth: 17 yrs old / Birth Place: Idaho | Full Name of Mother: Adele Cora Ely | Name of Father: Howard Ely | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by older brother | By whom issued and signed: Dewey Herbert Ely | Date Issued: June 2, 1953 | Date Orig. Entry: |
| Class B | Date of Birth: Feb. 21, 1902 / Birth Place: Kellogg, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: June 12, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



523-201-014-853

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53 682
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: POWERS, MARY ESTHER | | 2. Date of Birth (month) April (day) 1, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Parma |
| **FATHER** | 6. Full Name of Father: Francis Asbury Powers | | 7. State or Country of Father's Birth: Yoncalla, Oregon | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Cordelia Hickman | | 9. State or Country of Mother's Birth: Ozark Co., Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Cordelia Hickman Powers | 11. Present Address of Registrant: 105 No. 6th St., Payette, | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 7-11 19 53 | 12. Signature of Notary: Nell Elson | 13. Notary Commission expires 3-25- 19 57 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible record of births | By whom issued and signed: | Date Issued: | Date Orig. Entry: April 1, 1902 |
| Class* A | Date of Birth: April 1, 1902 | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Mother | By whom issued and signed: Mary Cordelia Hickman Powers | Date Issued: July 11, 1953 | Date Orig. Entry: |
| Class B | Date of Birth: April 1, 1902 | Birth Place: Parma, Idaho | Full Name of Mother: Mary Cordelia Hickman Powers | Name of Father: Francis Asbury Powers |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: July 11, 1953 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____

**REGISTRANT**

1. Registrant's full name at birth: JOHNS, [illegible]
2. Sex: Male
3. Place of birth: Idaho
4. Date of birth (month, day, year): April 1, 1902
5. Place of birth: Idaho County
6. City or town of birth: Farran

**FATHER**

7. Full name of father: [illegible] JOHNS
8. Birth place of father: Washington, Illinois

**MOTHER**

9. Full maiden name of mother: [illegible] Johnson
10. Birth place of mother: Illinois

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of affiant: [illegible]
12. Address of affiant: [illegible]

**NOTARY (Seal)**

Subscribed and sworn to before me on _____ 19 _____

13. Signature of Notary: _____
14. Notary Commission Expires: _____

**SUPPORTING RECORD 1**

Type of Document: Birth Record of Brides
By whom issued and signed: [illegible]
Date issued: _____
Date orig. Entry: April 1, 1902
Date of Birth: April 1, 1902
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

**SUPPORTING RECORD 2**

Type of Document: Affidavit by Mother
By whom issued and signed: Mary Josephine Johnson Powers
Date issued: July 11, 1932
Date orig. Entry: July 11, 1932
Date of Birth: April 1, 1902
Birth Place: Farran, Idaho
Full Name of Mother: Mary Josephine Johnson Powers
Name of Father: Thomas Asbury Powers

**SUPPORTING RECORD 3**

Type of Document: _____
By whom issued and signed: _____
Date issued: _____
Date orig. Entry: _____
Date of Birth: _____
Birth Place: _____
Full Name of Mother: _____
Name of Father: _____

**CERTIFICATION**

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Issued for Mother: [illegible]
Issuance Reviewed by: [illegible]
Date Filed: [illegible]

Copies & Records are those made in the Division of Vital Statistics for registrants fourth birthday.
Copies & Records are those made after the fourth birthday but are at least 5 years old.

433-22-1016 - 362

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-801
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Lucile Mc Clurg | | 2. Date of Birth (month) August (day) 24 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Cassia | b. City or Town of Birth: Basin |
| **FATHER** | 6. Full Name of Father: John Nicholas McClurg | | 7. State or Country of Father's Birth: Mt. Ayr Iowa | |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Jane Coburn | | 9. State or Country of Mother's Birth: Weston, Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Lucile McClurg Coffin | 11. Present Address of Registrant: 1730 W. 39th Place, Los Angelas 62, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 17th August 1953 | 12. Signature of Notary: Minerva C. Claswood | 13. Notary Commission expires: December 10 1956 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Record | By whom issued and signed: Family Group Record | Date Issued: | Date Orig. Entry: Aug. 24, 1902 |
| Class* A | Date of Birth: Aug. 24, 1902 / Birth Place: Basin, Idaho | Full Name of Mother: Martha Jane Coburn | Name of Father: John Nicholas McClurg | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: Baptized | Date Orig. Entry: Sept. 30, 1910 |
| Class B | Date of Birth: Aug. 24, 1902 / Birth Place: Basin, Idaho | Full Name of Mother: Martha Jane Coburn | Name of Father: John McClurg | |
| **SUPPORTING RECORD 3.** | Type of Document: Child's birth certificate | By whom issued and signed: Bureau of Vital Statistics Boise, #262695 | Date Issued: | Date Orig. Entry: Jan. 21, 1938 |
| Class B | Date of Birth: 34 yrs old / Birth Place: Basin, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel F. Felder | Date Filed*: Aug. 20, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

STATE STAMP (Registrar's Initials)

Registrar's Full Name of Birth
Mary Margaret

MAY 13 1957

AUG 28 1962

1. Name of Child (Registered Name)

2. Date of Birth: Day 27, Month August, Year 1902

3. Color or Race: White

4. Sex: Female

5. Place of Birth: County Idaho, State Idaho

6. Name of Town of Birth: Nezik

FATHER

7. Full Name of Father: John Nicholas Holmes

8. Color or Race: White

9. Age at Birth of Child: 21

10. Place of Birth: State or Country: Mt. Ayr Iowa

MOTHER

11. Maiden Name of Mother: Cynthia Jane Coburn

12. State or Country of Mother's Birth: Weston, Idaho

AFFIDAVIT

I, [illegible] upon oath that the above statements are true to the best of my knowledge and belief.

13. Signature of Registrant: [illegible]

14. Present Address of Registrant: 1750 E. 29th Place, Los Angeles Co., Calif.

NOTARY

Subscribed and sworn to before me on [illegible] 19[illegible]

15. Signature of Notary: [illegible]

16. Notary Commission expires [illegible] 19[illegible]

SUPPORTING RECORD A

Kind of Document: Family Record
Date of Birth: Birth Place
Date Issued: Aug. 20, 1902
Name of Father: Family Group Record
Full Name of Mother: Martha Jane Coburn
Date Entry Made: [illegible]

SUPPORTING RECORD B

Kind of Document: Certificate of Baptism
Date of Birth: Birth Place: Aug. 27, 1902, Weston, Idaho
Date Issued: Sept. 20, 1910
By Whom Issued (or signed): L. D. S. Church
Full Name of Mother: Martha Jane Coburn
Name of Father: Baptismal
Date Entry Made: [illegible]

SUPPORTING RECORD C

Kind of Document: Delayed birth certificate
Date of Birth: Birth Place: 30 miles old Bear, Idaho
Date Issued: June 21, 1938
By Whom Issued (or signed): Bureau of Vital Statistics, Boise, Idaho
Full Name of Mother: Martha Jane Coburn
Name of Father: Join Registrar

SUPPORTING RECORD D

[illegible]

CERTIFICATE OF REGISTRATION

I, [illegible] certify that a copy of this birth certificate has been found in the Division of Vital Statistics for this State, and that the necessary evidence has been reviewed, which substantiates the facts as set forth in the delayed certificate.

State Registrar

Evidence reviewed by

Date filed: Aug. 20, 1962

Please a Regular standard size card based on the [illegible] birthday.
Place a Regular size [illegible] card after the [illegible] birthday but not at least a week old.

249722 · 016-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-810
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alma Gibson Smith | | 2. Date of Birth (month) Nov. (day) 22, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth: Idaho a. County: Cassia | b. City or Town of Birth: Marion |
| **FATHER** | 6. Full Name of Father: Adam G. Smith | | 7. State or Country of Father's Birth: Council Bluffs, Iowa. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Esther Jones | | 9. State or Country of Mother's Birth: Willard City, Utah. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alma Gibson Smith | 11. Present Address of Registrant: 746 S. 4th Pocatello, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 31 1953 | 12. Signature of Notary: B Blackhurst | 13. Notary Commission expires: Sept 14 1956 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Insurance | By whom issued and signed: New York Life Insurance Co. | Date Issued: | Date Orig. Entry: |
| Class* B | Date of Birth: Nov. 22, 1902 / Birth Place: Marion, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: On file Bureau of Vital Statistics, Boise, #119642 | Date Issued: Feb. 3, 1924 | Date Orig. Entry: |
| Class B | Date of Birth: 21 yrs old / Birth Place: Marion, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: Cassia County Schools Dist. 151 | Date Issued: year | Date Orig. Entry: 1917 |
| Class B | Date of Birth: Nov. 22, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Felder | Date Filed: Sept. 2, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 2 1953

Alice Gibson Smith

Twin Falls Idaho

Nov. 22, 1902

Alice M. Smith

Twin Falls Idaho

Twin Falls Idaho

Father Dead

Twin Falls, Idaho

Application for Insurance

New York Life Insurance Co.

Child's birth certificate

Twin Falls, Idaho

Feb. 3, 1921

Twin Falls Idaho

Twin Falls Idaho

Nov. 22, 1902

Sept. 2, 1953

331-203-003-662

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53 858
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Verna Marie Clarke | | | 2. Date of Birth (month) Feb. (day) 3 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Pocatello Idaho |
| **FATHER** | 6. Full Name of Father: George Washington Clarke | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Isabel Foster | | | 9. State or Country of Mother's Birth: Nebraska |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Verna Marie (Clarke) Luckey | | 11. Present Address of Registrant: 108 Wash. Apts. Walla Walla Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 20 1953 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: October 30 1953 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit re Application and Resource Statement of Idaho Cooperative Relief Agency signed by Sylvan Olson | By whom issued and signed: Sylvan Olson W. L. Brewrink, Clerk of Bonneville County | Date Issued: Filed on Mar. 6, 1936 | Date Orig. Entry |
| Class* B * | Date of Birth: Feb. 3, 1902 | Birth Place: Pocatello, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit re Marriage License # 44311 on file in Bonneville County | By whom issued and signed: Sylvan Olson W. L. Brewrink, Clerk of Bonneville County | Date Issued: Marriage License dated May 27, 1920 | Date Orig. Entry |
| Class B * | Date of Birth: Feb. 1902 18 yrs old | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Type of Document: # 12008 Birth certificate of daughter | By whom issued and signed: State of Idaho Bureau of Vital Statistics | Date Issued: Filed on 2/20/23 | Date Orig. Entry: Child born on Feb. 16, 1923 |
| Class B | Date of Birth: 21 yrs old | Birth Place: Pocatello, Idaho | Full Name of Mother | Name of Father |

**QUALIFYING INFORMATION**

* These affidavits were signed by Sylvan Olson, County Supervisor for Bonneville county, in the presence of W. L. Brewrink, Clerk of Bonneville County.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed* |
|---|---|---|
| W. W. Benson | Edna Hamilton | Sept. 10, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 30 1967

SEP 10 1953

Those affidavits were signed by William Olson, County supervisor for Bonneville County, in the presence of . L. Newbold, Clerk of Bonneville County.

Jerome Rupleter

J. W. Larson

Adna Hamilton

Sept. 10, 1953

735413-001-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-960
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: KEITH JAMES GLEASON | | | 2. Date of Birth (month) August (day) 13, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Meridian | b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: Frank James Gleason | | | 7. State or Country of Father's Birth: England |
| **MOTHER** | 8. Full Maiden Name of Mother: Minta Macy Yates | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Keith James Gleason | | 11. Present Address of Registrant: Box 32, Cayuse, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 11 1953 | 12. Signature of Notary: Anna M. Larthroug | | 13. Notary Commission expires: January 3 1955 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Benefit Assoc. of R. R. Employees | Date Issued: Feb. 20, 1930 | Date Orig. Entry: |
| Class* B | Date of Birth: 28 yrs old | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Employment Record | By whom issued and signed: United States of America Railroad Retirement Board | Date Issued: 3-16-50 | Date Orig. Entry: |
| Class B | Date of Birth: Aug. 13, 1902, | Birth Place: Meridian, Ida. | Full Name of Mother: Chicago, Ill. Minta Yates | Name of Father: Frank James Gleason |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Minta McCracken | Date Issued: July 11, 1953 | Date Orig. Entry: |
| Class B | Date of Birth: Aug. 13, 1902, | Birth Place: Meridian, Idaho | Full Name of Mother: Minta Yates | Name of Father: Frank Gleason |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fielder | Date Filed*: Oct. 14, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Terry Lamoy Gleason

2. Date of Birth (month, day, year): Aug. 13, 1902

3. Color or Race: W

4. Sex: Male

5. Place of Birth (county, city or town or place): Bellevue, Idaho

FATHER

6. Full Name of Father: Frank Lamoy Gleason

7. Place or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Ada Vates

9. Place or Country of Mother's Birth: Iowa

AFFIDAVIT: I/We swear/affirm upon oath that the above statements are true to the best of my/our knowledge and belief.

10. Signature of Registrant: Terry Lamoy Gleason

11. Signature of Notary: [illegible]

12. Present Address of Registrant: 22, Oxford, Oregon

Notary Commission expires: January 3, 1965

Subscribed and sworn to before me on: July 11, 1963

APPLICANT - DO NOT WRITE BELOW THIS LINE

Purpose of Document: Insurance Policy

Date of Birth: Aug. 13, 1902

Birth Place: Bellevue, Idaho

By whom issued and signature: Fraternal Assoc. of E. H. Employees

Date issued: Feb. 20, 1960

Date orig. Birth: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Purpose of Document: Employment Benefit

Date of Birth: Aug. 13, 1902

Birth Place: Bellevue, Idaho

By whom issued and signature: United States of America, Railroad Retirement Board

Date issued: [illegible]

Date orig. Birth: [illegible]

Full Name of Mother: Chicago, Ill.

Name of Father: Frank Lamoy Gleason

Purpose of Document: Affidavit by mother

Date of Birth: Aug. 13, 1902

Birth Place: Bellevue, Idaho

By whom issued and signature: [illegible]

Date issued: [illegible]

Date orig. Birth: [illegible]

Full Name of Mother: Ada Yates

Name of Father: Frank Gleason

CERTIFICATION

I/We hereby certify that no or no birth certificate has been found in the Division of Vital Statistics for this person. The document(s) or other documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of Registrar: [illegible] W. Hanson

Evidence reviewed by: [illegible]

Date filed: Oct. 16, 1963

Signature made and date before the Registrar's Office Secretary.
Signature made after the foregoing statements are true and correct.

415-124-032-789

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D53 1032
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Julian Everett Mannen | | 2. Date Of Birth (month) February (day) 24 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lincoln County | b. City or Town of Birth: Preston, Idaho |
| **FATHER** | 6. Full Name of Father: Oren Right Mannen | | 7. State or Country of Father's Birth: Fredonia, Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Lulah Josephine Phillips | | 9. State or Country of Mother's Birth: Rush County, Indiana | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Julian Everett Mannen | 11. Present Address of Registrant: Placerville, Calif. Rt. 3-Box 47 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 11-9 1953 | 12. Signature of Notary: Elora C. Miles | 13. Notary Commission expires March 8 1956 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Social Security Administration | Date Issued: 11/27/36 | Date Orig. Entry: 11/27/36 |
| Class* B. | Date of Birth: Feb 24-1902 | Birth Place: Lincoln County Preston, Idaho | Full Name of Mother: Lulah Josephine Phillips | Name of Father: Oren Right Mannen |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit of Marriage Record | By whom issued and signed: Twin Falls County T. W. Stivers, Recorder | Date Issued: 8/24/53 | Date Orig. Entry: 6/18/29 |
| Class B. | Date of Birth: 27 yrs old | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Family Record | By whom issued and signed: Lulah Phillips Mannen | Date Issued: 1902 | Date Orig. Entry: 1902 |
| Class A. | Date of Birth: Feb 24-1902 | Birth Place: Preston, Idaho | Full Name of Mother: Josephine Lulah Phillips | Name of Father: Oren Right Mannen |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Eva Turnipseed | Nov. 12, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 12 1952

Feb 21-1902 Preston, Idaho

Josephine Julian Phillips

Oren Elgin Henson

Social Security Record

Social Security Administration

11/27/46 11/23/46

Application for Earnings Record

T. W. Silvers, Recorder

8/24/53 6/18/29

Family Record

Julia Phillips Henson

1902

Feb 21-1902 Preston, Idaho

Josephine Julian Phillips

Oren Elgin Henson

W. Benson

Ira Turnipseed

Nov. 12, 1953

699-223-003-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De53-1064
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Frances Elizabeth Wright | | | 2. Date Of Birth (month) Sept. (day) 23 (year) 1902 ~~1902~~ |
| | 3. Color or Race: White | 4. Sex: Fem. | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Pocatello |
| **FATHER** | 6. Full Name of Father: Walter Trustin Wright | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Cora Maria Carpenter | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Frances Elizabeth Jeffries | | 11. Present Address of Registrant: Riddle Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov. 14 1953 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Mar. 2 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Bellevue Presbyterian | Date Issued: Baptized | Date Orig. Entry: May 25, 1913 |
| Class* B | Date of Birth: Sept. 23, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Cora Wright | Name of Father: Walter Wright | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Bellevue Schools | Date Issued: entered | Date Orig. Entry: Sept. 1909 |
| Class B | Date of Birth: Sept. 23, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Cora M. Carpenter | Name of Father: Walter T. Wright | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: census of | Date Orig. Entry: 1910 |
| Class B | Date of Birth: 7 yrs old / Birth Place: Idaho | Full Name of Mother: Cora M. Wright | Name of Father: Walter T. Wright | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: Nov. 24, 1953 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 24 1969

551-110-020-55-1

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54-104
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Everett John Evans | | 2. Date of Birth (month) May (day) 10th (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Mt Home Ida, Elmore | b. City or Town of Birth: Mt Home Idaho |
| **FATHER** | 6. Full Name of Father: John James Evans | | 7. State or Country of Father's Birth: Vesalia California | |
| **MOTHER** | 8. Full Maiden Name of Mother: Capitola Evans | | 9. State or Country of Mother's Birth: Roys Mills Texas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Everett J. Evans | 11. Present Address of Registrant: Route 1 Nampa Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 8 - 1954 | 12. Signature of Notary: Mabel V. Keefer | 13. Notary Commission expires: May 7 - 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Birth Certificate #235867 | | By whom issued and signed: L. F. West, M.D. | Date Issued: 9/18/35 | Date Orig. Entry: 9/30/35 |
| Class* B | Date of Birth: 33 years of age at time of this birth. | Birth Place: Mountain Home, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 2.** | Type of Document: Union Pacific System Certificate of Service | | By whom issued and signed: E. C. Manson, Supt. Transportation Division | Date Issued: 9/11/35 | Date Orig. Entry |
| Class B | Date of Birth: 5/10/1902 | Birth Place | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | | By whom issued and signed: Capitola Foreman Evans, mother | Date Issued: 4/9/1949 | Date Orig. Entry |
| Class B | Date of Birth: 5/10/1902 | Birth Place: Mt. Home, Idaho | Full Name of Mother: Capitola Foreman | Name of Father: John James Evans | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Opal Peterson | Date Filed: 2/8/54 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health, Welfare, Division of Vital Statistics, Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

**REGISTRANT** (Person whose birth is being registered)

1. Full name of child
2. Date of birth (Month) (Day) (Year)
3. Sex
4. Place of birth a. County b. City or town of birth

FEB 9 - 1954

**FATHER**

5. Full name of father
6. Date of birth
7. State or country of father's birth

**MOTHER**

8. Maiden name of Mother
9. State or Country of Mother's Birth

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission Expires

**SUPPORTING RECORD 1.**

| Type of Document | By whom issued and signed | Date issued | Date orig. entry |
|---|---|---|---|
| Birth Certificate 422607 | L. S. Moore, M.D. | 7/23/35 | 9/20/35 |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| [illegible] | Nampa, Idaho | [illegible] | [illegible] |

Class [illegible]

**SUPPORTING RECORD 2.**

| Type of Document | By whom issued and signed | Date issued | Date orig. entry |
|---|---|---|---|
| Marion Pacific Center Certificate of Baptism | [illegible] | 7/23/35 | 7/23/35 |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| 5/20/1902 | | | |

Class 3

**SUPPORTING RECORD 3.**

| Type of Document | By whom issued and signed | Date issued | Date orig. entry |
|---|---|---|---|
| Affidavit | Franklin Foreman [illegible] | 4/27/42 | |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| 5/20/1902 | Mt. Home, Idaho | Franklin Foreman | John James Ivan |

Class 3

**QUALIFYING INFORMATION**

**REMARKS**

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts of birth in the foregoing abstract.

| Registrar | Evidence reviewed by | Date filed |
|---|---|---|
| W. V. Jones | Pat Peterson | 2/8/54 |

Seal

Name of two persons who have made and signed before the registrar's fourth birthday.

Name of two persons who made affidavit the fourth birthday but are at least 5 years old.

295-229-041-814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54-204
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: KLEA Sadie Sinclair | | | 2. Date of Birth (month) (day) (year): March 29 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Victor Idaho Teton | b. City or Town of Birth: Victor Idaho |
| **FATHER** | 6. Full Name of Father: David Raymond Sinclair | | | 7. State or Country of Father's Birth: Salt Lake City Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Ann Hamblin | | | 9. State or Country of Mother's Birth: Iron County Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Klea Sadie Sinclair | | 11. Present Address of Registrant: 2924 Cherry St. Hoquiam Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov. 30 1953 | 12. Signature of Notary: Martin T. Johnson | | 13. Notary Commission expires: April 7 1956 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Life Insurance Policy | By whom issued and signed: Metropolitan Life Insurance Co. | Date Issued: | Date Orig. Entry: Nov. 9, 1925 |
| Class* B | Date of Birth: 24 yrs old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister | By whom issued and signed: Katie S. Rudd | Date Issued: | Date Orig. Entry: |
| Class B | Date of Birth: Mch 29, 1902 / Birth Place: Victor, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Church Reocrd | By whom issued and signed: L. D. S. Church, Ray Murphy, Clerk, Grays Harbor Branch | Date Issued: 2-13-54 | Date Orig. Entry: |
| Class B | Date of Birth: March 29, 1902 / Birth Place: Victor, Idaho | Full Name of Mother: Sarah A. Hamblin | Name of Father: David R. Sinclair | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | Date Filed: 3-18-54 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 18 1952

Alfa Sonia Sinclaire

Marie Annie Victorinne Fafa

David Raymond Sinclair

Sarah Ann Hamblin

2. Date of Birth: March 29, 1902

7. State or Country of Father's Birth: Utah

8. State or Country of Mother's Birth: Utah

9. Place of Birth: Salt Lake City, Utah

10. Place of Birth: Fremont County, Idaho

11. Present Address of Registrant: Provo, Utah

12. Signature of Registrant

13. Signature of Notary

14. Notary Commission Expires

Date Issued

Date Reg. Entry

Name of Father

Maiden Name of Mother

Date of Birth

Place of Birth

Type of Document

Birth Records

Date Issued

Date Reg. Entry

Name of Father

Maiden Name of Mother

Date of Birth

Place of Birth

Type of Document

Birth Records

Date Filed

Evidence Reviewed by

Signature of Registrar

Date Filed

Evidence Reviewed by

Signature of Registrar

386-113-003-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54-271
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Martin Ray Thomas | | 2. Date Of Birth (month) Nov. (day) 13 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Downey |
| **FATHER** | 6. Full Name of Father: Martin Adams Thomas | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Texie L. Whitt | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Martin Ray Thomas | 11. Present Address of Registrant: Downey, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Apr 1 1954 | 12. Signature of Notary: Elva Christensen | 13. Notary Commission expires: Dec 26 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Certificate of Baptism | L. D. S. Church | Baptized | Nov. 22, 1910 |
| Class* B | Date of Birth / Birth Place: Nov. 13, 1902, Grant, Idaho | Full Name of Mother: Texie L. Whitt | Name of Father: Martin Adams Thomas | |
| **SUPPORTING RECORD 2.** | Application for Insurance | The Equitable Life Assurance Company | Nov. 14, 1944 | |
| Class B | Date of Birth / Birth Place: Nov. 13, 1902, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | School Record | University of Utah | 3-16-54 | |
| Class B | Date of Birth / Birth Place: Nov. 13, 1902 | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mary Fielder | Date Filed: April 5, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

APR 8 1954

REGISTRANT
(Person whose Birth is being registered)

1. Name at birth (Person whose birth is being registered)

2. Date of birth (month) (day) (year)

3. Place of birth (City or town)

4. County

5. State or country of birth

FATHER

6. Full name of father

7. State or country of father's birth

MOTHER

8. Full maiden name of mother

9. State or country of mother's birth

AFFIDAVIT

The undersigned, being duly sworn, declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

| Type of document | By whom issued and signed | Date issued | Date grad. entry |
|---|---|---|---|
| Certificate of Delayed Birth | [illegible] | Nov. 23, 1952 | |

| Date of birth | Birth place | Full name of mother | Name of father |
|---|---|---|---|
| Nov. 23, 1952 | [illegible] | [illegible] | [illegible] |

| Type of document | By whom issued and signed | Date issued | Date grad. entry |
|---|---|---|---|
| Application for Insurance | [illegible] Metropolitan Life Insurance Co. | Nov. 13, 1953 | |

| Date of birth | Birth place | Full name of mother | Name of father |
|---|---|---|---|
| Nov. 23, 1952 | [illegible] | [illegible] | [illegible] |

| Type of document | By whom issued and signed | Date issued | Date grad. entry |
|---|---|---|---|
| School Report | University of Idaho | | |

| Date of birth | Birth place | Full name of mother | Name of father |
|---|---|---|---|
| Nov. 23, 1952 | [illegible] | [illegible] | [illegible] |

Class B

SUPPORTING EVIDENCE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that sufficient evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Reg. Stat.

Evidence reviewed by

Date Filed

April 5, 1954

Items marked are those not dated before the registrant's fourth birthday.
Items marked are those made after the fourth birthday but before the registrant's 18th year.

795-108-029-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 6 - 1954
Division of Vital Statistics

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 370
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Arthur Gilbert Greer | | | 2. Date of Birth (month) (day) (year): July 8 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Idaho Latah | b. City or Town of Birth: EAST COVE District |
| **FATHER** | 6. Full Name of Father: Emerson Rose OE Greer | | | 7. State or Country of Father's Birth: Portsmouth OHIO |
| **MOTHER** | 8. Full Maiden Name of Mother: Arlena Florence Berry | | | 9. State or Country of Mother's Birth: Stansberry MO |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Arthur Gilbert Greer | | 11. Present Address of Registrant: 217 3rd STREET LEWISTON Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on MAY 4 1954 19 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Apr 8 1957 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Census Record | By whom issued and signed: Latah County Supt. of Public Instr. Nell P. LaFollette, Co. Supt. | Date Issued: 4/29/52 | Date Orig. Entry: Census records for 1919 |
| Class* B | Date of Birth: 17 yrs old / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Letter re Insurance records | By whom issued and signed: Potlatch Forests, Inc. by Lloyd L. Southwick | Date Issued: Statement dated Apr.15,1954 | Date Orig. Entry: |
| Class B | Date of Birth: July 8, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Selective Service record | By whom issued and signed: State Headquarters for Selective Service | Date Issued: 4/21/54 | Date Orig. Entry: Registered on Feb. 16, 1942 |
| Class B | Date of Birth: July 8, 1902 / Birth Place: Potlatch, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Edna Hamilton | May 5, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 6 • 1954

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1. | Type of document: School Census Record | Date issued: July 1, 1954 | Date orig. entry: Census records for 1916 |
| | Date of birth: 17 yrs old | By whom issued and signed: Latah County Supt. of Public Instr. Noll E. McMillate, Co. Supt. | Name of father: |
| | Place of birth: | Full name of mother: | |
| SUPPORTING RECORD 2. | Type of document: Letter re Insurance records | By whom issued and signed: Latah Records, Inc. by Lloyd L. Smithick | Date issued: Statement dated Apr. 15, 1954 |
| | Date of birth: July 8, 1902 | Full name of mother: | Name of father: |
| SUPPORTING RECORD 3. | Type of document: Selective Service record | By whom issued and signed: State Headquarters Selective Service | Date issued: 1/21/54 |
| | Date of birth: July 8, 1902 | Full name of mother: | Name of father: |

Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been received, which substantiates the facts as set forth in the accompanying statement.

| Registrar | Authorized by | Date filed |
|---|---|---|
| W. V. Hanson | Fdna Hamilton | May 6, 1954 |

413-227,040-264

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 25 1954
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-420
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Alice Mattson | | 2. Date of Birth (month) December (day) 27 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Shoshone | b. City or Town of Birth: Kellogg |
| **FATHER** | 6. Full Name of Father: John Frederick Mattson | | 7. State or Country of Father's Birth: Gutenberg Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hulda Alma Sommers | | 9. State or Country of Mother's Birth: Lipsieck Saxony Germany | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth Alice Mattson | 11. Present Address of Registrant: 113 Kellogg ave. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 22 1954 | 12. Signature of Notary: Wendell R. Brainard | 13. Notary Commission expires: April 3 1954 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Emmanuel Episcopal, Kellogg Idaho | Date Issued: Baptized | Date Orig. Entry: Feb. 15, 1914 |
| Class* B | Date of Birth: Dec. 27, 1902 / Birth Place: Kellogg, Idaho | Full Name of Mother: Hulda Alma Mattson | Name of Father: John Frederick Mattson | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Hulda Alice Mattson | Date Issued: 3-22-54 | Date Orig. Entry: |
| Class B | Date of Birth: Dec. 27, 1902 / Birth Place: Kellogg, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by | By whom issued and signed: Andrew W. Andersen | Date Issued: May 18, 1954 | Date Orig. Entry: |
| Class B | Date of Birth: Dec. 27, 1902 / Birth Place: Kellogg, Idaho | Full Name of Mother: Mrs and Mr. John Mattson | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Field | Date Filed: May 21, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Certificate of Birth

Type of Document

Affidavit

Date of Birth

Place of Birth

Name of Father

Name of Mother

Date Filed

May 21, 1924

653-116-018 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 10 1954
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. ~~De54-478~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Name: Jeff D. Welch, Jr. | | 2. Date of Birth (month) May (day) 16 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth: Idaho a. County: Canyon | b. City or Town of Birth: Pearl |
| **FATHER** | 6. Full Name of Father: Jefferson Davis Welch | | 7. State or Country of Father's Birth: West Virginia | |
| **MOTHER** | 8. Full Maiden Name of Mother: Carrie McCabe | | 9. State or Country of Mother's Birth | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jeff D. Welch Jr | 11. Present Address of Registrant: Ridgewood Ranch, Ukiah, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 20 19 54 | 12. Signature of Notary: John A. Cann Jr | 13. Notary Commission expires: June 4 19 56 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: The Mutual Life Insurance Company of New York | Date Issued: Feb. 6, 1940 | Date Orig. Entry |
| Class* B | Date of Birth: May 16, 1902, Pearl, Idaho | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Alice Koll | Date Issued: May 20, 1954 | Date Orig. Entry |
| Class B | Date of Birth: May 16, 1902, Pearl, Idaho | Birth Place | Full Name of Mother: Carrie McCabe | Name of Father: Jefferson Davis Welch |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Uncle | By whom issued and signed: Joseph F. Koll | Date Issued: May 20, 1954 | Date Orig. Entry |
| Class B | Date of Birth: May 16, 1902 | Birth Place: Pearl, Idaho | Full Name of Mother: Carrie McCabe | Name of Father: Jefferson Davis Welch |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Keefer | Date Filed: June 10, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1-13

Local Reg. No.

Reg. Dist. No.

1. Registrant's Legal Name: Jeff G. Welch, Jr.

2. Date of Birth (Month, Day, Year): May 10 1902

3. Sex: Male

4. Place of Birth (County): Idaho

5. City or Town of Birth: Pearl

6. Full Name of Father: Jefferson Davis Welch

7. State or Country of Father's Birth: West Virginia

8. Maiden Name of Mother: Carrie McCabe

9. State or Country of Mother's Birth: [illegible]

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: Hideaway Ranch, Utah, Calif.

12. Signature of Notary: [illegible]

13. Notary Commission Expires: June 4 1956

14. Date Filed: June 10, 1956

RECEIVED JUN 10 1956

JUN 10 1956

Supporting Record 1: Type of Document: Insurance Policy — Date of Birth as it Appears: May 10, 1902, Pearl, Idaho — By whom Issued and Signed: The Mutual Life Insurance Company of New York — Full Name of Mother: [illegible] — Date Issued: Feb. 9, 1910 — Date Orig. Entry: [illegible] — Name of Father: [illegible]

Supporting Record 2: Type of Document: Affidavit by Aunt — Date of Birth as it Appears: May 10, 1902, Pearl, Idaho — By whom Issued and Signed: Alice Roll — Full Name of Mother: Carrie McCabe — Date Issued: May 20, 1956 — Date Orig. Entry: [illegible] — Name of Father: Jefferson Davis Welch

Supporting Record 3: Type of Document: Affidavit by Uncle — Date of Birth as it Appears: May 10, 1902, Pearl, Idaho — By whom Issued and Signed: Joseph F. Roll — Full Name of Mother: Carrie McCabe — Date Issued: May 20, 1956 — Date Orig. Entry: [illegible] — Name of Father: Jefferson Davis Welch

Other Information: [illegible]

Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

Signature: [illegible] — Date Filed: June 10, 1956

Date of Issue: [illegible]

DO NOT WRITE BELOW THIS LINE

993-113
003-512

RECEIVED
JUN 11 1954
Division of Vital Statistics

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 1 years ____ months ____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address (For registration notice): Soda Springs, Idaho.
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Richelsen, Jr.

5. Date of Birth (Month, day, year) 2-13-02

6. Sex M

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John T. Richelsen
11. Color or Race W
12. Age at time of THIS birth 23 yrs.
13. Birthplace Pa. (City or Town) (State or foreign country)
14. Exact Occupation Presbeterian Minister
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Stella Hart Eakin
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tenn. (City or Town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Stella H. Richelsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 11, 1954 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Ida Date 10-27-43, 3 A.M

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JUN 14 1954

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County BENEWAH (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's usual residence

In Hosp. or Mat. Home days
In THIS county 1 years months days

2. RESIDENCE OF MOTHER: (Always fill in items)
(a) State Idaho (b) County BENEWAH
(c) City Idaho, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's usual residence

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

5. Date of Birth (Month, day, year)

6. Sex

7. Twin or Triplet

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME

11. Color or Race

12. Age at time of THIS birth yrs.

13. Birthplace (City or Town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

17. Color or Race

18. Age at time of THIS birth yrs.

19. Birthplace (City or Town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

23. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date above stated, and that personal particulars were furnished by (First name) (Last name), who is related to child as (Mother, etc.)

24. (a) June 11, 1954 (Date received) (b) (Signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on (Registrar's signature)

Use only PERMANENT INK. Do not write in this space. Affix seal of office. Do not detach. Attach to birth record. MUST BE FILED WITHIN 10 days after the birth in the district where the birth occurred in THIS State. Date filed with State Registrar of Vital Statistics, Boise, Idaho.

State File No.
Local Reg. No.
Reg. Dist. No.

Office of Director
Department of Commerce
Bureau of the Census, Division of Vital Statistics

(Type or print in indelible ink and accurately)

263-231-044-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED DEC 31 1953 Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54-503
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: OPAL JENNIE POTTER | | 2. Date Of Birth (month) March (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth: Idaho a. County: Washington | b. City or Town of Birth: Midvale |
| **FATHER** | 6. Full Name of Father: Daniel Casper Potter | | 7. State or Country of Father's Birth: Marysville, Missouri Nodaway County | |
| **MOTHER** | 8. Full Maiden Name of Mother: Theresa Jennie Broyles | | 9. State or Country of Mother's Birth: ~~Princeton~~ Hall Hall, Missouri Mercer County | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Opal Jennie Potter | 11. Present Address of Registrant | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 7 1953 | 12. Signature of Notary: John N. Lange | 13. Notary Commission expires: April 1 1954 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage Record | By whom issued and signed: County of Walla Walla, Walla Walla, Wash. | Date Issued: issued | Date Orig. Entry: Jan. 12, 1927 |
| Class* B | Date of Birth: 27 yrs old / Birth Place: Midvale, Idaho | Full Name of Mother: Jennie Broyles | Name of Father: Daniel C. Potter | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister | By whom issued and signed: Etta M. Branch | Date Issued: Feb. 4, 1954 | Date Orig. Entry: |
| Class B | Date of Birth: Mch 21, 1902 / Birth Place: Midvale, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by | By whom issued and signed: Mrs. Bertha Ader | Date Issued: June 7, 1954 | Date Orig. Entry: |
| Class B | Date of Birth: Mch 21, 1902 / Birth Place: Midvale, Idaho | Full Name of Mother: Theresa Potter | Name of Father: Daniel Casper Potter | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Geyer | Date Filed: June 15, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Mon 21, 1902, Albion, Idaho

Theresa Potter

Mon 21, 1902, Albion, Idaho

Theresa Potter

495-114-028-942

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 23 1954
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-329 511
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Glenn Alfred Diehl | | | 2. Date of Birth (month) (day) (year): September 14. 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Harrison |
| **FATHER** | 6. Full Name of Father: William Baltzer Diehl | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Myrtle Maria Russell | | | 9. State or Country of Mother's Birth: Minnesota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Glenn Alfred Diehl | | 11. Present Address of Registrant: 6112 - 28TH Ave So. Seattle 8, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 16 1954 | 12. Signature of Notary: Mildred Trulin | | 13. Notary Commission expires: Feb 19 1956 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: | Date Orig. Entry: |
| Class* B | Date of Birth: Sept. 14, 1902, | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: Census of | Date Orig. Entry: 1920 |
| Class B | Date of Birth: 16 yrs old | Birth Place: Idaho | Full Name of Mother: Myrtle M. Diehl | Name of Father: William B. Diehl |
| **SUPPORTING RECORD 3.** | Type of Document: Child's birth certificate | By whom issued and signed: Calif. Board of Health | Date Issued: | Date Orig. Entry: June 2, 1927 |
| Class B | Date of Birth: 24 yrs old | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Freeman | | Date Filed: June 18, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Bible Record

| | | | |
|---|---|---|---|
| Date of birth | Place | Full name of father | Full name of mother |
| 10 yrs old | Idaho | | |

| | | | |
|---|---|---|---|
| Date of birth | Place | Full name of father | Full name of mother |
| 2h yrs old | Idaho | | |

JUN 18 1955

FILED TRANSFERRED
DEPARTMENT OF VITAL STATISTICS
STATE OF IDAHO

415-202-014-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-559
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ESTHER BELLE MANNING | | 2. Date of Birth (month) 8 (day) 2 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth: Idaho a. County: Canyon | b. City or Town of Birth: Caldwell |
| **FATHER** | 6. Full Name of Father: Levi Benjamin Manning | | 7. State or Country of Father's Birth: Nebraska | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Douglas Moore | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Esther Belle Manning Black | 11. Present Address of Registrant: 1829 Torrance Street | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 6-29-54 19 | 12. Signature of Notary: Harriet K. Sopp | 13. Notary Commission expires: My Commission Expires October 8, 1954 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible, viewed by Laura Ludolph Notary Public | Date Issued | Date Orig. Entry: Aug. 2, 1902 |
| Class* A | Date of Birth: Aug. 2, 1902, | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister | By whom issued and signed: Anna Lillian Manning Ohlemeyer | Date Issued: June 26, 1954 | Date Orig. Entry |
| Class B | Date of Birth: Aug. 2, 1902, | Birth Place: Caldwell, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
| Class | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by | Date Filed: July 1, 1954 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 2 1954

256-209-206-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 9 - 1954 Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 662
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MATA MARY GEORGE | | 2. Date of Birth (month) April (day) 9 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: ADA | b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: ALBERT ELZA GEORGE | | 7. State or Country of Father's Birth: Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY McCUSH | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mata M. Brown | 11. Present Address of Registrant: Route 4, Box 1734 Oroville, California | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 5th 1954 | 12. Signature of Notary: Marie A. Torre | 13. Notary Commission expires: April 23rd 1955 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record of 1910 | By whom issued and signed: Bureau of the Census | Date Issued: 7/23/54 | Date Orig. Entry: Census of April 15, 1910 |
| Class* B | Date of Birth: 8 yrs old / Birth Place: Idaho | Full Name of Mother: Mary George | Name of Father: Albert E. George | |
| **SUPPORTING RECORD 2.** | Type of Document: School Census record | By whom issued and signed: Boise Senior High School George H. Fields, Principal | Date Issued: 6/4/54 | Date Orig. Entry: Jan. 24, 1916 |
| Class B | Date of Birth: April 9, 1902 / Birth Place: Boise, Idaho | Full Name of Mother: | Name of Father: A. E. George | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Mother | By whom issued and signed: Mary George | Date Issued: August 3, 1954 | Date Orig. Entry: |
| Class B | Date of Birth: April 9, 1902 / Birth Place: Boise, Idaho | Full Name of Mother: Mary George | Name of Father: Albert Elza George | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: August 10, 1954 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 10 1954

REGISTRANT

1. Registrant's full name at birth: MARTIN JOHN GERMUSCH

2. Color or race: W

3. Place of birth: Ada County, Boise

4. Date of birth: April 9, 1902

FATHER

5. Full name of father: Albert F. Germusch

6. State or country of father's birth: Missouri

7. Maiden name of mother: Mary Moulish

8. State or country of mother's birth: Missouri

9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of registrant: Martin J. Germusch

11. Signature of notary: [illegible]

12. Notary Commission expires: [illegible]

13. Present address of registrant: Route 1, Box 1734, Grovelle, California

14. Date: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING DOCUMENT 1

Type of document: Census Bureau of 1920

Date of birth: [illegible] Place: [illegible]

By whom issued and signed: Bureau of the Census

Date issued: 7/25/21

Date orig. entry: [illegible]

Name of father: [illegible]

Full name of mother: [illegible]

SUPPORTING DOCUMENT 2

Type of document: School Code & Record

Date of birth: [illegible] Place: [illegible]

By whom issued and signed: [illegible]

Date issued: 6/1/21

Date orig. entry: Jan. 29, 1920

Name of father: A. J. Germus

Full name of mother: [illegible]

SUPPORTING DOCUMENT 3

Type of document: Affidavit of [illegible]

Date of birth: [illegible] Place: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible]

Date orig. entry: [illegible]

Name of father: Albert Ilza Germus

Full name of mother: Mary George

Class: [illegible]

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date: [illegible]

Signature: [illegible]

Evidence reviewed by: [illegible]

Date filed: August 10, 1954

Page 2 Number of those cards dated after the registrants fourth birthday.
Number of those cards dated after the fourth birthday and are at least 3 years old.

914-207001-844

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 709
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Luella B. Rambo | | | 2. Date of Birth (month) Oct (day) 7 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Star |
| **FATHER** | 6. Full Name of Father: John Jackson Rambo | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Leota Lutisia Hudson | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Luella B. Cunningham | | 11. Present Address of Registrant: 1810 Bannock |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 25 1954 | 12. Signature of Notary: Bernard E. High | | 13. Notary Commission expires: Sept 5 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Bible | By whom issued and signed: Mrs. John Rambo, mother | Date issued: | Date Orig. Entry: 1902 |
| Class* A | Date of Birth: Octo 7, 1902 / Birth Place: Star, Idaho | Full Name of Mother: Leoti Luticia Hudson | Name of Father: John Jackson Rambo | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Oregon Mutual Life Ins. Co. | Date issued: 3/30/1939 | Date Orig. Entry: 3/30/1939 |
| Class B | Date of Birth: Oct. 7, 1902 / Birth Place: Star, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Pat Shields | Date Filed: Aug. 25, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1954

235-126-031-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 735
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HENRY EARL STELLMON | | 2. Date of Birth (month) November (day) 26 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lewis | b. City or Town of Birth: Nezperce |
| **FATHER** | 6. Full Name of Father: Jacob Andrew Stellmon | | 7. State or Country of Father's Birth: Tennessee | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Francis Anderson | | 9. State or Country of Mother's Birth: Arkansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Henry Earl Stellmon | 11. Present Address of Registrant: 1109 - 15th Street Clarkston, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 31 1954 | 12. Signature of Notary: E O Stellmon | 13. Notary Commission expires: Dec 17 1956 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible record of family births | By whom issued and signed: | Date Issued: | Date Orig. Entry: Nov. 26, 1902 |
| Class* A | Date of Birth: Nov. 26, 1902 | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: School enrollment record | By whom issued and signed: Nezperce Public Schools | Date Issued: April 19, 1954 | Date Orig. Entry: |
| Class B | Date of Birth: Nov. 26, 1902 | Birth Place: Nezperce, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton 8/27/54 | Date Filed: Sept. 2, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 232

Local Reg. No.

Reg. Dist. No.

SEP 2 1924

REGISTRAR'S STATEMENT

(Person making birth in person)

1. Registrant's full name at time of birth: Jacob Aurer Sheldon

2. Date of birth (month) (day) (year): November 26 1902

3. Color or race: White

4. Sex: male

5. Place of birth (county): Twin Falls

6. City or town of birth: Hagerman

FATHER

7. Full name of father: Jacob Aurer Sheldon

8. State or country of father's birth: Pennsylvania

MOTHER

9. Full maiden name of mother: Mary Frances Anderson

10. State or country of mother's birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]

12. Present address of Registrant: 1402 - 12th Street Lewiston, Nez Perce County

NOTARY (Seal)

Subscribed and sworn to before me on [illegible]

13. Signature of Notary: [illegible]

14. Notary commission expires: [illegible]

SUPPORTING RECORD A

Type of document: Bible record of family birth

Date of birth, birth place: Nov. 26, 1902

Class: A

Date issued: [illegible]

Date rec'd: [illegible]

SUPPORTING RECORD B

Type of document: Delayed certificate record

Date of birth, birth place: Nov. 26, 1902 Hagerman, Idaho

Class: B

Date issued: April 10, 1924

Date rec'd: [illegible]

SUPPORTING RECORD C

Type of document: [illegible]

Date of birth, birth place: [illegible]

Class: [illegible]

Date issued: [illegible]

Date rec'd: [illegible]

DO NOT WRITE BELOW THIS LINE

APPLICANT

Name of Registrant: [illegible]

Full name of father: [illegible]

Full name of mother: [illegible]

Date issued: [illegible]

Date rec'd: [illegible]

Date filed: Sept. 2, 1924

Evidence reviewed by: Edna Hamilton

Date Registrar: W. M. Denson

Copy of [illegible] are those made and dated [illegible] registrar's [illegible] Class [illegible] are those not dated [illegible] registrar's [illegible]

455-111-029-367

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54 784
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rowland Ray Mendenhall | | | 2. Date of Birth (month) Dec. (day) 11 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Potlatch |
| | | | Potlatch, Idaho | |
| **FATHER** | 6. Full Name of Father: Scott Mendenhall | | | 7. State or Country of Father's Birth: Minnesota |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Rosetta Cox | | | 9. State or Country of Mother's Birth: Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Rowland Ray Mendenhall | | 11. Present Address of Registrant: 1018 East "E" — Moscow, Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Melvin J. Skoog 1954 | 12. Signature of Notary | | 13. Notary Commission expires: 12/15 1954 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible record of family births | | By whom issued and signed | Date Issued | Date Orig. Entry: Dec. 11, 1902 |
| Class* A | Date of Birth: Dec. 11, 1902 | Birth Place | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 2.** | Type of Document: Census record of 1920 | | By whom issued and signed: Bureau of the Census | Date Issued: 11/17/52 | Date Orig. Entry: Census of ~~Jan. 1, 1920~~ |
| Class B | Date of Birth: 17 yrs old | Birth Place: Idaho | Full Name of Mother | Name of Father: Scott Mendenhall | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by an Aunt | | By whom issued and signed: Ina Adair | Date Issued: Jan. 5, 1954 | Date Orig. Entry |
| Class B | Date of Birth: Dec. 11, 1902 | Birth Place: Potlatch, Idaho | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: Sept. 22, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 23 1954

Date of Birth: Dec. 11, 1902

Name of Father: Scott Mendenhall

Date Issued: Jan. 5, 1911

Name of Mother: Ada Adair

Place of Birth: Potlatch, Idaho

Date Filed: Sept. 22, 1908

Witness reviewed by: Ora Hamilton

Registrar: W. W. Benson

367/15/029-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54 821
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Andrew Thompson Cox | | | 2. Date Of Birth (month) (day) (year): December 15, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Juliaetta |
| **FATHER** | 6. Full Name of Father: William Cox | | | 7. State or Country of Father's Birth: Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Lelia Bonnell | | | 9. State or Country of Mother's Birth: Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Andrew Thompson Cox | | 11. Present Address of Registrant: Kendrick, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 23 1954 | 12. Signature of Notary: Frank Barton | | 13. Notary Commission expires: Nov 17, ~~1954~~ 1956 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Insurance | By whom issued and signed: Great Northwest Life Ins. Co. | Date Issued: | Date Orig. Entry: Aug. 22, 1939 |
| Class* B | Date of Birth: Dec. 15, 1902 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Application for Insurance | By whom issued and signed: Grange Mutual Life Company | Date Issued: | Date Orig. Entry: Oct. 28, 1940 |
| Class B | Date of Birth: Dec. 15, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Edgar Kent | By whom issued and signed: Edgar Kent (Half-Brother) | Date Issued: September | Date Orig. Entry: 16, 1954 |
| Class B | Date of Birth: Dec. 15, 1902 / Birth Place: Juliaetta, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: Oct. 6, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

JUN 16 1969

Registrant's Full Name at Birth

Andrew Thompson Cox

3. Date of Birth 4. Sex 5. Place of Birth

Male Illinois

FATHER

6. Full Name of Father

Andrew Cox

7. State or Country of Father's Birth

Illinois

MOTHER

8. Full Maiden Name of Mother

Lily Tomsell

9. State or Country of Mother's Birth

Illinois

10. I certify under oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant

Twin Falls, Idaho

Subscribed and sworn to before me on

12. Signature of Registrant

13. Signature of Notary

14. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document: Application for Insurance

By whom issued and signed: Great Northern Life Ins. Co.

Date issued: Aug. 20, 1939

Date of Birth: Birth Place: Full Name of Mother: Name of Father:

SUPPORTING RECORD 2.

Type of Document: Application for Insurance

By when issued and signed: Unique Mutual Life Company

Date issued: Oct. 28, 1940

Date of Birth: Birth Place: Full Name of Mother: Name of Father:

SUPPORTING RECORD 3.

Type of Document: Affidavit by Edgar Hunt

By when issued and signed: Edgar Hunt [illegible]

Date issued: November 16, 1940

Date of Birth: Birth Place: Full Name of Mother: Name of Father:

ADDITIONAL INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

Date Registrar: H. W. Jordan

Evidence reviewed by: Edna Hamilton

Date Filed: Oct. 6, 1944

695-110-029-355

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 1 0 1954
Division of Vital Statistics

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 901
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name: Ernest Earl Freytag | | 2. Date of Birth (month) December (day) 10 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Kendrick, Latah | b. City or Town of Birth: Kendrick |
| **FATHER** | 6. Full Name of Father: William Henry Freytag | | 7. State or Country of Father's Birth: Germany | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ottilie Lenz | | 9. State or Country of Mother's Birth: Germany | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ernest Earl Freytag | 11. Present Address of Registrant: Kendrick, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov 6 1954 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Jan 27th 1956 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church record of Baptism | By whom issued and signed: Theo A. Meske, Pastor Emanuel Lutheran Church | Date Issued: 10/21/54 | Date Orig. Entry: Baptized on April 19, 1903 |
| Class* A | Date of Birth: Dec. 10, 1902 / Birth Place: Kendrick, Idaho | Full Name of Mother: Ottilie Freytag | Name of Father: William Freytag | |
| **SUPPORTING RECORD 2.** | Type of Document: School enrollment record | By whom issued and signed: Joint School Dist. No. 283 Robert L. Meserve, Supt. | Date Issued: 10/27/54 | Date Orig. Entry: Sept. 1915 |
| Class B | Date of Birth: 12 yrs old / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Frank Crocker Mrs. Frank Crocker | Date Issued: Nov. 6, 1954 | Date Orig. Entry: |
| Class B | Date of Birth: Dec. 10, 1902 / Birth Place: Kendrick, Idaho | Full Name of Mother: Mr. and Mrs. William Freytag | Name of Father: | |

**QUALIFYING INFORMATION**

CLASS B. Affidavit by William L. Coneller, giving birthdate as December 10, 1902 and place of birth as Kendrick, Idaho.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Edna Hamilton | Nov. 10, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 18 1906

JAN 27 1906

813-212-006-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-939
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Florence May Hall | | | 2. Date of Birth (month) July (day) 12 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Idaho Falls, Bingham | b. City or Town of Birth: Idaho Falls, Ida. |
| **FATHER** | 6. Full Name of Father: Emery Jay Hall | | | 7. State or Country of Father's Birth: U. S. A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Johannah Hook | | | 9. State or Country of Mother's Birth: England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Florence H. Lowe | | 11. Present Address of Registrant: Mackay, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 22 1954 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 1-17 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: L. D. S. Church | Date Issued: | Date Orig. Entry: Aug. 2, 1902 |
| Class* A | Date of Birth: July 12, | Birth Place: 1902, Idaho Falls, Idaho | Full Name of Mother: | Name of Father: E. J. Hall |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit | By whom issued and signed: Anna P. Anglesey | Date Issued: Nov. 18, | Date Orig. Entry: 1954 |
| Class B | Date of Birth: July 12, | Birth Place: 1902, Idaho Falls, Idaho | Full Name of Mother: Mary Johannah Hook | Name of Father: Emery J. Hall |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | | Date Filed: Nov. 23, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

| | | | |
|---|---|---|---|
| | | R. S. Church | Aug. 2, 1902 |
| | | | |
| | | | |
| | | |

451-131-010-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54-947
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elwood Garn Meadows | | 2. Date of Birth (month) July (day) 31 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: Male | 5. Place of Birth a. County: Bonneville | b. City or Town of Birth: Iona, Idaho |
| **FATHER** | 6. Full Name of Father: Franklin Richard Meadows | | 7. State or Country of Father's Birth: Utah, Summit | |
| **MOTHER** | 8. Full Maiden Name of Mother: Amanda Matilda Garn | | 9. State or Country of Mother's Birth: Utah, Summit | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elwood L. Meadows | 11. Present Address of Registrant: American Falls, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 28th of October 1954 | 12. Signature of Notary: Van W. Meadows | 13. Notary Commission expires: May 14 1958 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Blessing | By whom issued and signed: L. D. S. Church | Date Issued: Blessed | Date Orig. Entry: Sept. 7, 1902 |
| Class* A | Date of Birth: July 31, 1902 | Birth Place: Iona, Idaho | Full Name of Mother: Amanda Matilda Garn | Name of Father: Franklin Richard Meadows |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Mutual of Omaha | Date Issued: Apr. 21, 1943 | Date Orig. Entry: |
| Class B | Date of Birth: July 31, 1902 | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: 7-31-1902 | Date Orig. Entry: |
| Class A | Date of Birth: July 31, 1902 | Birth Place: Iona, Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fielder | Date Filed: Nov. 29, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 30 1954

1. Registrant's Full Name at Birth: Jerome Joseph Jensen

2. Date of Birth (Month, Day, Year): July 21, 1902

3. Place of Birth (County, City, State): Bonneville, Idaho, Idaho

4. Sex: Male

5. Color or Race: White

6. Full Name of Father: Joseph Johnson Jensen

7. Place of Birth of Father (City, County, State): Utah, Summit

8. Full Maiden Name of Mother: Amanda Kathleen Jensen

9. Place of Birth of Mother (City, County, State): Utah, Summit

10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Declarant: [illegible]

12. Present Address of Declarant: Bonneville County, Idaho

13. Subscribed and sworn to before me on: October 19 [illegible]

14. Signature of Notary: [illegible]

15. Notary Commission Expires: [illegible] 19 [illegible]

NOTARY (Seal)

REGISTRAR - DO NOT WRITE BELOW THIS LINE

| Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| Certificate of Passing | U. S. Church | Missed | Sept. 7, 1902 |
| Date of Birth, Birth Place | Full Name of Mother | Name of Father | |
| July 21, 1902, Idaho | | | |

| Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| Insurance Policy | Mutual of Omaha | Apr. 21, 1942 | |
| Date of Birth, Birth Place | Full Name of Mother | Name of Father | |
| July 21, 1902 Idaho | | | |

| Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| Birth Record | Family Bible | 7-31-1902 | |
| Date of Birth, Birth Place | Full Name of Mother | Name of Father | |
| July 21, 1902, Idaho, Idaho | | | |

Class A

QUALIFYING INFORMATION

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. Benson | | Nov. 29, 1954 |

Delayed registrations are those made and dated before the registrant's tenth birthday. Delayed records are those made after the 10th birthday but are at least 5 years old.

165-224-011-513

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-955
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazel Jones | | | 2. Date Of Birth (month) Feb. (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: | 5. Place of Birth a. County: Idaho Boundry | b. City or Town of Birth: Bonners Ferry |
| **FATHER** | 6. Full Name of Father: Thomas Jefferson Jones | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Ambrosia Rosetta Eaton | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hazel Jones Fuller | | 11. Present Address of Registrant: Orofino, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 26 1954 | 12. Signature of Notary: Gayle Hayden Clerk of the District Court | | 13. Notary Commission expires: 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Record | By whom issued and signed: Family | Date Issued: 2-24-1902 | Date Orig. Entry: |
| Class* A | Date of Birth: Feb. 24, | Birth Place: 1902, Bonners Ferry, Idaho | Full Name of Mother: Ambrosia R. Eaton | Name of Father: Thomas J. Jones |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: Division of Vital Statistics, Boise, Ida. | Date Issued: | Date Orig. Entry: Aug. 1, 1937 |
| Class B | Date of Birth: 35 yrs | Birth Place: old, Bonners Ferry, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Anna B. Bishop | Date Issued: Sept. 11, | Date Orig. Entry: 1954 |
| Class B | Date of Birth: Feb. 24, | Birth Place: 1902, Bonners Ferry, Ida. | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: | Date Filed: Nov. 30, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 30 1954

553-216-009-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-975
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Maude Nelson | | | 2. Date of Birth (month) June (day) 16 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: FEMALE | 5. Place of Birth a. County: Bonner | b. City or Town of Birth: Hope, Idaho |
| **FATHER** | 6. Full Name of Father: Robert Blackwood Nelson | | | 7. State or Country of Father's Birth: Nova Scotia |
| **MOTHER** | 8. Full Maiden Name of Mother: Augusta Williams Nelson | | | 9. State or Country of Mother's Birth: Norway |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Maude Cantwell | | 11. Present Address of Registrant: 955 N.E. 81 - Portland, Ore. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 3 1954 | 12. Signature of Notary: C. Harry Paulson | | 13. Notary Commission expires: November 13 1958 |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License Affidavit | By whom issued and signed: State of Idaho County of Bonner | Date Issued: Feb. 3, 1919 | Date Orig. Entry |
| Class* B | Date of Birth: 16 yrs old / Birth Place | Full Name of Mother | Name of Father: Robert Nelson | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by | By whom issued and signed: Louise Amblie | Date Issued: Nov. 27, | Date Orig. Entry: 1954 |
| Class B | Date of Birth: June 16, / Birth Place: 1902, Hope, Idaho | Full Name of Mother: Augusta Williams | Name of Father: Robert B. Nelson | |
| **SUPPORTING RECORD 3.** | Type of Document: School Census | By whom issued and signed: Bonner County Dist. 82 Sup't of Schools | Date Issued: Census of | Date Orig. Entry: Sept. 1910 |
| Class B | Date of Birth: 7 yrs old / Birth Place | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mary Fredus | Date Filed: Dec. 6, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 7 1966

213-223-010-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De54-976
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Irene Bates | | 2. Date of Birth (month) (day) (year): Aug. 23. 1902 |
| | 3. Color or Race: White | 4. Sex | 5. Place of Birth a. County: Willow Creek Bonneville; b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: Samuel Danial Bates | | 7. State or Country of Father's Birth: Utah, Wanship |
| **MOTHER** | 8. Full Maiden Name of Mother: Eliza Ruth McLing | | 9. State or Country of Mother's Birth: Wanship Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Irene Roberts | 11. Present Address of Registrant: 1614 Fillmore St. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec 1 1954 | 12. Signature of Notary: Mabel Fleder | 13. Notary Commission expires: May 7 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: L. D. S. Church | Date Issued: Blessed | Date Orig. Entry: Sept. 7, 1902 |
| Class* B | Date of Birth: Aug. 23, | Birth Place: 1902, Willow Creek, Idaho | Full Name of Mother: Eliza McLing | Name of Father: Samuel D. Bates |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: State of Colorado | Date Issued: | Date Orig. Entry: Oct. 28, 1926 |
| Class B | Date of Birth: 24 yrs old | Birth Place: Willow Creek, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fleder | | Date Filed: Dec. 8, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #2063

DEC 9 1954

436-22-0044-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED DEC 8 1954 Division of Vital Statistics

State File No. De54-983
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: VELMA JEANNETTE McFADDEN | | | 2. Date of Birth (month) APRIL (day) 22 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth (City or County): WILBURUS, IDAHO -WASHINGTON | b. City or Town of Birth: Wilburus, Idaho |
| **FATHER** | 6. Full Name of Father: LAFAYETTE McFADDEN | | | 7. State or Country of Father's Birth: OHIO |
| **MOTHER** | 8. Full Maiden Name of Mother: EMMARINTHA LAVINA JONES | | | 9. State or Country of Mother's Birth: ARKANSAS |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Velma J. McFadden Grant | | 11. Present Address of Registrant: 620 Bonita Dr Tulare Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 6, 1954 | 12. Signature of Notary: C R Sturgeon | | 13. Notary Commission expires: 3-17-1955 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: 1920 Census | Date Orig. Entry |
| Class* B | Date of Birth: 17 yrs old / Birth Place: Idaho | Full Name of Mother: Emma McFadden | Name of Father: Lafayette McFadden | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: County Clerk & Recorder Payette County, Idaho | Date Issued: 4-10-24 | Date Orig. Entry |
| Class B | Date of Birth: 21 yrs old / Birth Place: Wilburus, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Isaac W. Cornett | Date Issued: Oct. 26, | Date Orig. Entry: 1954 |
| Class B | Date of Birth: Apr. 22, / Birth Place: 1902, Washington County | Full Name of Mother: E. Lavina McFadden | Name of Father: Lafayette McFadden | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fleeks | | Date Filed: Dec. 9, 1954 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

DEC 10 1954

REGISTRANT

1. Registrant's full name at birth

2. Sex

3. Color or race

4. Date of birth (month) (day) (year)

5. Place of birth (County)

6. City or town of birth

7. State or country of father's birth

8. State or country of mother's birth

9. Maiden name of mother

10. Present address of registrant

11. Signature of registrant

12. Notary Commission expires

AFFIDAVIT

I (we) swear (affirm) upon oath that the statements made herein are true to the best of my (our) knowledge and belief.

Subscribed and sworn to before me on

Signature of notary

SUPPORTING RECORD

Type of document

Date of birth Birth place

Full name of mother

Date issued and signature

Date issued

Date orig. Entry

Name of father

SUPPORTING RECORD 2

Type of document

Date of birth Birth place

Full name of mother

Date issued and signature

Date issued

Date orig. Entry

Name of father

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Date filed

Dec. 9, 1954

141-112-037-286

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 10 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-23
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HARRY FAY ADAMS | | | 2. Date of Birth (month) FEB (day) 12 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Silver City Idaho Owyhee | b. City or Town of Birth: Silver City Idaho |
| **FATHER** | 6. Full Name of Father: William Henry Adams | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Etta Mary Byfield | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harry Fay Adams | | 11. Present Address of Registrant: Route #3 Nampa, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 7 1955 | 12. Signature of Notary: Carlton Moore Jr. | | 13. Notary Commission expires: June 8 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: 1910 Census | Date Orig. Entry |
| Class* B | Date of Birth: 8 yrs old / Birth Place: Idaho | Full Name of Mother: Etta and | Name of Father: William Adams | |
| **SUPPORTING RECORD 2.** | Type of Document: Registration Record | By whom issued and signed: State Headquarters for Selective Service | Date Issued: Registered 2-16-42 | Date Orig. Entry |
| Class B | Date of Birth: Feb. 12, / Birth Place: 1902, Silver City, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Social Security Account Number | By whom issued and signed | Date Issued: 3-25-46 | Date Orig. Entry |
| Class B | Date of Birth: Feb. 12, / Birth Place: 1902, Silver City, Idaho | Full Name of Mother: Etta Mary Byfield | Name of Father: Wm. Henry Adams | |

**QUALIFYING INFORMATION**

Affidavit by Aunt, Tora Massey, gives date of birth as Feb. 12, 1902 in Silver City, Idaho. Affidavit signed, Nov. 9, 1954

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fleder | Jan. 10, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy

JAN 11 1955

599-210-240-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 3 1955
Division of Vital Statistics

State File No. De55- 114
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HANNAH MARINE ERICKSON | | 2. Date Of Birth (month) (day) (year): MAY 10th 1902 |
| | 3. Color or Race: White | 4. Sex: FEMALE | 5. Place of Birth a. County: MULLAN, IDA. Shoshone; b. City or Town of Birth: MULLAN, Idaho |
| **FATHER** | 6. Full Name of Father: Oscar Erickson | | 7. State or Country of Father's Birth: MINNESOTA |
| **MOTHER** | 8. Full Maiden Name of Mother: Hilma Christine SWANSON | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hannah M. Erickson (Mrs.) | 11. Present Address of Registrant: MULLAN, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 31 1955 | 12. Signature of Notary: A. F. North | 13. Notary Commission expires: Notary Public Residing at MULLAN, IDAHO My Commission Expires January 3, 1956. 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Oscar Erickson | Date Issued: 1-31-55 | Date Orig. Entry: |
| Class* B | Date of Birth: May 10, 1902 | Birth Place: Mullan, Idaho | Full Name of Mother: | Name of Father: Oscar Brickson |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: John H. Huleen, Pastor | Date Issued: Baptized | Date Orig. Entry: Aug. 18, 1904 |
| Class A | Date of Birth: May 10, 1902 | Birth Place: Mullan, Idaho | Full Name of Mother: Spokane, Wn Hilma Erickson | Name of Father: Oscar Erickson |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fielder | Feb. 8, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. Dist. No.

Place of Birth

1. Name of child

2. Sex

3. Date of birth

4. County of birth

5. City or town of birth

6. Place of birth (hospital or other place)

7. Name of father

8. Birthplace of father

9. Usual occupation of father

10. Maiden name of mother

11. Birthplace of mother

12. Usual occupation of mother

13. Date of marriage of parents

14. Place of marriage of parents

15. Number of previous children of this mother

16. Number of previous children of this father

17. Number of previous children of this child

18. Date of this report

19. Signature of informant

20. Relationship of informant to child

21. Signature of notary

22. Date of notary

23. Notary Commission expires

24. Present address of informant

25. Signature of registrar

26. Date filed

Certified copy issued

Date issued

Name of issuer

Date issued

Name of issuer

Date issued

Name of issuer

795-204-040-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 10 1955
Division of Vital Statistics

State File No. De55-126
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Clara Thelma Marquerita Greenwald | | 2. Date of Birth (month) (day) (year): 1 — 4 — 1902 |
| | 3. Color or Race | 4. Sex | 5. Place of Birth a. County | b. City or Town of Birth: Mullan Idaho |
| **FATHER** | 6. Full Name of Father: Frederick Cornelius Greenwald | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Thea Christine Carter | | 9. State or Country of Mother's Birth: Norway |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Claire G. Knowles | 11. Present Address of Registrant: 3743 College Ave. Sacramento, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 7 1955 | 12. Signature of Notary: Edna Kaerth | 13. Notary Commission expires: May 13 1955 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: Census of 1920 | Date Orig. Entry |
| Class* B | Date of Birth: 17 yrs old | Birth Place: Idaho | Full Name of Mother: Tia Greenwald | Name of Father: Fred Greenwald |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Marriage | By whom issued and signed: State of Calif. | Date Issued: Sept. 4, 1934 | Date Orig. Entry |
| Class B | Date of Birth: 32 yrs old | Birth Place: Idaho | Full Name of Mother: Index #1773 Thea Carter | Name of Father: Fred C. Greenwald |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by cousin | By whom issued and signed: Amos Ansel Amonson | Date Issued: Jan. 4, 1955 | Date Orig. Entry |
| Class B | Date of Birth: Jan. 4, 1902, | Birth Place: Mullan, Idaho | Full Name of Mother: Thea Carter | Name of Father: Frederick C. Greenwald |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fields | Date Filed: Feb. 11, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 14 1955

NOV 24 1959

236-206-003-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-131
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOSIE LEONE BLOXHAM | | | 2. Date of Birth (month) APRIL (day) 6 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: DOWNEY BANNOCK | b. City or Town of Birth: DOWNEY IDAHO |
| **FATHER** | 6. Full Name of Father: THOMAS JOSEPH BLOXHAM | | | 7. State or Country of Father's Birth: UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: HARRIET ALICE CROXALL | | | 9. State or Country of Mother's Birth: ENGLAND |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Josie Leone Whipple | | 11. Present Address of Registrant: 1408-N. Boise |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 15 19 55 | 12. Signature of Notary: Mabel Green | | 13. Notary Commission expires: May 7 19 57 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Census Record | Department of Commerce Bureau of the Census | census of | Jan. 1920 |
| Class* B | Date of Birth: 17 yrs old / Birth Place: Idaho | Full Name of Mother: Harriet A. Bloxham | Name of Father: Thomas J. Bloxham | |
| **SUPPORTING RECORD 2.** | Insurance Policy | Reserve Life Insurance Company | Nov. 18, | 1949 |
| Class B | Date of Birth: 47 yrs old / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Affidavit by sister | Edith D. B. Luker | July 8, 1954 | |
| Class B | Date of Birth: Apr. 6, 1902, Downey, Idaho / Birth Place: | Full Name of Mother: Harriet Alice Croxall | Name of Father: Thomas Joseph Bloxham | |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Green | Feb. 14, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 16 1959

Census Record

Insurance Policy

Reserve Life Insurance Company

Affidavit by sister

Apr. 6, 1902, Murray, Idaho Harriet Alice Crozzell Thomas Joseph Buxkam

Feb. 14, 1959

735-10-029-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 16 1955
Division of Vital Statistics

State File No. De55-147
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JULIUS HEINRICH GIESE | | | 2. Date of Birth (month) APRIL (day) 6 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: JULIAETTA, IDAHO LATAH | b. City or Town of Birth: JULIAETTA |
| **FATHER** | 6. Full Name of Father: JULIUS CARL GIESE | | | 7. State or Country of Father's Birth: WEST PRUSSIA |
| **MOTHER** | 8. Full Maiden Name of Mother: SUSSANNE DENNLER | | | 9. State or Country of Mother's Birth: ALSACE LORRAINE, GERMANY |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Julius Heinrich Giese | 11. Present Address of Registrant: 710 DAKOTA ST. MEDFORD, OREGON |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 18 1955 | | 12. Signature of Notary: Ethel McIntyre | 13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 5, 1955 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: Zion Lutheran Church | Date Issued: Baptized | Date Orig. Entry: May 11, 1902 |
| Class* A | Date of Birth: Apr. 6, 1902, | Birth Place: Juliaetta, | Full Name of Mother: Idaho Sussanne Dennler | Name of Father: Julius Carl Giese | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | | By whom issued and signed: Equitable Life Assurance Company | Date Issued: Sept. 9, | Date Orig. Entry: 1927 |
| Class B | Date of Birth: Apr. 6, | Birth Place: 1902, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document | | By whom issued and signed | Date Issued | Date Orig. Entry |
| Class | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fleer | Date Filed: Feb. 16, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 16 1953

433-213-001-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-168
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Consuelo Fern McClurg | | | 2. Date of Birth (month) July (day) 13 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho a. County: Ada | b. City or Town of Birth: Eagle |
| **FATHER** | 6. Full Name of Father: Cameron Webster McClurg | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Myrtle Teresa Anderson | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Consuelo F. McClurg Rothwell | | 11. Present Address of Registrant: 415 N. Adams St. Apt. #5 Glendale 6, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 16 1955 | 12. Signature of Notary: Mary L. Saunders | | 13. Notary Commission expires September 30 1955 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Insurance | By whom issued and signed: Oregon Life Insurance Company | Date Issued: Nov. 4, | Date Orig. Entry: 1922 |
| Class* B | Date of Birth: July 13, | Birth Place: 1902, Eagle, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit | By whom issued and signed: Pearl H. McClurg | Date Issued: Dec. 20, | Date Orig. Entry: 1954 |
| Class B | Date of Birth: July 13, | Birth Place: 1902, Eagle, Idaho | Full Name of Mother: Myrtle T. Anderson | Name of Father: Cameron Webster McClurg |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: St. Teresa's Academy | Date Issued: 1917 to | Date Orig. Entry: 1920 |
| Class | Date of Birth: 14 yrs old | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fielder | Feb. 22, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 2

FEB 23 1955

MAR 24 1971

363-207-010-855

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 4 1955
Division of Vital Statistics

State File No. De55-211
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ONIS VERA COCHRAN | | 2. Date of Birth (month) Sept. (day) 7, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Idaho Bonneville | b. City or Town of Birth: Idaho Falls |
| **FATHER** | 6. Full Name of Father: MARCELLUS COCHRAN | | 7. State or Country of Father's Birth: Indiana | |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY ANN HENRY | | 9. State or Country of Mother's Birth: Wyoming | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Onis Vera Cochran Pittenger | 11. Present Address of Registrant: Cottage Grove, Oregon Rt. 1, Box 600 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 28 19 55 | 12. Signature of Notary: [signature] | 13. Notary Commission expires October 31 19 55 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Metropolitan Life Insurance Co. | Date Issued: | Date Orig. Entry: Aug. 23, 1940 |
| Class* B | Date of Birth: Sept. 7, | Birth Place: 1902, Idaho Falls, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: State of Oregon | Date Issued: July 21, | Date Orig. Entry: 1922 |
| Class B | Date of Birth: 19 yrs old, | Birth Place: Idaho Falls, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Uncle | By whom issued and signed: John W. Henry | Date Issued: Feb. 9, | Date Orig. Entry: 1955 |
| Class B | Date of Birth: Sept. 7, | Birth Place: 1902, Idaho Falls, Idaho | Full Name of Mother: Mary Ann Henry | Name of Father: Marcellus Cochran |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [signature] | | Date Filed: Mch 4, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 7 1966

SEP 1 1966

Aug. 29, 1940

July 24, 1922

Sept. 7, 1926

613-222-001-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 15 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-248
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dorothy Sarah Waller | | 2. Date of Birth (month) July (day) 22 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise, Idaho |
| **FATHER** | 6. Full Name of Father: Isaac Harvey Waller | | 7. State or Country of Father's Birth: Clinton, Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida M. Martin | | 9. State or Country of Mother's Birth: New Providence, Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Dorothy Fischer | 11. Present Address of Registrant: Pender, Nebr. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 12 1955 | 12. Signature of Notary: H. Hancock | 13. Notary Commission expires: June 28 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Bible Record | By whom issued and signed: Mother | Date Issued: | Date Orig. Entry: July 22, 1902 |
| Class* A | Date of Birth: July 22, 1902 / Birth Place: Boise, Idaho | Full Name of Mother: Ida M. Martin | Name of Father: Isaac Harvey Waller | |
| **SUPPORTING RECORD 2.** | Type of Document: School Census | By whom issued and signed: Whitman County Supt. of Schools, Colfax, Wn. | Date Issued: May 1, 1910 | Date Orig. Entry: |
| Class B | Date of Birth: July 22, 1902 / Birth Place: | Full Name of Mother: | Name of Father: I. H. Miller | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | | Date Filed: Mch 15, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH 10063

MAR 15 1955

192-201-036-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 16 1955
Division of Vital Statistics

State File No. De55-254
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Delta Arbon | | 2. Date Of Birth (month) Nov. (day) 1, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Pleasantview |
| **FATHER** | 6. Full Name of Father: Joseph Nicolas Arbon | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Davis | | 9. State or Country of Mother's Birth: Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Delta Arbon | 11. Present Address of Registrant: 122 Pleasantview Ave. Longmeadow, Mass | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 22, 19 55 | 12. Signature of Notary: Donald L. Maine | 13. Notary Commission expires: My Commission Expires October 22, 1960 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Doctor's Record | By whom issued and signed: D. C. Ray, M. D. | Date Issued: 3-1-55 | Date Orig. Entry: |
| Class* A | Date of Birth: Nov. 1, 1902 / Birth Place: Pleasantview, | Full Name of Mother: Elizabeth Davis | Name of Father: Arbon | |
| **SUPPORTING RECORD 2.** | Type of Document: Idaho Certificate of Blessing | By whom issued and signed: L. D. S. Hospital | Date Issued: Blessed | Date Orig. Entry: Mch 14, 1903 |
| Class A | Date of Birth: Nov. 1, 1902 / Birth Place: Pleasantview, Idaho | Full Name of Mother: Elizabeth and | Name of Father: Joseph N. Arbon | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Elizabeth Arbon | Date Issued: 3-1-55 | Date Orig. Entry: |
| Class B | Date of Birth: 52 yrs old / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mary Fields | Date Filed: 3-16-55 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 17 1955

MAR 29 1955

MAR 30 1955

MAR 14 1956

818-123-020-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-344
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HAROLD BURNEIL HAYES | | | 2. Date of Birth (month) MARCH (day) 23 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: M | 5. Place of Birth: MTNHOME, IDA — a. County: ELMORE | b. City or Town of Birth: MOUNTAINHOME, |
| **FATHER** | 6. Full Name of Father: JOHN CHARLES HAYES | | | 7. State or Country of Father's Birth: CANADA |
| **MOTHER** | 8. Full Maiden Name of Mother: LAURA JOHNSON | | | 9. State or Country of Mother's Birth: IOWA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harold Burneil Hayes | | 11. Present Address of Registrant: BANCROFT, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 9 1955 | 12. Signature of Notary: Charles W. Shanklin | | 13. Notary Commission expires: Dec 4 1955 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Roman Catholic Church Shoshone, Idaho | Date Issued: Baptized | Date Orig. Entry: Apr. 27, 1902 |
| Class* A | Date of Birth: March 23, 1902 — Birth Place: Mountain Home, Idaho | Full Name of Mother: Laura Johnson | Name of Father: John C. Hayes | |
| **SUPPORTING RECORD 2.** | Type of Document: Newspaper Notice | By whom issued and signed: Mountain Home News | Date Issued: March 27, 1902 | Date Orig. Entry: |
| Class A | Date of Birth: March 23, 1902 — Birth Place: Mountain Home, Idaho | Full Name of Mother: | Name of Father: John C. Hayes | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: — Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [illegible] | | Date Filed: Apr. 12, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 4906

APR 12 1958

993-203-004-915

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-353
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ireta Richards | | 2. Date of Birth (month) March (day) 3 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Georgetown |
| **FATHER** | 6. Full Name of Father: Wilford Woodruff Richards | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Randall | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ireta R. Hymas | 11. Present Address of Registrant: Smithfield, Utah | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 8th 1955 | 12. Signature of Notary: L. L. Hymas | 13. Notary Commission expires: December 30th 1955 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: Baptized | Date Orig. Entry: 3-3-1910 |
| Class* B | Date of Birth: Mch 3, 1902 | Birth Place: Georgetown, Idaho | Full Name of Mother: Emily Randall | Name of Father: Wilford W. Richards |
| **SUPPORTING RECORD 2.** | Type of Document: Application for marriage license | By whom issued and signed: State of Utah County of Cache | Date Issued: Sept. 18, | Date Orig. Entry: 1923 |
| Class B | Date of Birth: Mch. 3, 1902 | Birth Place: Georgetown, Idaho | Full Name of Mother: Emily Randall | Name of Father: W. W. Richards |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Emily R. Richards | Date Issued: Mch 25, 1955 | Date Orig. Entry: |
| Class B | Date of Birth: Mch 3, 1902 | Birth Place: Georgetown, Idaho | Full Name of Mother: Emily R. Richards | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Reed | Date Filed: Apr. 13, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

APR 13 1955

133-126-028-718

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 21 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-388
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HAROLD PAYNE ACTON | | 2. Date of Birth (month) April (day) 26, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Harrison |
| **FATHER** | 6. Full Name of Father: Charles Elmer Acton | | 7. State or Country of Father's Birth: Holt County, Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie Payne | | 9. State or Country of Mother's Birth: Oregon | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harold Payne Acton | 11. Present Address of Registrant: 616 Hale ST | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 15 1955 | 12. Signature of Notary: John J. Jacob | 13. Notary Commission expires: 1/31 1956 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: Census of | Date Orig. Entry: 1910, April 15th |
| Class* B | Date of Birth: 8 yrs old / Birth Place: Idaho | Full Name of Mother: Minnie Acton | Name of Father: Charles E. Acton | |
| **SUPPORTING RECORD 2.** | Type of Document: Employment record | By whom issued and signed: Bunker Hill & Sullivan Mining Company | Date Issued: Mch 30, 1955 | Date Orig. Entry: |
| Class B | Date of Birth: April 26, 1902, Harrison, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Ella Waltman | Date Issued: Jan. 11, 1955 | Date Orig. Entry: |
| Class B | Date of Birth: Apr. 26, 1902 / Birth Place: Harrison, Idaho | Full Name of Mother: Minnie Payne | Name of Father: Charles Elmer Acton | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: [signature] | Date Filed: Apr. 21, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

APR 21 1955

966-218-003-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-401
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rowland, Margaret Helen | | 2. Date of Birth (month) Nov. (day) 18 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho |
| **FATHER** | 6. Full Name of Father: Edward Nelson Rowland | | 7. State or Country of Father's Birth: ~~England~~ Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Louise Croshaw | | 9. State or Country of Mother's Birth: Utah England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Margaret H. Rowland | 11. Present Address of Registrant: Box 1188 Pocatello, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 22, 1955 | 12. Signature of Notary: George W. Hargraves | 13. Notary Commission expires 5/19 1956 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Bible viewed by George W. Hargraves, Notary Public | Date Issued: | Date Orig. Entry: Nov. 18, 1902 |
| Class* A | Date of Birth: Nov. 18, | Birth Place: 1902 | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Northwest Mutual Life Insurance Co | Date Issued: Aug. 13, | Date Orig. Entry: 1934 |
| Class B | Date of Birth: Nov. 18, | Birth Place: 1902, Pocatello, Idaho | Full Name of Mother: Alice L. Rowland | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Stella Rowland | Date Issued: Apr. 22, | Date Orig. Entry: 1955 |
| Class B | Date of Birth: Nov. 18, | Birth Place: 1902, Pocatello, Idaho | Full Name of Mother: Alice Louise Croshaw | Name of Father: Edward Nelson Rowland |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel F. Geeler | Apr. 25, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 25 1955

468-210-029-83

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 18 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-443
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Martha Agusta Dorendorf | | 2. Date Of Birth (month) June (day) 10 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Crescent, Ida. | b. City or Town of Birth: On Farm. |
| **FATHER** | 6. Full Name of Father: Andrew Dorendorf. | | 7. State or Country of Father's Birth: Germany. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Minna Reinhardt Dorendorf. | | 9. State or Country of Mother's Birth: Germany. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Martha Bliesner | 11. Present Address of Registrant: Spangle Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 21st 1955 | 12. Signature of Notary: Geo. C. Danforth | 13. Notary Commission expires: Sept 30th 1956 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: C. Wopf, Ev. Luthern Pastor | Date Issued: Baptized | Date Orig. Entry: July 13, 1902 |
| Class* A | Date of Birth: June 10, | Birth Place: 1902, Crescent, Idaho | Full Name of Mother: Minnie Reinhardt | Name of Father: Andren Dorendorf |
| **SUPPORTING RECORD 2.** | Type of Document: Hospital Record | By whom issued and signed: Deaconess Hospital Spokane, Washington | Date Issued: 3-5-50 | Date Orig. Entry: |
| Class B | Date of Birth: June 10, | Birth Place: 1902 | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fielder | May 5, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 5 1955

7662 / 71 084-367

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics

State File No. De55-450
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MYRTLE BERYL Goodall | | 2. Date of Birth (month) (day) (year): Nov. 17 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Washington; b. City or Town of Birth: Midvale |
| **FATHER** | 6. Full Name of Father: Sterling Sylvester Goodall | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Victoria Cox | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Myrtle Beryl Cannon | 11. Present Address of Registrant: 307 Santa Rita Modesto Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 23 19 54 | 12. Signature of ~~Notary~~ Recorder: R.G.WARING County Recorder By Nita Byrne Deputy | 13. Notary Commission expires January 5 19 55 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Application for insurance | The Prudential Insurance Company | June 12, 1931 | |
| Class* B | Date of Birth: Nov. 17, 1902 | Birth Place: Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Marriage License | State of Oklahoma | Dec. 13, | 1920 |
| Class B | Date of Birth: 18 yrs old | Birth Place | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** | Affidavit by Aunt | Mamie N. McFarland | Apr. 6, | 1955 |
| Class B | Date of Birth: Nov. 17, 1902, | Birth Place: Midvale, Idaho | Full Name of Mother: Alice Victoria Cox | Name of Father: Sterling S. Goodall |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Mabel Fielder | May 6, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 9 1955

Nov. 17, 1902 Midvale

Application for insurance the Potential Insurance June 12, 1931

Nov. 17, 1902 Midvale

Marriage License Nov. 19, 1920

19 yrs old

Affidavit by Aunt Mario M. McFarland Apr. 6, 1953

Nov. 17, 1902, Midvale, Idaho Victoria Co. Sterling S. Goodall

W. Benson May 6, 1955

515-04-035-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 13 1955
Division of Vital Statistics

State File No. De55-466
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elliott Weir Eaves | | 2. Date of Birth (month): July (day): 4 (year): 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Lewiston |
| **FATHER** | 6. Full Name of Father: Elliott Weir Eaves | | 7. State or Country of Father's Birth: Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Gregory | | 9. State or Country of Mother's Birth: Michigan | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant: 40 Wall Street New York 5, New York | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Elliott Eaves 19 | 12. Signature of Notary: Concetta D. Romeo | 13. Notary Commission expires: CONCETTA D. ROMEO 19 NOTARY PUBLIC, STATE OF NEW YORK No. 03-3336875 Qualified in Bronx County Cert. filed in New York County Term expires March 30, 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Newspaper Notice | By whom issued and signed: Lewiston Morning Tribune Lewiston, Idaho | Date Issued: 7-5-02 | Date Orig. Entry |
| Class* A | Date of Birth: July 4, 1902, | Birth Place: Lewiston, Idaho | Full Name of Mother | Name of Father: E. W. Eaves |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit | By whom issued and signed: Philip Weisgerber | Date Issued: Jan. 11, | Date Orig. Entry: 1954 |
| Class B | Date of Birth: July 4, 1902, | Birth Place: Lewiston, Idaho | Full Name of Mother: Julia Gregory | Name of Father: Elliott W. Eaves |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Anna E. Carrson | Date Issued: Jan. 12, | Date Orig. Entry: 1954 |
| Class B | Date of Birth: July 4, 1902, | Birth Place: Lewiston, Idaho | Full Name of Mother: Julia Gregory | Name of Father: Elliott E. Eaves |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fielden | Date Filed: May 13, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

RECEIVED
MAY 13 1955
Division of Vital Statistics

REGISTRATION DISTRICT NO. 1 — 1. Full name of child: Elliott Weir Reeves

2. Sex: Male — 3. Color or race: White — 4. Place of birth: Idaho, Nez Perce

5. Date of birth: July 4, 1902

6. City or town of birth: Lewiston

7. Father: Full name of father: Elliott Weir Reeves

8. Father: Color or race: White — 9. Age: 28 — 10. Place of birth: Kansas

11. Mother: Full maiden name of mother: Julia Gregory

12. Mother: Color or race: White — 13. Age: 25 — 14. Place of birth: Michigan

15. Informant: Name and address: Mrs. Julia Gregory, Lewiston, Idaho

16. Date filed: July 4, 1902

17. Signature of registrar: [illegible]

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

NOTARY (seal) — 18. Signature of notary

19. Present address of informant: C/O Wall Street Journal, New York City, N.Y.

20. Notary commission expires

21. Signature of informant: Mrs. Julia Gregory

22. Relationship to child: Mother

23. Date filed: July 4, 1902

24. Signature of registrar: [illegible]

AFFIDAVIT — 25. Type of document: Affidavit — 26. Date of birth: July 4, 1902, Lewiston, Idaho

27. Name of father: E. W. Reeves — 28. Maiden name of mother: Julia Gregory

29. Date issued: Jan. 12, 1924 — 30. Date orig. entry: 1-3-02

AFFIDAVIT — 31. Type of document: Affidavit — 32. Date of birth: July 4, 1902, Lewiston, Idaho

33. Name of father: Elliott W. Reeves — 34. Maiden name of mother: Philip Weisgerber

35. Date issued: Jan. 12, 1924

AFFIDAVIT — 36. Type of document: Affidavit — 37. Date of birth: July 4, 1902, Lewiston, Idaho

38. Name of father: Elliott E. Reeves — 39. Maiden name of mother: Anna B. Carlson

40. Date issued: Jan. 12, 1924

41. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

Date filed: May 13, 1955

Evidence received by: W. Benson

Date filed: May 13, 1955

Clerk of Court: The above made and dated before the (probate court) (county clerk) (clerk of the superior court) is the birth certificate made for the birth of the person named, who is of the age of twelve years and over.

743114-024-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 20 1955
Division of Vital Statistics

State File No. De55-496
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Franklin Gutches | | | 2. Date Of Birth (month) July (day) 14 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Toponis | b. City or Town of Birth: Toponos, now Gooding, Idaho |
| **FATHER** | 6. Full Name of Father: Frank John Gutches | | | 7. State or Country of Father's Birth: Huston, Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Magnolia Johnston | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Franklin Gutches | | 11. Present Address of Registrant: Hailey, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 24 1955 | 12. Signature of Notary: Joseph N Fuld | | 13. Notary Commission expires: Feb. 24, 1956 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible viewed by Joseph Fuld, Notary Public | Date Issued | Date Orig. Entry: July 14, 1902 |
| Class* A | Date of Birth: July 14, 1902, | Birth Place: Toponos, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Sarah Magnolia Anderson | Date Issued: May 17, | Date Orig. Entry: 1955 |
| Class B | Date of Birth: July 14, 1902, | Birth Place: Toponis, Idaho | Full Name of Mother: Sarah Magnolia Johnstone | Name of Father: Frank John Gutches |
| **SUPPORTING RECORD 3.** | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
| Class | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Mabel Fields | Date Filed: May 20, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 20 1958

| | | | |
|---|---|---|---|
| 2. Color or Race | 3. Sex | 4. Place of Birth (County) | |
| White | Male | Lapwai | Idaho |

7. State or Country of Mother's Birth

Boston, Iowa

8. State or Country of Father's Birth

Illinois

10. Signature of Registrant

Bailey, Idaho

12. Signature of Notary

Joseph Fuld, Notary Public

Date Filed

May 20, 1958

713-210-031-864

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUN 22 1955
Division of Vital Statistics

State File No. De55 598
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Galles, Leona | | 2. Date of Birth (month) Nov. (day) 10 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ilo | b. City or Town of Birth: Ilo |
| **FATHER** | 6. Full Name of Father: Frank Galles | | 7. State or Country of Father's Birth: Wisconsin | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary K. (Gales) Young | | 9. State or Country of Mother's Birth: Minnesota | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leona Galles Stratton | 11. Present Address of Registrant: 2109 Concord Richland, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 8 1955 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires Sept 14 1955 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Church of Cold Spring A. Soer S. J., Pastor | Date Issued: 9/16/51 | Date Orig. Entry: Baptized on ~~Dec. 15, 1902~~ |
| Class* A | Date of Birth: Nov. 10, 1902 | Birth Place: Ilo, Idaho | Full Name of Mother: Mary Young | Name of Father: Frank Galles |
| **SUPPORTING RECORD 2.** | Type of Document: Account Number Application for Social Security | By whom issued and signed: Social Security | Date Issued: Dec. 17, 1936 | Date Orig. Entry: |
| Class B | Date of Birth: Nov. 10, 1902 | Birth Place: Ilo, Idaho | Full Name of Mother: Mary K. Gales | Name of Father: Frank Galles |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Father | By whom issued and signed: Frank Galles | Date Issued: June 17, 1955 | Date Orig. Entry: |
| Class B | Date of Birth: Nov. 10, 1902 | Birth Place: Ilo, Idaho | Full Name of Mother: Mary K. Gales Young | Name of Father: Frank Galles |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Edna Hamilton | Date Filed: June 22, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

JUN 29 1956

Illinois, Iowa

Iowa

Iowa

168-202-031-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-620
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Esther Johnson | | 2. Date of Birth (month) June (day) 2 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lewis County Idaho | b. City or Town of Birth: Lewis County Idaho |
| **FATHER** | 6. Full Name of Father: James Johnson | | 7. State or Country of Father's Birth: Lewis County Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Kitty Luvelia Howard | | 9. State or Country of Mother's Birth: Umatilla County Oregon | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Ruth Esther Johnson | 11. Present Address of Registrant: Rt 1. Box 349 Montesano Wash |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 23rd 1955 | | 12. Signature of Notary: Stanley S. Copland | 13. Notary Commission expires: Nov. 27 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** Class* B | Type of Document: affidavit of aunt | By whom issued and signed: Elsie Howard Finney | Date Issued: June20,'55 | Date Orig. Entry |
| | Date of Birth: June 2, 1902 | Birth Place: Lewis County, Idaho | Full Name of Mother: Kitty Luvelia Howard | Name of Father: James Johnson |
| **SUPPORTING RECORD 2.** Class A | Type of Document: Bible record | By whom issued and signed: Family Bible viewed by Stanley S. Copland, Notary Public Aberdeen, Washington | Date Issued | Date Orig. Entry |
| | Date of Birth: June 2,1902 | Birth Place: Lewis County, Idaho | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 3.** Class | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. P. Benson | Evidence reviewed by: Betty Waller | | Date Filed: June 28, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy issued

DEC 21 1966

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DEC 23 1966

168-225-029-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 1 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De55-632~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALICE ANDINIA JOHNSON | | | 2. Date of Birth (month) July (day) 25, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Troy |
| **FATHER** | 6. Full Name of Father: Lawrence Johnson | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Karolina Johnson | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Andinia Johnson now Alice Andinia Anderson | | 11. Present Address of Registrant: Troy, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 29 1955 | 12. Signature of Notary: Lorna G. Thorturson | | 13. Notary Commission expires: October 15 1955. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by sister | By whom issued and signed: Helen Johnson | Date Issued: 4-28-55 | Date Orig. Entry: |
| Class* B | Date of Birth: July 25, 1902 | Birth Place: Troy, Idaho - Latah County | Full Name of Mother: Karolina Johnson | Name of Father: LawrenceJohnson |
| **SUPPORTING RECORD 2.** | Type of Document: Church record of birth | By whom issued and signed: N. J. W. Nelson, pastor | Date Issued: | Date Orig. Entry: August, 1902 |
| Class A | Date of Birth: July 25, 1902 | Birth Place: Troy, Idaho | Full Name of Mother: Karolina Johnson | Name of Father: Lawrence Johnson |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. E. Benson | Evidence reviewed by: Betty Waller | | Date Filed: July 1, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 1 1995

154-119-029-768

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 22 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-776
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ERNEST ALRICK ANDERSON | | 2. Date of Birth (month) May (day) 19 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Nora |
| **FATHER** | 6. Full Name of Father: John Henry Anderson | | 7. State or Country of Father's Birth: Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Adeline Johnson | | 9. State or Country of Mother's Birth: Sweden | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ernest Alrick Anderson | 11. Present Address of Registrant: Troy, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August 16 19 55 | 12. Signature of Notary: Lorna E. Unterseher | 13. Notary Commission expires October 15 19 55. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church record | By whom issued and signed: N. J. Nelson, pastor | Date Issued: | Date Orig. Entry: enrolled June 22, 1902 |
| Class* A | Date of Birth: May 19, 1902 / Birth Place: Nora, Idaho | Full Name of Mother: Adelina Anderson | Name of Father: John H. Anderson | |
| **SUPPORTING RECORD 2.** | Type of Document: application for insurance | By whom issued and signed: OCCIDENTAL LIFE INSURANCE COMPANY OF CALIFORNIA | Date Issued: 8-1-55 | Date Orig. Entry: May 15, 1936 |
| Class B | Date of Birth: May 19, 1902 / Birth Place: Idaho | Full Name of Mother: #1423212 | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: L. Benson | Evidence reviewed by: Betty Waller | Date Filed: Aug. 23, 1955 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

AUG 23 1955

719-214-033-79 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 25 1955

Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-813
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| REGISTRANT (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Ethel Garner | | | 2. Date of Birth (month) Nov. (day) 14 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Rexburg Madison | b. City or Town of Birth: Rexburg |
| FATHER | 6. Full Name of Father: John Albert Garner | | | 7. State or Country of Father's Birth: Utah |
| MOTHER | 8. Full Maiden Name of Mother: Charlotte Pincock | | | 9. State or Country of Mother's Birth: Utah |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary G. Hill | | 11. Present Address of Registrant: Sugar City, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on: Aug. 18, 1955 | 12. Signature of Notary: Vernon C. Mortensen Probate Judge | | 13. Notary Commission expires: 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document: church record | By whom issued and signed: L.D.S. CHURCH | Date Issued: 9-2-55 | Date Orig. Entry: blessed Feb. 1, 1903 |
| Class* A | Date of Birth: November 14, 1902 / Birth Place: Rexburg, Idaho Madison County | Full Name of Mother: Charlotte Pincock | Name of Father: John A. Garner | |
| SUPPORTING RECORD 2. | Type of Document: affidavit by brother | By whom issued and signed: George Albert Garner | Date Issued: 9-3-55 | Date Orig. Entry: |
| Class B | Date of Birth: November 14, 1902 / Birth Place: Rexburg, Idaho Madison County | Full Name of Mother: | Name of Father: | |
| SUPPORTING RECORD 3. | Type of Document: | By whom issued and signed: | Date Issued: | Date Orig. Entry: |
| Class | Date of Birth: / Birth Place: | Full Name of Mother: | Name of Father: | |
| QUALIFYING INFORMATION | | | | |

| | | | |
|---|---|---|---|
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. L. Bo[illegible] | Evidence reviewed by: Betty Waller | Date Filed: Sept. 7, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1956

238-214-025-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-824
Local Reg. No.
Reg. Dist. No.

**REGISTRANT** (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CASSIE ALMA SCHMADEKA
2. Date of Birth (month) June (day) 14 (year) 1902
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Grangeville

**FATHER**

6. Full Name of Father: John Wesley Schmadeka
7. State or Country of Father's Birth: Eugene Oregon.

**MOTHER**

8. Full Maiden Name of Mother: Arminta Johnson
9. State or Country of Mother's Birth: Pike County Ill.

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cassie Alma Altman
11. Present Address of Registrant: 1232 3/4 North St Clarkston Wash

**NOTARY** (Seal)

Subscribed and sworn to before me on September 8 1955

12. Signature of Notary: J. Dunham Clarkston Wash
13. Notary Commission expires May 7 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

**SUPPORTING RECORD 1.** Class* A

| Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| Bible Record | photostatic copy viewed by this office | | |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| | | Araminta Johnson | John Wesley Schmadeka |

**SUPPORTING RECORD 2.** Class B

| Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| insurance application | IDAHO MUTUAL BENEFIT ASSOCIATION | | November 19, 1943 |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| June 14, 1902 | Grangeville, Idaho | | |

**SUPPORTING RECORD 3.** Class

| Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| | | | |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| | | | |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W Benson | bw Betty Waller | Sept. 12, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

copy made

SEP 19 1955

386-217-025-335

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 24 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-947
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name: Marjorie Lesa Thompson | | 2. Date of Birth (month) February (day) 17 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Idaho b. City or Town of Birth: Green Creek Idaho |
| **FATHER** | 6. Full Name of Father: Eugene McWatty Thompson | | 7. State or Country of Father's Birth: Pennsylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida Lela Stephens | | 9. State or Country of Mother's Birth: McDonald county Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marjorie Lesa Thompson | 11. Present Address of Registrant: Asotin Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 23, 1955 | 12. Signature of Notary: W A Anderson | 13. Notary Commission expires: 10/26/ 1956 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record | By whom issued and signed: Asotin County Asotin Washington | Date Issued: Census of May 1913 | Date Orig. Entry |
| Class* B | Date of Birth: Feb. 17, | Birth Place: 1902 | Full Name of Mother | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by mother | By whom issued and signed: Mrs. Ida Thompson | Date Issued: 6-15-55 | Date Orig. Entry |
| Class B | Date of Birth: February 17, 1902 | Birth Place: Green Creek, Idaho Idaho County | Full Name of Mother: Mrs. Idaho Thompson | Name of Father |
| **SUPPORTING RECORD 3.** | Type of Document: census record | By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census | Date Issued: 10-5-55 | Date Orig. Entry: Census of 1940, April 1 |
| Class B | Date of Birth: 38 years old | Birth Place: Idaho | Full Name of Mother | Name of Father |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W L Benson | Evidence reviewed by: Betty Waller | Date Filed: November 1, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 2 1956

249-114-016-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-948
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: John Henry Smith | | | 2. Date of Birth (month) November (day) 14th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho Cassia | b. City or Town of Birth: Oakley |
| **FATHER** | 6. Full Name of Father: Joseph Smith | | | 7. State or Country of Father's Birth: England |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Elizabeth Bunn | | | 9. State or Country of Mother's Birth: England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John Henry Smith | | 11. Present Address of Registrant: Oakley, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 7th 1955 | 12. Signature of Notary: Floyd E. Smith | | 13. Notary Commission expires: March 31st 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: viewed by Ross Millson, Notary Public, Oakley, Idaho | Date Issued: 10-8-55 | Date Orig. Entry: near time of birth |
| Class* A | Date of Birth: November 14, 1902 / Birth Place: | Full Name of Mother: Sarah Elizabeth Smith | Name of Father: Joseph Smith | |
| **SUPPORTING RECORD 2.** | Type of Document: insurance application | By whom issued and signed: IDAHO MUTUAL BENEFIT ASSOCIATION, Boise, Idaho | Date Issued: | Date Orig. Entry: March 22, 1945 |
| Class B | Date of Birth: November 14, 1902 / Birth Place: Oakley, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: church record | By whom issued and signed: L. D. S. CHURCH | Date Issued: 10-4-55 | Date Orig. Entry: blessed January 4, 1903 |
| Class A | Date of Birth: November 14, 1902 / Birth Place: Oakley, Idaho | Full Name of Mother: Sarah E. Bunn | Name of Father: Joseph Smith | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. V. Benson | Evidence reviewed by: Betty Waller | | Date Filed: November 1, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 2 1953

593-217022-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-950
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MADGE NICHOLS | | | 2. Date of Birth (month) NOV (day) 17 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth: a. County: FREMONT | b. City or Town of Birth: THORNTON IDAHO |
| **FATHER** | 6. Full Name of Father: ALBERT ROBERT NICHOLS | | | 7. State or Country of Father's Birth: UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: EMMA JANE JACKSON | | | 9. State or Country of Mother's Birth: UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs. Madge N. Brown | | 11. Present Address of Registrant: P.O. Box 444 Brigham City Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 24 1955 | 12. Signature of Notary: Emer[illegible] Call | | 13. Notary Commission expires: Mar 4, 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: census record | | By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census | Date Issued: 6-24-55 | Date Orig. Entry: Census of 1910, April 15 |
| Class* B | Date of Birth: 7 years old | Birth Place: Idaho | Full Name of Mother: Emma J. Nichols | Name of Father: Albert R. Nichols | |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by employee of registrant's mother | | By whom issued and signed: Amanda Vezina | Date Issued: 6-23-55 | Date Orig. Entry: |
| Class B | Date of Birth: November 17, 1902 | Birth Place: Thornton, Idaho | Full Name of Mother: Emma Jane Nichols | Name of Father: Albert Robert Nichols | |
| **SUPPORTING RECORD 3.** | Type of Document: school record | | By whom issued and signed: RICKS COLLEGE Rexburg, Idaho | Date Issued: 6-3-55 | Date Orig. Entry: summer of 1925 |
| Class B | Date of Birth: November 17, 1902 | Birth Place: | Full Name of Mother: | Name of Father: A. R. Nichols | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. J. Benson | Evidence reviewed by: Betty Waller | Date Filed: November 1, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 3 1958

493-203-009-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-970
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Marvel Edna Mitchell | | 2. Date of Birth (month) November (day) 3 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Idaho; b. City or Town of Birth: Sandpoint; Bonner |
| **FATHER** | 6. Full Name of Father: William Marion Mitchell | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Leah Walker | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marvel E. Mitchell Eckholm | 11. Present Address of Registrant: 718 Main St. Sandpoint, Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on November 2 1955 | 12. Signature of Notary: C W Spealman | 13. Notary Commission expires Feb. 20 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: school record | By whom issued and signed: BONNER COUNTY CLASS A SCHOOL DISTRICT NO. 82 | Date Issued: 11-3-55 | Date Orig. Entry: September 1920 |
| Class* B | Date of Birth: November 3, 1902; Birth Place: | Full Name of Mother: | Name of Father: W. M. Mitchell | |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by mother | By whom issued and signed: Leah Mitchell | Date Issued: 11-2-55 | Date Orig. Entry: |
| Class B | Date of Birth: November 3, 1902; Birth Place: | Full Name of Mother: Leah Mitchell | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: insurance application | By whom issued and signed: EQUITQBLE LIFE ASSUSANCE SOCIETY OF THE U. S. | Date Issued: | Date Orig. Entry: August 15 1925 |
| Class B | Date of Birth: November 3, 1902; Birth Place: Sandpoint, Idaho Bonner County | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [illegible] | Evidence reviewed by: Betty Waller | Date Filed: November 10 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[redacted]

631-110-031-482

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-1030
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: NORMAN EMIL FLAMOE | | 2. Date of Birth (month) April (day) 10 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Fletcher |
| **FATHER** | 6. Full Name of Father: Nels Flamoe | | 7. State or Country of Father's Birth: Norway | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary S. Dybvig | | 9. State or Country of Mother's Birth: Minnesota | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Norman Emil Flamoe | 11. Present Address of Registrant: 532 W Warner Lewiston Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 23 1955 | 12. Signature of Notary: John H Maynard | 13. Notary Commission expires: June 30 1956 | |

APPLICANT DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: insurance application | By whom issued and signed: BANKERS LIFE COMPANY Des Moines, Iowa #71562 | Date Issued: | Date Orig. Entry: March 14 1924 |
| Class* B | Date of Birth: April 10, 1902 / Birth Place: Idaho | Full Name of Mother: Mary Flamoe | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: marriage return | By whom issued and signed: STATE OF WASHINGTON County of Asotin | Date Issued: 11-9-55 | Date Orig. Entry: married May 19, 1931 |
| Class B | Date of Birth: 29 years old / Birth Place: Fletcher, Idaho | Full Name of Mother: Mary Dybvig | Name of Father: Nels Flamoe | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by uncle | By whom issued and signed: G. E. Dybvig | Date Issued: 11-25-55 | Date Orig. Entry: |
| Class B | Date of Birth: April 10 1902 / Birth Place: Fletcher, Idaho | Full Name of Mother: Mary S. Dybvig | Name of Father: Nels Flamoe | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: bw Betty Waller | Date Filed: November 29 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 30 1956

386-221-004-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1058
Local Reg. No.
Reg. Dist. No.

Division of Vital Statistics

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Azella May Thornock | | | 2. Date Of Birth (month) (day) (year): Sept. 21 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Idaho Bear Lake | b. City or Town of Birth: Bloomington |
| **FATHER** | 6. Full Name of Father: John Joseph Thornock | | | 7. State or Country of Father's Birth: Idaho. |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida Mae Palmer | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Azella Hayes | | 11. Present Address of Registrant: Jackson Wyo Box 493 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct. 25 1955 | 12. Signature of Notary: Kimma Thom | | 13. Notary Commission expires: Dec. 24 1956 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: church record | By whom issued and signed: L. D. S. CHURCH | Date Issued: 10-5-55 | Date Orig. Entry: blessed November 2, 1902 |
| Class* A | Date of Birth: September 21, 1902 / Birth Place: Bloomington, Idaho Bear Lake County | Full Name of Mother: Ida Mae Palmer | Name of Father: John Joseph Thornock | |
| **SUPPORTING RECORD 2.** | Type of Document: church record | By whom issued and signed: L. D. S. CHURCH | Date Issued: 10-5-55 | Date Orig. Entry: baptized June 29, 1912 |
| Class B | Date of Birth: September 21, 1902 / Birth Place: Bloomington, Idaho Bear Lake County | Full Name of Mother: Ida Mae Palmer | Name of Father: John Joseph Thornock | |
| **SUPPORTING RECORD 3.** | Type of Document: daughter's birth certificate | By whom issued and signed: STATE OF IDAHO #94291 | Date Issued: | Date Orig. Entry: child born Sept. 25, 1921 |
| Class B | Date of Birth: 19 years old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W L Benson | bw Betty Waller | December 5, 1955 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PPH 49067

DEC 8 1955

493-202-001-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De55-1105
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazel Jauneta Mitchell | | 2. Date of Birth (month) Feb. (day) 2 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Meridian Ada | b. City or Town of Birth: Meridian Idaho |
| **FATHER** | 6. Full Name of Father: James Melvin Mitchell | | 7. State or Country of Father's Birth: Tennessee | |
| **MOTHER** | 8. Full Maiden Name of Mother: Lura Victoria Pettet | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hazel Mitchell Kindall | 11. Present Address of Registrant: Rt. 1 Kuna Ada | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 28th. 19 55 | 12. Signature of Notary: L. M. Ward Notary | 13. Notary Commission expires: April 20th. 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Mutual Benefit Association | Date Issued: May 20, 1939 | Date Orig. Entry: May 20, 1939 |
| Class* B | Date of Birth: Feb.2, 1902 / Birth Place: Meridian, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Idaho File # 106011 Child's birth certificate | By whom issued and signed: Division of Vital Statistics Certificate on File -Idaho | Date Issued: 10-8-1922 | Date Orig. Entry: 11-28-1922 |
| Class B | Date of Birth: Age 20 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit signed by Mother | By whom issued and signed: L. M. Ward - Notary Public Lura Pettet Mitchell-Mother | Date Issued: Dec.28,1955 | Date Orig. Entry: Dec. 28, 1955 |
| Class B | Date of Birth: Feb.2, 1902 / Birth Place: Meridian, Idaho | Full Name of Mother: Lura Victoria Pettet | Name of Father: James Melvin Mitchell | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D. I. Benson | Evidence reviewed by: Verna Reisch | Date Filed: Dec. 28, 1955 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 29 1955

769-216-044-855

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-051
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Myrtle Melinda Points | | | 2. Date of Birth (month) July (day) 16th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: Idaho, a. County: Washington | b. City or Town of Birth: Salubria |
| **FATHER** | 6. Full Name of Father: Charles Lenoir Points | | | 7. State or Country of Father's Birth: Indiana USA |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Malinda Henshaw | | | 9. State or Country of Mother's Birth: Missouri, USA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Myrtle Melinda Stock | | 11. Present Address of Registrant: Route #1, Box 674 Beaverton, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 28th 1955 | 12. Signature of Notary: John D. Gray | | 13. Notary Commission expires 11/16/ 1958 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Child's birth certificate | By whom issued and signed: Filed in Oregon State # 18 | Date Issued: Mar. 19, 1928 | Date Orig. Entry: Mar. 19, 1928 |
| Class* B | Date of Birth: Age 25 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Return of Marriage | By whom issued and signed: State of Oregon | Date Issued: Jun 2 1955 | Date Orig. Entry: Aug 9, 1926 |
| Class B | Date of Birth: Age 24 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: Department of Commerce Bureau of Census Wash. 25 | Date Issued: July 13, 1955 | Date Orig. Entry: April 15, 1910 |
| Class B | Date of Birth: Age 7 / Birth Place: Idaho | Full Name of Mother: Martha M. Points | Name of Father: Charles L. Points | |
| **QUALIFYING INFORMATION** | Family Record - Dated near time of birth- Original record viewed by this office. Parents-Martha Malinda Henshaw Charles Lenoir Points | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: Verna Reisch | | Date Filed: January 13, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 16 1956

458-130-001-755

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-077
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Henry Archie De Meyer | | 2. Date of Birth (month) August (day) 30 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Edward De Meyer | | 7. State or Country of Father's Birth: Belgium | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Gervert | | 9. State or Country of Mother's Birth: Belgium | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Henry Archie De Meyer | 11. Present Address of Registrant: Route #2 Boise Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 24 1956 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Nov. 24 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: K. F. Rowe, Pastor St. John's Cathedral-Boise, Ida | Date Issued: Oct.12,1902 | Date Orig. Entry: Oct.12, 1902 |
| Class* B | Date of Birth: Aug.30,1902 | Birth Place: | Full Name of Mother: Emma Gervert | Name of Father: Edward De Meyer |
| **SUPPORTING RECORD 2.** | Type of Document: Family Bible Record | By whom issued and signed: Bureau of Vital Statistics Record viewed by this office. | Date Issued: Near time of birth. Obviously old record. | Date Orig. Entry: |
| Class A | Date of Birth: Aug. 30,1902 | Birth Place: | Full Name of Mother: Emma De Meyer | Name of Father: Edward De Meyer |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Canada- Spokane Branch Sun Life Assurance Co. | Date Issued: Feb. 14,1939 | Date Orig. Entry: Feb.14,1939 |
| Class B | Date of Birth: Aug 30,1902 | Birth Place: Boise, Idaho | Full Name of Mother: Emma De Meyer | Name of Father: Edward De Meyer |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. E. Benson | Evidence reviewed by: Verna Reisch | Date Filed: January 24, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

313-129-056-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 15 1955
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-113
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| REGISTRANT (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Clarence Angus Calhoun | | 2. Date of Birth (month) March (day) 29 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida b. City or Town of Birth: Clifton |
| FATHER | 6. Full Name of Father: Clarence Lafayette Calhoun | | 7. State or Country of Father's Birth: Georgia U.S.A. |
| MOTHER | 8. Full Maiden Name of Mother: Sara Jane Marler Calhoun | | 9. State or Country of Mother's Birth: Idaho U.S.A. |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clarence Angus Calhoun | 11. Present Address of Registrant: 508 No Grand Mesa Arizona |
| NOTARY (Seal) | Subscribed and sworn to before me on August 11 1955 | 12. Signature of Notary: Erma D. Hills | 13. Notary Commission expires June 1 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document: letter re church record | By whom issued and signed: L. D. S. CHURCH | Date Issued: 7-24-55 | Date Orig. Entry: |
| Class* B | Date of Birth: March 29, 1902 / Birth Place: Clifton, Idaho | Full Name of Mother: Sarah J. Marler | Name of Father: Clarence I. Calhoun | |
| SUPPORTING RECORD 2. | Type of Document: AFFIDAVIT BY MOTHER | By whom issued and signed: SARA JANE MARLER CALHOUN | Date Issued: 1-21-56 | Date Orig. Entry: |
| Class B | Date of Birth: March 29 1902 / Birth Place: Clifton, Idaho Oneida County | Full Name of Mother: Sara Jane Marler Calhoun | Name of Father: Clarence LaFayette Calhoun | |
| SUPPORTING RECORD 3. | Type of Document: CLUB RECORD | By whom issued and signed: MESA ROTARY CLUB No. 817 Mesa, Arizona | Date Issued: 1-17-56 | Date Orig. Entry: elected Nov. 18, 1942 |
| Class B | Date of Birth: March 29 1902 / Birth Place: Clifton, Idaho | Full Name of Mother: | Name of Father: | |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W B Rowe | Evidence reviewed by: bw Betty Waller | Date Filed: February 3 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

FEB 21 1967
MAR 17 1967

865-212-040-132

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. ~~De56-144~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mildred Mathilda Holmgren | | | 2. Date of Birth (month) May (day) 12 (year) 1902 |
| | 3. Color or Race: Wht | 4. Sex: F | 5. Place of Birth a. County: Wardner, Idaho | b. City or Town of Birth: Wardner, Idaho |
| **FATHER** | 6. Full Name of Father: Nicanor Holmgren | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Mathilda Alskog | | | 9. State or Country of Mother's Birth: Malaks Wasa Finland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mildred H. Davis | | 11. Present Address of Registrant: 5256 Brady Dr Seattle, Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 30 January 1956 | 12. Signature of Notary: Frederick Orth | | 13. Notary Commission expires: August 7 1956 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: STATEMENT RE SCHOOL RECORD | By whom issued and signed: SEATTLE PUBLIC SCHOOLS Seattle 9, Washington | Date Issued: 1-4-56 | Date Orig. Entry: entered Sept. 8, 1908 |
| Class* B | Date of Birth: May 12 1902 / Birth Place: | Full Name of Mother: Mrs. H. Holmgren | Name of Father: N. Holmgren | |
| **SUPPORTING RECORD 2.** | Type of Document: FAMILY RECORD | By whom issued and signed: viewed by Frederick J. Orth, Seattle, Wash. | Date Issued: 1-30-56 | Date Orig. Entry: |
| Class B | Date of Birth: May 12 1902 / Birth Place: Wardner, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: AFFIDAVIT BY OLDER SISTER | By whom issued and signed: FLORENCE H. NELSON ~~North Bend, Washington~~ | Date Issued: 2-1-56 | Date Orig. Entry: |
| Class B | Date of Birth: May 12 1902 / Birth Place: Wardner, Idaho | Full Name of Mother: Mathilda Alskog | Name of Father: Nicanor Holmgren | |
| **QUALIFYING INFORMATION** | APPLICATION FOR INSURANCE | PROVIDENT MUTUAL LIFE INSURANCE CO. OF Philadelphia | dated November 3, 1932 | |
| | birth date: May 12, 1902 at Wardner, Idaho | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| [illegible signature] | Betty Waller | February 13, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 2 [illegible]

APR 20 [illegible]

446-219-024-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-155
Local Reg. No.
Reg. Dist. No.

| | | | | | |
|---|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: IRMA THEODORA DUFFY | | | 2. Date of Birth (month) AUGUST (day) 19 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: IDAHO GOODING | b. City or Town of Birth: HAGERMAN | |
| **FATHER** | 6. Full Name of Father: Brannock Theodore Duffy | | | 7. State or Country of Father's Birth: Hammond, Indiana | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ora May Calhoun | | | 9. State or Country of Mother's Birth: Waco, Texas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Irma Duffy Trimble | 11. Present Address of Registrant | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 11 1956 | | 12. Signature of Notary: Harry F. Hanway | 13. Notary Commission expires: August 1 1956 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: AFFIDAVIT BY AUNT | | By whom issued and signed: Lula H. Lough Buhl, Idaho | Date Issued: 1-17-56 | Date Orig. Entry |
| Class* B | Date of Birth: August 19 1902 | Birth Place: Hagerman, Idaho | Full Name of Mother: Ora May Calhoun | Name of Father: Brannock Theodore Duffy | |
| **SUPPORTING RECORD 2.** | Type of Document: SCHOOL RECORD | | By whom issued and signed: WHITWORTH COLLEGE Spokane, Washington | Date Issued: 10-14-50 | Date Orig. Entry: entered 10-5-49 |
| Class B | Date of Birth: August 19 1902 | Birth Place: Hagerman, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document: APPLICATION FOR INSURANCE | | By whom issued and signed: WEST COAST LIFE INSURANCE CO. San Francisco, California | Date Issued | Date Orig. Entry: August 4 1930 |
| Class B | Date of Birth: August 19 1902 | Birth Place: Hagerman, Idaho | Full Name of Mother: Mrs. Ora May Duffy | Name of Father | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: bw Betty Waller | Date Filed: February 20 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 14 1968

395-126-006994

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De56-191~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MELVIN TINGEY | | | 2. Date of Birth (month) (day) (year): November 26, 1902 |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Bingham County, Idaho, | b. City or Town of Birth: Gray |
| **FATHER** | 6. Full Name of Father: Perry Greene Tingey | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Hattie May Riddle | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Melvin Tingey | | 11. Present Address of Registrant: 51 North 13th East Bountiful, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 27, 19 56 | 12. Signature of Notary: Joseph O. Eggett | | 13. Notary Commission expires: May 15, 1959 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: CHURCH RECORD | By whom issued and signed: L.D.S. CHURCH | Date Issued: 8-4-52 | Date Orig. Entry: entered prior ~~Dec. 31, 1913~~ |
| Class* B | Date of Birth: November 26, 1902 / Birth Place: Gray, Idaho Bingham County | Full Name of Mother: Hattie Riddle | Name of Father: Perry Tingey | |
| **SUPPORTING RECORD 2.** | Type of Document: AFFIDAVIT BY MOTHER | By whom issued and signed: HATTIE MAY RIDDLE TINGEY Bountiful, Utah | Date Issued: 2-27-56 | Date Orig. Entry: |
| Class B | Date of Birth: November 26, 1902 / Birth Place: Gray, Idaho ~~Bingham County~~ | Full Name of Mother: Hattie May Riddle Tingey | Name of Father: Perry G. Tingey | |
| **SUPPORTING RECORD 3.** | Type of Document: INSURANCE RECORD | By whom issued and signed: CONTINENTAL CASUALTY COMPANY #6106529 | Date Issued: | Date Orig. Entry: June 1 1935 |
| Class B | Date of Birth: November 26, 1902 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Betty Waller | Date Filed: March 1 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 1 1950

866-205-025-986

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-202
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Howell | | | 2. Date of Birth (month) (day) (year): February 5th 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Cottonwood |
| **FATHER** | 6. Full Name of Father: Jesse Edgar Howell | | | 7. State or Country of Father's Birth: Louisville, Kentucky |
| **MOTHER** | 8. Full Maiden Name of Mother: Bertha May Rhoades | | | 9. State or Country of Mother's Birth: Half Rock, Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth Howell | | 11. Present Address of Registrant: Omak, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 20 1956 | 12. Signature of Notary: H. Carlson | | 13. Notary Commission expires: July 16 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: AFFIDAVIT BY AUNT | By whom issued and signed: ERIE MILLER Long Beach, California | Date Issued: 2-3-56 | Date Orig. Entry: |
| Class* B | Date of Birth: February 5, 1902 / Birth Place: Cottonwood, Idaho Idaho County | Full Name of Mother: Bertha May Rhoades | Name of Father: Jesse Edgar Howell | |
| **SUPPORTING RECORD 2.** | Type of Document: STATEMENT RE SCHOOL RECORD | By whom issued and signed: STATE COLLEGE OF WASHINGTON Pullman, Washington | Date Issued: 2-16-56 | Date Orig. Entry: entered Feb. 26, 1922 |
| Class B | Date of Birth: February 5, 1902 / Birth Place: Cottonwood, Idaho | Full Name of Mother: | Name of Father: Edgar Howell | |
| **SUPPORTING RECORD 3.** | Type of Document: MARRIAGE RECORD | By whom issued and signed: STATE OF WASHINGTON County of Okanogan | Date Issued: 1-31-56 | Date Orig. Entry: married Feb. 2, 1930 |
| Class B | Date of Birth: 27 years old / Birth Place: Idaho | Full Name of Mother: Bertha Rhodes | Name of Father: J. E. Howell | |

**QUALIFYING INFORMATION**

CENSUS RECORD — DEPARTMENT OF COMMERCE Bureau of the Census — Census of 1910 April 15 — issued 11-15-55 — 8 years old — birthplace: Idaho

ORIGINAL NEWSPAPER NOTICE — CAMAS PRAIRIE CHRONICLE Cottonwood, Idaho — Birthdate: February 5, 1902 — Parent: Bertha M. Howell parent: Ed Howell

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Betty Waller | March 2, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 cp

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1959

955-123-029-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De56-223~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Irvin Oliver Iverson | | 2. Date of Birth (month) 3 (day) 23 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: On Farm Latah | b. City or Town of Birth: Moscow, Idaho |
| **FATHER** | 6. Full Name of Father: Ole Iverson | | 7. State or Country of Father's Birth: Norway | |
| **MOTHER** | 8. Full Maiden Name of Mother: Olava Gilbertson (Later changed to Olive) | | 9. State or Country of Mother's Birth: Norway | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Irvin Oliver Iverson | 11. Present Address of Registrant: Moscow, Ida. R#1 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Feb. 24 1956 | 12. Signature of Notary: Donald E. Springer | 13. Notary Commission expires 8-25 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: APPLICATION FOR INSURANCE | By whom issued and signed: NORTHWESTERN NATIONAL LIFE INSURANCE CO., Minneapolis, Minn. | Date Issued | Date Orig. Entry: December 27 1926 |
| Class* B | Date of Birth: March 23 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: Olive Iverson | Name of Father: Ole Iverson |
| **SUPPORTING RECORD 2.** | Type of Document: AFFIDAVIT BY MOTHER | By whom issued and signed: OLIVE IVERSON Genesee, Idaho | Date Issued: 2-17-56 | Date Orig. Entry |
| Class B | Date of Birth: March 23 1902 | Birth Place: Moscow Idaho | Full Name of Mother: Olive Iverson | Name of Father: Ole Iverson |
| **SUPPORTING RECORD 3.** | Type of Document: STATEMENT RE CHURCH RECORD | By whom issued and signed: GENESEE VALLEY CHURCH RECORD BOOK, Page 7, Line 25 | Date Issued: baptized June 22, 1902 | Date Orig. Entry: between June 22, 1902 and July 20, 1902 |
| Class B | Date of Birth: March 23 1902 | Birth Place | Full Name of Mother: Olava (Olive) Iverson | Name of Father: Ole Iverson |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Betty Waller | Date Filed: March 5, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy

MAR 6 1956

669-219-014-252

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-270
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hilda Isabell Forhan | | 2. Date of Birth (month) October (day) 19 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Falk Store. |
| **FATHER** | 6. Full Name of Father: Melvin Forhan | | 7. State or Country of Father's Birth: Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Kisgard | | 9. State or Country of Mother's Birth: Idaho. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hilda Isabell Barnett | 11. Present Address of Registrant: Ewen Trailer Court Emmett Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 20 1956 | 12. Signature of Notary: R O McMahan | 13. Notary Commission expires: Oct 13 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Child's birth certificate | By whom issued and signed: Idaho State File #129000 | Date Issued: Jan.12,1925 | Date Orig. Entry: Jan.12,1925 |
| Class* B | Date of Birth: Age 22 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department Internal Revenue | Date Issued: 6/2/1946 | Date Orig. Entry: 6/21/1946 |
| Class B | Date of Birth: Oct.19,1902 / Birth Place: New Plymouth, Idaho | Full Name of Mother: Emma Kisgard | Name of Father: Melvin Forhan | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: Caldwell, Idaho School District No.13 | Date Issued: Sept.1911 | Date Orig. Entry: Sept., 1911 |
| Class B | Date of Birth: Age 8 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Bennett | Verna Reisch | March 13,1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 14

242-218-036-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-308
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MARY AMELIA BUSH | | | 2. Date of Birth (month) AUGUST (day) 18 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: ONEIDA | b. City or Town of Birth: MALAD |
| **FATHER** | 6. Full Name of Father: ROBERT T. BUSH | | | 7. State or Country of Father's Birth: MALAD Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY WILLIAMS | | | 9. State or Country of Mother's Birth: California |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Amelia Bush Nelson | | 11. Present Address of Registrant: Morgan, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 17, 1956 19 | 12. Signature of Notary: A C Welch | | 13. Notary Commission expires: March 12, 1957 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: CENSUS RECORD | | By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census | Date Issued: 2-28-42 | Date Orig. Entry: Census of 1920 Jan. 1 |
| Class* B | Date of Birth: 17 years old | Birth Place: Idaho | Full Name of Mother: Mary Bush | Name of Father: Robert T. Bush | |
| **SUPPORTING RECORD 2.** | Type of Document: SON'S BIRTH CERTIFICATE | | By whom issued and signed: STATE OF IDAHO #208962 | Date Issued: | Date Orig. Entry: child born Dec. 5, 1932 |
| Class B | Date of Birth: 30 years old | Birth Place: Malad, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: DRIVER'S LICENSE | | By whom issued and signed: STATE OF UTAH #81540 | Date Issued: | Date Orig. Entry: issued July 1, 1946 |
| Class B | Date of Birth: August 18 1902 | Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [signature] | Evidence reviewed by: Betty Waller | Date Filed: March 22, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40063

MAR 27 1990

413-211-009-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-324
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Evelyn Dale | | | 2. Date Of Birth (month) (day) (year): July 11, 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Sandpoint Bonner | b. City or Town of Birth: Sandpoint |
| **FATHER** | 6. Full Name of Father: Charles Francis Dale | | | 7. State or Country of Father's Birth: Wisconsin |
| **MOTHER** | 8. Full Maiden Name of Mother: Lila May Jenne | | | 9. State or Country of Mother's Birth: Minnesota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Dale Irwin | | 11. Present Address of Registrant: Ritzville, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 22 1955 | 12. Signature of Notary: Dale McWhirk | | 13. Notary Commission expires: July 8 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by friend of family | | By whom issued and signed: Mrs. Hans B. Boeck | Date Issued: 7-26-55 | Date Orig. Entry: |
| Class* B | Date of Birth: July 11 1902 | Birth Place: Sandpoint, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: school census record | | By whom issued and signed: BONNER COUNTY CLASS A SCHOOL DISTRICT NO. 82 | Date Issued: 7-9-54 | Date Orig. Entry: September 15, 1915 |
| Class B | Date of Birth: 13 years old | Birth Place: | Full Name of Mother: Sandpoint Lila M. Dale | Name of Father: Charles F. Dale | |
| **SUPPORTING RECORD 3.** | Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER #531-24-3220 | | By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service | Date Issued: | Date Orig. Entry: July 30 1943 |
| Class B | Date of Birth: July 11 1902 | Birth Place: Sandpoint, Idaho Bonner County | Full Name of Mother: Lila Mae Jennie | Name of Father: Charles F. Dale | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: bw Betty Waller | Date Filed: March 28, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 28 1956

553-205-028-5-53

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. ~~De56-326~~
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Christine Nelson | | 2. Date of Birth (month) (day) (year): Dec. - 5 - 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Coeur d'Alene Ida. - Kootenai; b. City or Town of Birth: Coeur d'Alene, Idaho |
| **FATHER** | 6. Full Name of Father: Oscar Nelson | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Grace Ellen Nelson | | 9. State or Country of Mother's Birth: Minnesota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary C. Nicholson | 11. Present Address of Registrant: 1125 W. 18th Pl., Eugene, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 2 - 1956 | 12. Signature of Notary: Lynnette Wilson | 13. Notary Commission expires: Nov. 12 - 1959 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement re SCHOOL RECORD | By whom issued and signed: COUNTY BOARD OF EDUCATION KOOTENAI COUNTY, Coeur d'Alene Idaho | Date Issued | Date Orig. Entry: September 1909 |
| Class* B | Date of Birth: 6 years old; Birth Place: | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 2.** | Type of Document: AFFIDAVIT BY AUNT | By whom issued and signed: HATTIE D. BEST Coeur d'Alene, Idaho | Date Issued: 12-9-55 | Date Orig. Entry |
| Class B | Date of Birth: December 5, 1902; Birth Place: Coeur d'Alene Idaho | Full Name of Mother: Grace Ellen Nelson | Name of Father: Oscar Nelson | |
| **SUPPORTING RECORD 3.** | Type of Document: DAUGHTER'S BIRTH CERTIFICATE | By whom issued and signed: STATE OF IDAHO #191455 | Date Issued | Date Orig. Entry: child born ~~May 23, 1931~~ |
| Class B | Date of Birth: 28 years old; Birth Place: Coeur d' Alene Idaho | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: bw Betty Waller | Date Filed: March 28, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 8 8 1968

299-210-004-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. ~~De56-335~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ILAH CARRIE BRISCOE | | 2. Date of Birth (month) JUNE (day) 10 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: IDAHO BEAR LAKE | b. City or Town of Birth: BLOOMINGTON Idaho |
| **FATHER** | 6. Full Name of Father: Fredrick H. Briscoe | | 7. State or Country of Father's Birth: England | |
| **MOTHER** | 8. Full Maiden Name of Mother: Carrie Elizabeth Thompson | | 9. State or Country of Mother's Birth: St Charles Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ilah Briscoe Bolton | 11. Present Address of Registrant: Conda Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 28 1956 | 12. Signature of Notary: M. C. Gill | 13. Notary Commission expires: July 7 1956 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: CHURCH RECORD | By whom issued and signed: L.D.S. CHURCH | Date Issued: 11-23-54 | Date Orig. Entry: entered on record Sept. 7 1902 |
| Class* A | Date of Birth: June 10 1902 / Birth Place: Bloomington, Idaho ~~Bear Lake County~~ | Full Name of Mother: Carrie Elizabeth Thompson | Name of Father: Fredrick H. Briscoe | |
| **SUPPORTING RECORD 2.** | Type of Document: CHURCH RECORD | By whom issued and signed: L.D.S. CHURCH | Date Issued: 11-23-54 | Date Orig. Entry: baptized July 2, 1910 |
| Class B | Date of Birth: June 10 1902 / Birth Place: Bloomington, Idaho ~~Bear Lake County~~ | Full Name of Mother: Carrie E. Thompson | Name of Father: Fredrick H. Briscoe | |
| **SUPPORTING RECORD 3.** | Type of Document: SON'S BIRTH CERTIFICATE | By whom issued and signed: STATE OF IDAHO #88139 | Date Issued: | Date Orig. Entry: child born March 25, 1921 |
| Class B | Date of Birth: 18 years old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: J. W. Benson | Evidence reviewed by: bw Betty Waller | Date Filed: March 30, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

# DELAYED CERTIFICATE OF BIRTH

## STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

File No.
Local Reg. No.
Reg. Dist. No.

1. Place of birth (County, town or city)

2. Date of birth (month) (day) (year)

3. Child's name (if any)

4. Sex

5. Place of birth (County)

6. City or town of birth

FATHER

7. Full name of father

8. State or Country of person's birth

MOTHER

9. Full maiden name of mother

10. State or country of mother's birth

AFFIDAVIT

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present address of Registrant

Subscribed and sworn to before me on

13. Signature of Notary

14. Notary Commission expires

SUPPORTING RECORD A

Type of Document

By whom issued and signed

Date issued

Date filed, entry

Date of birth

Full name of mother

Name of father

Class

SUPPORTING RECORD B

Type of Document

By whom issued and signed

Date issued

Date filed, entry

Date of birth

Place of birth

Full name of mother

Name of father

Class

ADDITIONAL INFORMATION

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for the registration of that documentary evidence has been reviewed, which substantiates the data as set forth in the preceding statement.

Issued by

Evidence reviewed by

Date filed

Place a check mark in the space made available for the appropriate entry if the data is not available.

Place a dash (-) in the space made after the journal entry indicate at least a search was made.

673-229-035-769

Federal Security Agency
U. S. P. H. S.

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH
## State of Idaho

State File No. De 56-351
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez perce (b) City Peck.
(c) Street address or R.F.D. No. Peck.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay BEFORE delivery:
In Hospital or Materity Home ..... Days
In THIS County ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Idaho (b) County Nez perce
(c) City Peck.
(d) Street address or R.F.D. No. Peck
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address (for registration notice): Peck (Street or R.F.D.) Idaho. (Postoffice)

3. RESIDENCE OF FATHER Peck Idaho. (City, State)

4. FULL NAME OF CHILD Nina Beatrice Oglesby.

5. DATE OF BIRTH March 29 - 1902 (Month, day, year)

6. Sex Female.

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

**FATHER OF CHILD**

10. FULL NAME William Henry Oglesby.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace ..... (City or Town) ..... (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Bertha Porter
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace Saline County Mo. (City or Town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ✓ Approximate date .....
23. Name prophylactic used to prevent Ophthamia Neonatorum Agno3
24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn None.

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Oglesby. (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. Attendant's OWN signature J. M. Lyle, M.D. (D.O., Midwife, etc.)
and address Peck Idaho Date ~~3/29/02~~ 4/15/53

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 6 1956

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

### MEDICAL REPORT
**(Not for certified copies)**

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

434-220-001-383

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-358
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: GEORGIA GRACE McMASTER | | | 2. Date of Birth (month) October (day) 20th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: FEMALE | 5. Place of Birth a. County: ADA | b. City or Town of Birth: BOISE |
| **FATHER** | 6. Full Name of Father: CHARLES ALLEN McMASTER | | | 7. State or Country of Father's Birth: IOWA, U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: DELLA LYTLE (McMASTER) | | | 9. State or Country of Mother's Birth: Missouri, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Georgia Grace McMaster Crane | | 11. Present Address of Registrant: TWIN FALLS, IDAHO (Route #2) |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 7 1956 | 12. Signature of Notary: W. O. Smith | | 13. Notary Commission expires: Jan 31, 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** Class* B | Type of Document: AFFIDAVIT BY MOTHER | By whom issued and signed: DELLA LYTLE MCMASTER | Date Issued: 1-7-56 | Date Orig. Entry: |
| | Date of Birth: October 20, 1902 / Birth Place: Boise, Idaho | Full Name of Mother: Della Lytle McMaster | Name of Father: | |
| **SUPPORTING RECORD 2.** Class A | Type of Document: Bible record | By whom issued and signed: viewed by W. O. SMITH, NOTARY Public, State of Idaho | Date Issued: | Date Orig. Entry: near time of birth |
| | Date of Birth: October 20 1902 / Birth Place: Boise, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** Class B | Type of Document: CENSUS RECORD | By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census | Date Issued: 3-23-56 | Date Orig. Entry: Census of 1910, April 15 |
| | Date of Birth: 7 years old / Birth Place: Idaho | Full Name of Mother: Della McMaster | Name of Father: Charles A. McMaster | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: L. B. Benson | Evidence reviewed by: bw Betty Waller | Date Filed: April 5, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 8 1950

1. Name of child: Frances Grace McMaster
2. Sex: Female
3. Place of birth: Ada
4. Date of birth: October 20, 1924
5. Father: Charles Allen McMaster
6. Mother: Della Lytle (McMaster)
7. Birthplace of father: Boise
8. Birthplace of mother: Iowa, U.S.A.
9. Birthplace of mother: Missouri, U.S.A.
10. Occupation of father: Farmer
11. Occupation of mother: Housewife
12. Present address of applicant: Twin Falls, Idaho (Route 2)

AFFIDAVIT: I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on _____ 19__

Signature of Notary

Notary Commission expires _____

Date issued: 1-7-54

Date filed: _____

Date of document: Application for Marriage License

Place of document: Twin Falls, Idaho

Date of birth: October 20, 1924

Place of birth: Boise, Idaho

Name of father: Charles A. McMaster

Name of mother: Della Lytle McMaster

Date issued: 3-23-55

Date filed: _____

Date of document: Census of the United States

Place of birth: Idaho

Date of birth: 7 years old

Name of father: Charles A. McMaster

Name of mother: Della McMaster

Date issued: _____

Date filed: April 5, 1956

Date of document: _____

Place of birth: _____

Date of birth: _____

Name of father: _____

Name of mother: _____

Date issued: _____

Date filed: _____

235-201-044-913

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. Da56-409
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Tessie May Steward | | | 2. Date of Birth (month) 5 - (day) 1 - (year) 1902 |
| | 3. Color or Race: W | 4. Sex: Female | 5. Place of Birth a. County: Washington | b. City or Town of Birth: Indian Valley, Idaho |
| **FATHER** | 6. Full Name of Father: Alva John Steward | | | 7. State or Country of Father's Birth: Polk County, Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Myrtle Zachary | | | 9. State or Country of Mother's Birth: Polk County, Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Tessie May Steward Reynolds | | 11. Present Address of Registrant: Box 303 Sonora, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 9 1956 | 12. Signature of Notary: Jennie McCallum | | 13. Notary Commission expires: My Commission Expires Dec. 31, 1957 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: AFFIDAVIT BY MOTHER | By whom issued and signed: MYRTLE HENKE Bakersfield, California | Date Issued: 2-4-56 | Date Orig. Entry: |
| Class* B | Date of Birth: May 1 1902 / Birth Place: Indian Valley Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: CENSUS RECORD | By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census | Date Issued: 4-3-56 | Date Orig. Entry: Census of 1910, April 15 |
| Class B | Date of Birth: 7 years old / Birth Place: Idaho | Full Name of Mother: Myrtle Steward | Name of Father: Alva J. Steward | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement re APPLICATION FOR INSURANCE | By whom issued and signed: ROYAL NEIGHBORS OF AMERICA, Rock Island, Ill. | Date Issued: 2-28-56 | Date Orig. Entry: applied May 31, 1923 |
| Class B | Date of Birth: May 1 1902 / Birth Place: Indian Valley Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | Statement re School record | CLASS A SCHOOL DISTRICT NO. 431 Washington County, Weiser, Idaho | 2-22-56 | |
| | birth date: May 1, 1902 | mother: Myrtle Steward | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Betty Waller | | Date Filed: April 17, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 17 1956

Name of Child: Marie Stewart

Date of Birth: 5 - 1 - 1902

Place of Birth: Indian Valley, Idaho

Sex: Female

County of Birth: Washington

Father's Name: John Stewart

Father's Birthplace: Polk County, Iowa

Mother's Maiden Name: Matilda Mahoney

Mother's Birthplace: Polk County, Iowa

Date Issued: 2-4-56

Name of Father: John Stewart

Birthplace of Father: Indian Valley

Name of Mother: Matilda Stewart

Birthplace of Mother: Polk County

Date Issued: 2-4-56

Name of Father: Frank Stewart

Birthplace of Father: Indian Valley

Name of Mother: Matilda Stewart

Birthplace of Mother: Polk County

Date of Birth: 1902

Place of Birth: Indian Valley, Idaho

Name of Father: Frank

949-122-001-847

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-418
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: EVERETT RUICK | | 2. Date of Birth (month) APRIL (day) 22 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: IDAHO | b. City or Town of Birth: BOISE |
| **FATHER** | 6. Full Name of Father: Norman Melville Ruick | | 7. State or Country of Father's Birth: Granby, Connecticut | |
| **MOTHER** | 8. Full Maiden Name of Mother: Amanda Deborah Hughes | | 9. State or Country of Mother's Birth: Vincennes, Indiana | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Everett Walter Ruick | 11. Present Address of Registrant: 4343 St. Clair Ave. No. Hollywood - Calif | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 16 1956 | 12. Signature of Notary: Helen M. Schrank | 13. Notary Commission expires: Helen M. Schrank, Notary Public My Commission Expires July 31, 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: AFFIDAVIT BY OLDER BROTHER | | By whom issued and signed: NORMAN RUICK, JR. Los Angeles, California | Date Issued: 8-24-42 | Date Orig. Entry: |
| Class* B | Date of Birth: April 22 1902 | Birth Place: Boise, Idaho Ada County | Full Name of Mother: Amanda Deborah Hughes | Name of Father: Norman Melville Ruick | |
| **SUPPORTING RECORD 2.** | Type of Document: 561-18-4634 APPLICATION FOR SOCIAL SECURITY RECORD | | By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service | Date Issued: | Date Orig. Entry: applied Dec. 16, 1936 |
| Class B | Date of Birth: April 22 1902 | Birth Place: Boise Idaho | Full Name of Mother: Amanda Hughes | Name of Father: Norman Melville Ruick | |
| **SUPPORTING RECORD 3.** | Type of Document: DAUGHTER'S BIRTH CERTIFICATE | | By whom issued and signed: TEXAS DEPARTMENT OF HEALTH Bureau of Vital Statistics | Date Issued: 3-22-56 | Date Orig. Entry: child born Dec. 15, 1922 |
| Class B | Date of Birth: 20 years old | Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: bw Betty Waller | Date Filed: April 20, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

APR 20 1956

819-204-040-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-544
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CORA THERESA HARNER | | | 2. Date of Birth (month) (day) (year): September 4, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: near Gem Shoshone | b. City or Town of Birth: near Gem |
| **FATHER** | 6. Full Name of Father: BERT STANLEY HARNER | | | 7. State or Country of Father's Birth: Pennsylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: AMANDA CHARLOTTE SWANSON | | | 9. State or Country of Mother's Birth: Redwing, Minnesota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cora Theresa Bishop | | 11. Present Address of Registrant: Box #51, Des Moines, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 11, 19 56 | 12. Signature of Notary: Robert B. Porterfield | | 13. Notary Commission expires: July 26, 19 58 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement re school record | By whom issued and signed: Seattle Public Schools Seattle, Washington | Date Issued: 4-20-56 | Date Orig. Entry: graduated June 16, 1916 |
| Class* B | Date of Birth: September 4, 1902 / Birth Place: | Full Name of Mother: Cora Harner | Name of Father: B. S. Harner | |
| **SUPPORTING RECORD 2.** | Type of Document: 534-01-5655 application for Social Security number | By whom issued and signed: Treasury Department Internal Revenue Service | Date Issued: | Date Orig. Entry: applied Dec. 2, 1936 |
| Class B | Date of Birth: September 4, 1902 / Birth Place: Idaho | Full Name of Mother: Amanda Charlotte Swanson | Name of Father: Burt Stanley Harner | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit bymother | By whom issued and signed: Amanda Charlotte Koss Seattle, Washington | Date Issued: 2-27-56 | Date Orig. Entry: |
| Class B | Date of Birth: September 4, 1902 / Birth Place: Gem, Idaho Shoshone County | Full Name of Mother: Amanda Charlotte Swanson | Name of Father: Bert Stanley Harner | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Betty Waller | Date Filed: May 22, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 23 1958

391-216-023-343

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-565
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice Belle Crawford | | 2. Date of Birth (month) May (day) 16 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Emmett |
| **FATHER** | 6. Full Name of Father: Elisha Jerden Crawford | | 7. State or Country of Father's Birth: Kentucky | |
| **MOTHER** | 8. Full Maiden Name of Mother: Christena Ellen Tuttle | | 9. State or Country of Mother's Birth: Tennessee | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice C. Marshall | 11. Present Address of Registrant: Malott Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 15 1956 | 12. Signature of Notary: Earl T. Hansen | 13. Notary Commission expires: Jan 11 1958 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: insurance record | By whom issued and signed: Metropolitan Life Insurance Co. #356188 | Date Issued: | Date Orig. Entry: issued May 6, 1935 |
| Class* B | Date of Birth: 33 years old next birthday | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Bible record | By whom issued and signed: viewed by Elsie M. Webb Notary, Crouch, Idaho | Date Issued: | Date Orig. Entry: |
| Class B | Date of Birth: May 16 1902 | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by sister | By whom issued and signed: Nancy Gifford Emmett, Idaho | Date Issued: 4-11-56 | Date Orig. Entry: |
| Class B | Date of Birth: May 16 1902 | Birth Place: Emmett Idaho | Full Name of Mother: Christena Ellen Crawford | Name of Father: Elisha Jerden Crawford |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: bw Betty Waller | Date Filed: May 29, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 31 1955

169-112011-639

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-567
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: RICHARD WILLIAM JORDAN | | 2. Date of Birth (month) October (day) 12 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: BOUNDARY | b. City or Town of Birth: Bonners Ferry |
| **FATHER** | 6. Full Name of Father: Frederick Robert Jordan | | 7. State or Country of Father's Birth: Kent County, England | |
| **MOTHER** | 8. Full Maiden Name of Mother: Magdalene Flint | | 9. State or Country of Mother's Birth: Kent County, England | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Richard William Jordan | 11. Present Address of Registrant: 531 Castle Hayne Rd, N. C. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May first 1956 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: June 9th, 1957 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

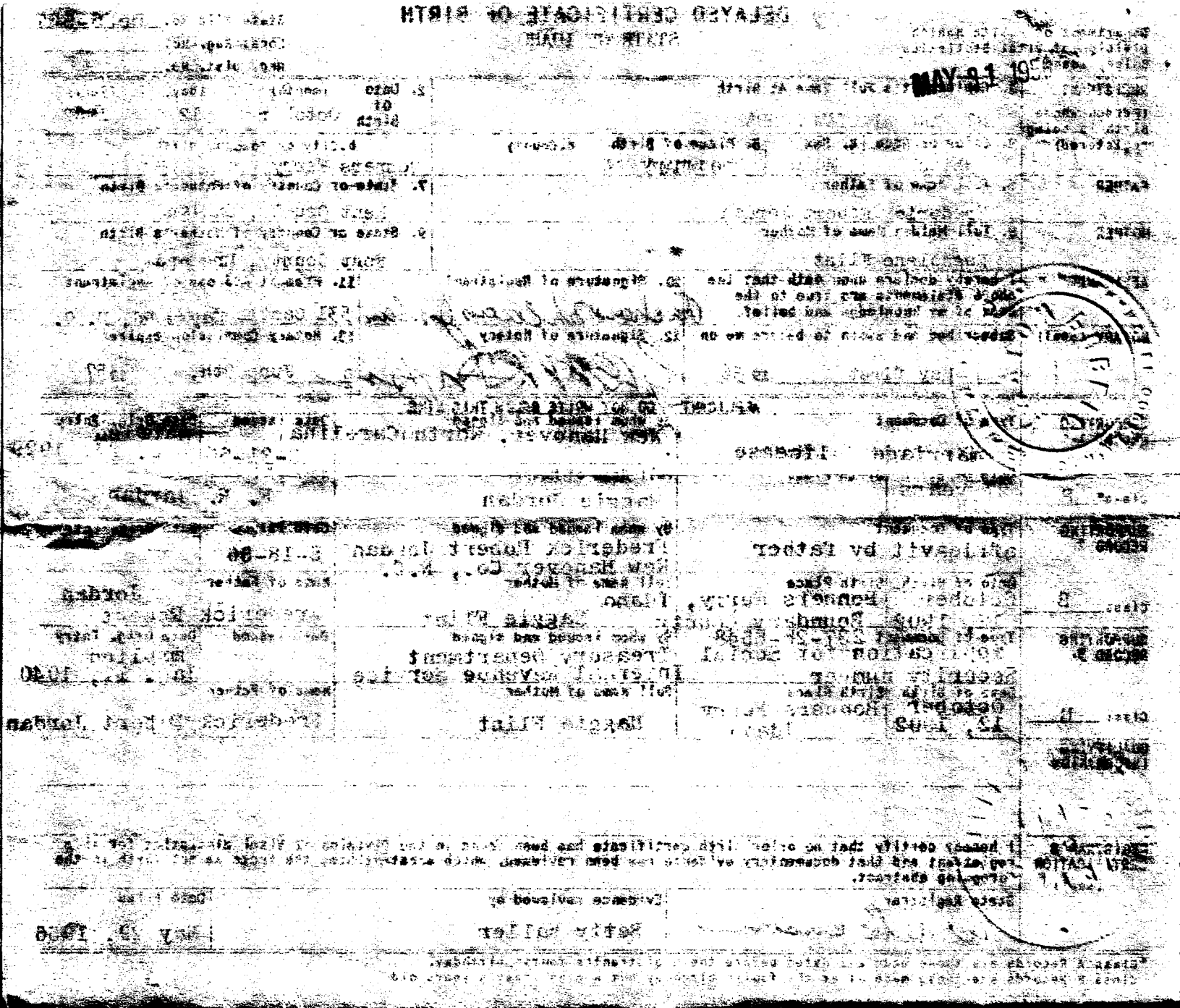
| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: marriage license | By whom issued and signed: New Hanover, North Carolina | Date Issued: 3-31-56 | Date Orig. Entry: married Dec. 24, 1929 |
| Class* B | Date of Birth: 27 years old | Birth Place: | Full Name of Mother: Maggie Jordan | Name of Father: F. R. Jordan |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by father | By whom issued and signed: Frederick Robert Jordan New Hanover Co., N.C. | Date Issued: 5-18-56 | Date Orig. Entry: |
| Class B | Date of Birth: October 12, 1902 | Birth Place: Bonners Ferry, Boundary County Idaho | Full Name of Mother: Maggie Flint | Name of Father: Jordan Frederick Robert |
| **SUPPORTING RECORD 3.** | Type of Document: 237-28-6548 application for Social Security number | By whom issued and signed: Treasury Department Internal Revenue Service | Date Issued: | Date Orig. Entry: applied Jan. 17, 1940 |
| Class B | Date of Birth: October 12, 1902 | Birth Place: Bonners Ferry Idaho | Full Name of Mother: Maggie Flint | Name of Father: Frederick Robert Jordan |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Betty Waller | Date Filed: May 29, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-40063

MAY 21 19



285-220-040-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-568
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edna Genevieve Sherman | | | 2. Date of Birth (month) Feb (day) 20 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: Female | 5. Place of Birth a. County: Idaho | a. County: Shoshone; b. City or Town of Birth: Burke |
| **FATHER** | 6. Full Name of Father: William Sherman | | | 7. State or Country of Father's Birth: California |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Ladouceur | | | 9. State or Country of Mother's Birth: Montreal, Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edna Sherman Baker | | 11. Present Address of Registrant: Osburn, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 23 19 56 | 12. Signature of Notary: Anna K Ratliff | | 13. Notary Commission expires Sept 2 19 57 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement re school record | By whom Issued and signed: County of Shoshone Wallace, Idaho | Date Issued: 5-18-56 | Date Orig. Entry: September 28, 1908 |
| Class* B | Date of Birth: 6 years old; Birth Place: | Full Name of Mother: Anna Sherman | Name of Father: William Sherman | |
| **SUPPORTING RECORD 2.** | Type of Document: hospitalization record | By whom issued and signed: Providence Hospital Wallace, Idaho | Date Issued: 5-23-56 | Date Orig. Entry: October 17, 1941 |
| Class B | Date of Birth: February 20, 1902; Birth Place: Burke Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document: statement re voting registration | By whom issued and signed: County of Shoshone Wallace, Idaho | Date Issued: 5-18-56 | Date Orig. Entry: registered Oct. 31, 1924 |
| Class B | Date of Birth: 22 years old; Birth Place: Idaho | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Betty Waller | Date Filed: May 29, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 31 1966

363-227-001-418

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-704
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazel May Locke | | 2. Date of Birth (month) Dec. (day) 27 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F. M | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise, Idaho |
| **FATHER** | 6. Full Name of Father: Edward Thomas Locke | | 7. State or Country of Father's Birth: Oregon | |
| **MOTHER** | 8. Full Maiden Name of Mother: May Melvina Maynard | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hazel May Owings | 11. Present Address of Registrant: 2213 Bdwy Ave, Boise | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 19 1956 | 12. Signature of Notary: Vera Nelson | 13. Notary Commission expires: November 18 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Helena, Montana Montana Life Insurance Co. | Date Issued: Jan 19,1927 | Date Orig. Entry: Jan. 19,1927 |
| Class* B | Date of Birth: Dec.27,1902 / Birth Place: Boise, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Clyde Langlois, Asst. Supt. Boise Public School | Date Issued: July 2,1956 | Date Orig. Entry: 1915-1916 |
| Class B | Date of Birth: Dec.27,1902 / Birth Place: | Full Name of Mother: May M. Locke | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Emma Ramsay - Aunt | Date Issued: July 6,56 | Date Orig. Entry: JUly 6, 1956 |
| Class B | Date of Birth: Dec.27,1902 / Birth Place: Boise, Idaho | Full Name of Mother: May Melvina Maynard | Name of Father: Edward Thomas Locke | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: vr Verna Reisch | Date Filed: July 9, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

JUL 0 1958

REGISTRANT

1. Name at birth

2. Sex

3. Place of birth

4. Date of birth

PARENTS

5. Full maiden name of father

6. Date or place of birth

7. Full maiden name of mother

8. Date or place of birth

AFFIDAVIT

I hereby declare that the statements made herein are true to the best of my knowledge and belief.

9. Signature of affiant

10. Address of affiant

Subscribed and sworn to before me on

11. Signature of officer

12. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

Date of Document

Date issued

Date filed

Place of birth

Full name of father

Place of birth

Full name of mother

Place of birth

Place of marriage

Date of marriage

Place of marriage

Date of marriage

Place of marriage

Date of marriage

462-213-08-764

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-719
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Doble | | 2. Date of Birth (month) January (day) 13 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Coeur d'Alene | b. City or Town of Birth: Coeur d'Alene |
| **FATHER** | 6. Full Name of Father: Henry Doble | | 7. State or Country of Father's Birth: United States of America | |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Evelin Gould | | 9. State or Country of Mother's Birth: Maine. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Doble Rode | 11. Present Address of Registrant: 5124 Kabrade Ave No. Minneapolis, Minn. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on JUL 7 - 1956 19 | 12. Signature of Notary: James H. McMaster | 13. Notary Commission expires: NOTARY PUBLIC My Commission Expires January 29 1959 19 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: census record | By whom issued and signed: Department of Commerce Bureau of the Census | Date Issued: 6-16-56 | Date Orig. Entry: Census of 1930 April 1 |
| Class* B | Date of Birth: 28 years old / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: 471-20-9459 application for Social Security number | By whom issued and signed: Treasury Department Internal Revenue Service | Date Issued: | Date Orig. Entry: applied June 30, 1942 |
| Class B | Date of Birth: January 13, 1902 / Birth Place: Coeur d'Alene Idaho | Full Name of Mother: Annie Gould | Name of Father: Henry Doble | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by aunt | By whom issued and signed: Mabel M. Thayer Crandon, Wisconsin | Date Issued: 1-21-56 | Date Orig. Entry: |
| Class B | Date of Birth: January 13, 1902 / Birth Place: Coeur d'Alene Idaho | Full Name of Mother: Annie Gould | Name of Father: Henry Doble | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: Betty Waller | Date Filed: July 12, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

1. Place of birth
2. Date of birth
3. Sex
4. Full name of child
5. Name of father
6. Maiden name of mother
7. Place of birth
8. Occupation of father
9. Birthplace of father
10. Birthplace of mother
11. Signature of registrant
12. Address of registrant
13. Signature of notary
14. Notary Commission expires

SUPPORTING RECORD 1

Date issued
Name of father

SUPPORTING RECORD 2

Date issued
Name of father

SUPPORTING RECORD 3

Date issued
Name of father

STATEMENT OF REGISTRAR

Date filed

Date filed

155-201-036-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-771
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth<br>SARABEL JENKINS (also known as Sarah Jenkins; Sarah Bell Jenkins) | | 2. Date Of Birth (month) 2 (day) 1 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Malad |
| **FATHER** | 6. Full Name of Father<br>Joseph Williams Jenkins | | 7. State or Country of Father's Birth<br>Glamorgan, South Wales | |
| **MOTHER** | 8. Full Maiden Name of Mother<br>Annie Ferry | | 9. State or Country of Mother's Birth<br>London Derry, Ireland | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant<br>Sarabel Jenkins | 11. Present Address of Registrant<br>206 W. 5th North<br>Malad, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on<br>July 23 19 56. | 12. Signature of Notary<br>E R Scott | 13. Notary Commission expires<br>May 19 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document<br>church record | By whom issued and signed<br>L.D.S. Church | Date Issued | Date Orig. Entry<br>baptized May 6, 1911 |
| Class* B | Date of Birth<br>February 1, 1902 / Birth Place<br>Malad, Idaho Oneida County | Full Name of Mother<br>Annie Ferry | Name of Father<br>Joseph W. Jenkins | |
| **SUPPORTING RECORD 2.** | Type of Document<br>family record | By whom issued and signed<br>viewed by E. L. Scott Notary Public, Malad | Date Issued<br>7-23-56 | Date Orig. Entry |
| Class B | Date of Birth<br>February 1, 1902 / Birth Place | Full Name of Mother<br>Annie F. Jenkins | Name of Father<br>Joseph W. Jenkins | |
| **SUPPORTING RECORD 3.** | Type of Document<br>affidavit by step-brother | By whom issued and signed<br>Edmond Morgan Malad, Idaho | Date Issued<br>7-23-56 | Date Orig. Entry |
| Class B | Date of Birth<br>February 1, 1902 / Birth Place<br>Malad Idaho | Full Name of Mother<br>Annie F. Jenkins | Name of Father<br>Joseph W. Jenkins | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar<br>P. Benson | Evidence reviewed by<br>Betty Waller | Date Filed<br>July 25, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 26 1958

251-201-035-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-787
Local Reg. No.
Reg. Dist. No.

**REGISTRANT** (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Malissa Beasley
2. Date of Birth (month) (day) (year): May 1 1902
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Sweetwater; Nez Perce
b. City or Town of Birth: Near Sweetwater

**FATHER**

6. Full Name of Father: Julius Charles Beasley
7. State or Country of Father's Birth: Arkansas

**MOTHER**

8. Full Maiden Name of Mother: Sophronia Parker
9. State or Country of Mother's Birth: Arkansas

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Malissa Beasley Swang
11. Present Address of Registrant: 328 Adams St. Lewiston, Ida.

**NOTARY** (Seal)

Subscribed and sworn to before me on: July 10th 1956
12. Signature of Notary: [illegible]
13. Notary Commission expires: Jan. 1 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

**SUPPORTING RECORD 1.**

Type of Document: Social Security Record
By whom issued and signed: Internal Revenue Service Treasury Department
Date Issued: June 5,1939
Date Orig. Entry:
Class*: B
Date of Birth: May 1,1902
Birth Place: Sweetwater,Ida.
Full Name of Mother: Sophronia Parker
Name of Father: Julius Charles Beasley

**SUPPORTING RECORD 2.**

Type of Document: Insurance Policy
By whom issued and signed: C. H. Hamm-Agent
Date Issued: Nov.1941
Date Orig. Entry:
Class: B
Date of Birth: May 1,1902
Birth Place: Sweetwater, Ida.
Full Name of Mother:
Name of Father:

**SUPPORTING RECORD 3.**

Type of Document: Affidavit by Sister
By whom issued and signed: Eva Robison
Date Issued: July 10, 1956
Date Orig. Entry:
Class: B
Date of Birth: May 1,1902
Birth Place: Sweetwater,Ida.
Full Name of Mother: Sophronia Parker Beasley
Name of Father: Julius Charles Beasley

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:
Evidence reviewed by: Verna Reisch
Date Filed: July 31,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM DPH H0067

AUG 1 1956

344-218-014-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-800
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Irene Ludrick | | 2. Date of Birth (month) August (day) 18 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Emmett |
| **FATHER** | 6. Full Name of Father: William Peary Ludrick | | 7. State or Country of Father's Birth: Ohio | |
| **MOTHER** | 8. Full Maiden Name of Mother: Helen Holland Walton | | 9. State or Country of Mother's Birth: Kansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Irene Ludrick Moore | 11. Present Address of Registrant: 14844 - 42 ave So. Seattle 88 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 1 1956 | 12. Signature of Notary: Dorothy Madison | 13. Notary Commission expires: August 20 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Internal Revenue Service Treasury Department | Date Issued: Aug.17,1937 | Date Orig. Entry: |
| Class* B | Date of Birth: Aug. 18,1902 / Birth Place: Emmett, Idaho | Full Name of Mother: Helen Holland Walton | Name of Father: Wm. Perry Ludrick | |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: Bureau of Vital Statistics Idaho File #140456 Boise, | Date Issued: Apr.15,1926 | Date Orig. Entry: |
| Class B | Date of Birth: Age 23 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit | By whom issued and signed: Mrs. Helen King - Mother | Date Issued: Dec.11,1936 | Date Orig. Entry: |
| Class B | Date of Birth: Aug.18,1902 / Birth Place: Emmett, Idaho | Full Name of Mother: Helen King (Ludrick) | Name of Father: William Peary Ludrick | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: vr Verna Reisch | Date Filed: August 8,1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old. 1 copy paid

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 5656-800

Local Reg. No. _____

Reg. Dist. No. _____

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT

(Person whose birth is being registered)

1. Full name of child: Donald Lodgie

2. Date of birth (Month, Day, Year): August 23, 1922

3. Sex: Male

4. Place of birth: County: Owyhee

City or town of birth: Grasmere

FATHER

7. Full name of father: Jim Perry Lodgie

8. Color or race: White

9. Age: 21

10. Place of birth: State or country: Ohio

MOTHER

11. Maiden name of mother: Ellen Walters

12. Color or race: White

13. Age: 19

14. Place of birth: State or country: Kansas

I declare upon oath that the statements made are true to the best of my knowledge and belief.

15. Signature of Attorney: _____

16. Signature of Registrant: _____

17. Present address of Registrant: _____

Subscribed and sworn to before me on _____ 19__

18. Notary Commission expires _____

SUPPORTING RECORD 1.

Type of Document: Social Security Record

By whom issued and signed: Federal Security Agency, Social Security Administration

Date issued: Aug. 17, 1937

Date orig. entry: _____

Date of birth: Aug. 23, 1922

Birth place: Idaho

Full name of mother: Ellen Walters

Name of father: Jim Perry Lodgie

Class: H

SUPPORTING RECORD 2.

Type of Document: Child's birth certificate

By whom issued and signed: Bureau of Vital Statistics, Idaho State Board of Health

Date issued: Aug. 15, 1922

Date orig. entry: _____

Date of birth: Aug. 23, 1922

Birth place: Idaho

Full name of mother: Ellen Walters

Name of father: Jim Perry Lodgie

Class: H

SUPPORTING RECORD 3.

Type of Document: Affidavit

By whom issued and signed: Mrs. Roscoe Lodge - Father

Date issued: Aug. 17, 1938

Date orig. entry: _____

Date of birth: Aug. 23, 1922 Boise, Idaho

Full name of mother: Ellen Lodge (Lodgie)

Name of father: William Perry Lodgie

Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

(Issued)

State Registrar: _____

Filmed by: _____

Date filed: August 3, 1938

"Class A Records are those made and dated before the Department's inception in 1907.
Class B Records are those made after the formal registration but within a year of the event.

918-209.029-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-876
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Marjorie Raynard | | 2. Date of Birth (month) July (day) 9 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: Fe | 5. Place of Birth a. County: Idaho ? | b. City or Town of Birth: Janesville |
| **FATHER** | 6. Full Name of Father: William C. Raynard | | 7. State or Country of Father's Birth: Ontario, Canada | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ethel Erelyn Elizabeth Kerfoot | | 9. State or Country of Mother's Birth: Ontario, Canada | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marjorie Ellis | 11. Present Address of Registrant: 916 Pensacola Street Honolulu, Hawaii | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on AUG -6 1956 19 | 12. Signature of Notary: [illegible] Notary Public, First Judicial Circuit, Territory of Hawaii | 13. Notary Commission expires: 6/30 19 57 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage Certificate | By whom issued and signed: Bureau of Vital Statistics Territory of Hawaii | Date Issued: 6-20-56 | Date Orig. Entry: Jun 17, 1943 |
| Class* B | Date of Birth: July 9, 1902 / Birth Place: Janesville, Ida. | Full Name of Mother: Ethel Evelyn Kerfoot | Name of Father: William C. Raynard | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: New York Equitable Life Assurance | Date Issued: Nov. 26, | Date Orig. Entry: 1927 |
| Class B | Date of Birth: July 9, 1902 / Birth Place: Janesville, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Paper Mother's Naturalization | By whom issued and signed: George Higbee, Clerk Department of Commerce | Date Issued: May 21, 1908 | Date Orig. Entry: |
| Class B | Date of Birth: Marjorie Age 6 / Birth Place: | Full Name of Mother: Ethel E. Raynard | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Verna Reisch | Date Filed: August 24, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 24

575211-040-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 27 1956
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-906
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Reolla Mary Ege | | | 2. Date of Birth (month) Oct. (day) 11 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Idaho Shoshone | b. City or Town of Birth: Coeur d'Alene |
| **FATHER** | 6. Full Name of Father: George Lincoln Ege | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie Ella Ege (Fernan) | | | 9. State or Country of Mother's Birth: S. Carolina |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Reolla Schwarzgruber | | 11. Present Address of Registrant: 2257 E. Poplar |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 21 1956 | 12. Signature of Notary: C. A. Rakeito | | 13. Notary Commission expires: Nov 4 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Child's birth certificate | By whom issued and signed: California File #284 | Date Issued: July 25, | Date Orig. Entry: 1942 |
| Class* B | Date of Birth: Age 39 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License | By whom issued and signed: California Vital Statistics | Date Issued: | Date Orig. Entry: 4-8-1924 |
| Class B | Date of Birth: Age 21 / Birth Place: Idaho | Full Name of Mother: Minnie Fernan | Name of Father: George Ege | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor | By whom issued and signed: B. F. Swofford | Date Issued: August 16, | Date Orig. Entry: 1956 |
| Class B | Date of Birth: October 11, 1902 / Birth Place: Idaho Coeur d'Alene, | Full Name of Mother: Minnie Ella Fernan | Name of Father: George L. Ege | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Verna Reisch | Date Filed: August 31, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 4 1958

693-102-<>06-89> 

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-910
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Sylverus Easter Williams | | 2. Date of Birth (month) April (day) 2nd (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Irwin, Idaho |
| **FATHER** | 6. Full Name of Father: George E. Williams | | 7. State or Country of Father's Birth: Springville (Utah Co), Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Jeannetta Mildred Higley | | 9. State or Country of Mother's Birth: Bluf Dale (Salt Lake Co) Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Sylverus E Williams | 11. Present Address of Registrant: 117 East Locust Shelley, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August 20th 19 56 | 12. Signature of Notary: Robert Coller | 13. Notary Commission expires March 4 19 59 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Bible Record | By whom issued and signed: Martha Davenport-Midwife | Date Issued: Viewed by Notary Public August 20, 1956 | Date Orig. Entry |
| Class* B | Date of Birth: April 2, 1902 / Birth Place: Irwin, Idaho | Full Name of Mother: Jeannetta Mildred Higley | Name of Father: George E. Williams | |
| **SUPPORTING RECORD 2.** | Type of Document: Child's birth certificate | By whom issued and signed: Boise, Idaho Idaho File #167838 | Date Issued: January 31, 1929 | Date Orig. Entry |
| Class B | Date of Birth: Age 26 / Birth Place: Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by friend | By whom issued and signed: Shelley, Idaho Harry H. Ellis | Date Issued: September 1, 1956 | Date Orig. Entry |
| Class B | Date of Birth: April 2, 1902 / Birth Place: Irwin, Idaho | Full Name of Mother: Jeanetta Mildred Higley | Name of Father: George E. Williams | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: vr Verna Reisch | Date Filed: Sept. 5, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 4 1958

551-125-036-Y

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED SEP 18 Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-973
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: EARL JOSEPH EVANS | | | 2. Date of Birth (month) December (day) 25th, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Malad City, Idaho |
| **FATHER** | 6. Full Name of Father: James Henry Evans | | | 7. State or Country of Father's Birth: Logan City, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Jane McKay | | | 9. State or Country of Mother's Birth: Salt Lake City, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Earl Joseph Evans | | 11. Present Address of Registrant: 1337½ W. 20th St., Los Angeles |
| **NOTARY** (Seal) | Subscribed and sworn to before me on September 8th, 19 56 | 12. Signature of Notary: Leah Lindelow | | 13. Notary Commission expires: August 3rd, 19 60. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by friend | By whom issued and signed: Mildred McGuire | Date Issued: September | Date Orig. Entry: 15, 1956 |
| Class* B | Date of Birth: December 25, 1902 / Birth Place: Malad City, Ida. | Full Name of Mother: Jane McKay | Name of Father: James H. Evans | |
| **SUPPORTING RECORD 2.** | Type of Document: Military Record | By whom issued and signed: Earl J. Evans | Date Issued: | Date Orig. Entry: Sept. 29, 1942 |
| Class B | Date of Birth: Age 39 / Birth Place: Malad City, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Record | By whom issued and signed: Veterans Administration National Life Ins. | Date Issued: Oct. 14, | Date Orig. Entry: 1942 |
| Class B | Date of Birth: December 25, 1902 / Birth Place: Malad City, Idaho | Full Name of Mother: Jane Evans | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Verna Reisch | Date Filed: Sept. 18, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

19 1950

862-21-5044-485

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-998
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Maudie May Yost | | 2. Date of Birth (month) December (day) 15 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Washington | b. City or Town of Birth: Council |
| **FATHER** | 6. Full Name of Father: Sullivan S. Yost | | 7. State or Country of Father's Birth: Nebraska | |
| **MOTHER** | 8. Full Maiden Name of Mother: Dora Velina Myers | | 9. State or Country of Mother's Birth: Oregon | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Maudie May Yost | 11. Present Address of Registrant: 1149 Arnold Way - Fortuna Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 7 1956 | 12. Signature of Notary: Melvin J. Sarailles | 13. Notary Commission expires: January 28 1958 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Record | By whom Issued and signed: Wisconsin Great Northern Life Ins. | Date Issued: January 24, 1939 | Date Orig. Entry |
| Class* B | Date of Birth: December 15, 1902 / Birth Place: Council, Idaho | Full Name of Mother | Name of Father | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Mother | By whom issued and signed: Dora Velina Rich | Date issued: May 16, 1955 | Date Orig. Entry |
| Class B | Date of Birth: December 15, 1902 / Birth Place: Council, Idaho | Full Name of Mother: -Myers- Dora Velina Yost Rich | Name of Father: Sullivan S. Yost | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: Payette County, Idaho Perry C. Patterson | Date issued: Sept. 12, 56 | Date Orig. Entry: May 19, 1911 |
| Class B | Date of Birth: Age 8 / Birth Place | Full Name of Mother | Name of Father | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: vr Verna Reisch | Date Filed: Sept. 25, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

SEP 25 1956

533-222-035-364

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1016
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Florence Elaine Ettinger | | 2. Date of Birth (month) 8 (day) 22 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Nezprece | b. City or Town of Birth: Melrose, Idaho |
| **FATHER** | 6. Full Name of Father: George Ettinger | | 7. State or Country of Father's Birth: Leavenworth, Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Tomrell | | 9. State or Country of Mother's Birth: Cleveland, Ohio | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Florence Elaine Ettinger | 11. Present Address of Registrant: 418 Shoemaker Leavenworth, Kansas | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on September 27 19 56 | 12. Signature of Notary: Betsy Ettinger | 13. Notary Commission expires: February 14 19 58 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License | By whom issued and signed: Topeka, Kansas Division of Vital Statistics | Date Issued: July 10, 56 | Date Orig. Entry: Nov. 27, 1929 |
| Class* B | Date of Birth: Age 27 | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by father | By whom issued and signed: George Ettinger | Date Issued: March 20, 56 | Date Orig. Entry: |
| Class B | Date of Birth: August 22, 1902 | Birth Place: Melrose, Idaho | Full Name of Mother: Emma Tomrell | Name of Father: George Ettinger |
| **SUPPORTING RECORD 3.** | Type of Document: Child's birth certificate | By whom issued and signed: Cushing Memorial Hospital Leavenworth, Kansas | Date Issued: August 1, 1933 | Date Orig. Entry: |
| Class B | Date of Birth: Aug. 22, 1902 | Birth Place: Melrose, Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Verna Wilson | Date Filed: Oct. 3, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

OCT 3 1956

689-110-035-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1024
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Arthur White | | 2. Date of Birth (month) Jan. (day) 10 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho Nez Perce | b. City or Town of Birth: Lewiston |
| **FATHER** | 6. Full Name of Father: William Azariah White | | 7. State or Country of Father's Birth: Michigan | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ada Mae Wales | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Arthur White | 11. Present Address of Registrant: 4526 Casco - Minneapolis Minnesota | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept 27, 1956 | 12. Signature of Notary: Edward H. Johnson | 13. Notary Commission expires: EDWARD H. JOHNSON Notary Public, Hennepin County, Minn. ~~My Commission Expires July 10, 1958~~ | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Ada M. White | Date Issued: September 27, 1956 | Date Orig. Entry: |
| Class* B | Date of Birth: January 10, 1902 / Birth Place: Lewiston, Idaho | Full Name of Mother: Ada M. White | Name of Father: W. A. White | |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: Washington 25, D. C. Bureau of the Census | Date Issued: Mar. 3, 55 | Date Orig. Entry: Census of 1910 April 15 |
| Class B | Date of Birth: Age 8 / Birth Place: Idaho | Full Name of Mother: Ada White | Name of Father: William White | |
| **SUPPORTING RECORD 3.** | Type of Document: School record | By whom issued and signed: Lewiston, Idaho Leo Click-Supt. | Date Issued: Feb. 15, 55 | Date Orig. Entry: Junior and Senior High |
| Class B | Date of Birth: January 10, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Verna Wilson | Date Filed: Oct. 3, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 3 1958

719-121-006-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 5 - 1956
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1033
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Name at Birth: Guy Alfred Parsons | | 2. Date of Birth (month) August (day) 21 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Idaho Bingham | b. City or Town of Birth: Thomas |
| **FATHER** | 6. Full Name of Father: Isham Al Parsons | | 7. State or Country of Father's Birth: Brigham City, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Cora Belle Broadbent | | 9. State or Country of Mother's Birth: Etna, Minnesota | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Guy Alfred Parsons | 11. Present Address of Registrant: Route 2 Blackfoot, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 4 1956 | 12. Signature of Notary: John W Jones | 13. Notary Commission expires: July 17 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by friend of family | By whom issued and signed: Dora Anderson Thomas, Idaho | Date Issued: 5-16-56 | Date Orig. Entry: |
| Class* B | Date of Birth: August 21, 1902 / Birth Place: Thomas, Idaho | Full Name of Mother: Cora Belle Broadbent | Name of Father: Isham Al Parsons | |
| **SUPPORTING RECORD 2.** | Type of Document: statement re school record | By whom issued and signed: State of Idaho, Bingham Co. School District No. 8 | Date Issued: 6-16-56 | Date Orig. Entry: Census 1908-1909 |
| Class B | Date of Birth: 6 years old / Birth Place: | Full Name of Mother: Cora Parsons | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: military record | By whom issued and signed: United States Army | Date Issued: | Date Orig. Entry: enlisted Feb. 5, 1921 |
| Class B | Date of Birth: 18 years old / Birth Place: Thomas Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Jenson | Evidence reviewed by: bw Verna Wilson | Date Filed: Oct. 5, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 5 1956

619-229-008-75-5

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-1045
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Helena Mary Farrell | | 2. Date of Birth (month) April (day) 29 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Boise | b. City or Town of Birth: Idaho City, Idaho |
| **FATHER** | 6. Full Name of Father: James J. Farrell | | 7. State or Country of Father's Birth: Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Genau | | 9. State or Country of Mother's Birth: Deleware | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Helena Mary Carter | 11. Present Address of Registrant: 4485 Libbit Ave. Encino, California | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 8 1956 | 12. Signature of Notary: Joseph M Lindsay Jr | 13. Notary Commission expires: 1-5 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Idaho Historical Society | By whom issued and signed: H. J. Swinney-Director | Date Issued: Oct. 3, 1956 | Date Orig. Entry: May 5, 1902 |
| Class* B | Date of Birth: April 3, 1902 / Birth Place: Idaho City, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Fronie Mautz-Aunt | Date Issued: Oct. 8, 1956 | Date Orig. Entry: |
| Class B | Date of Birth: April 29, 1902 / Birth Place: Idaho City, Idaho | Full Name of Mother: Mary Genau | Name of Father: James J. Farrell | |
| **SUPPORTING RECORD 3.** | Type of Document: Passport | By whom issued and signed: US OF AMERICA | Date Issued: Feb. 6, 1953 | Date Orig. Entry: |
| Class B | Date of Birth: APril 29, 1902 / Birth Place: Idaho City, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Joan Mowery | Date Filed: Oct. 8, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 8 1956

291-118-007-499

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-1069
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: TOM MIZER BRAASE | | | 2. Date of Birth (month) July (day) 18 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: m | 5. Place of Birth a. County: Idaho | a. County: Blaine; b. City or Town of Birth: Hailey |
| **FATHER** | 6. Full Name of Father: JOHN C. BRAASE | | | 7. State or Country of Father's Birth: Clover Valley, Nevada |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY BELL MIZER | | | 9. State or Country of Mother's Birth: Kansas, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Tom Mizer Braase | | 11. Present Address of Registrant: Hailey Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 21 1956 | 12. Signature of Notary: Joseph M. Sadlon | | 13. Notary Commission expires: April 12 1959 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: AFFIDAVIT BY FATHER | By whom issued and signed: JOHN C. BRAASE Hailey, Idaho | Date Issued: 9-20-55 | Date Orig. Entry: |
| Class* B | Date of Birth: July 18 1902 | Birth Place: Hailey, Idaho | Full Name of Mother: Mary Bell Mizer | Name of Father: John C. Braase |
| **SUPPORTING RECORD 2.** | Type of Document: Lodge Record | By whom issued and signed: Rising Star Lodge No.12 W. H. Fairman-Secretary | Date Issued: Aug.1,56 | Date Orig. Entry: |
| Class B | Date of Birth: July 18, 1902 | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Kansas City Ins.Co. | Date Issued: 1921 | Date Orig. Entry: |
| Class B | Date of Birth: July 18, 1902 | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: bw Verna Wilson | Date Filed: Oct. 12, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 12 1958

962-221-003-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1082
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Georgia Euberta Potter Rose | | 2. Date Of Birth (month) September (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Pocatello Idaho |
| **FATHER** | 6. Full Name of Father: William George Potter | | 7. State or Country of Father's Birth: Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Gremmels | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x Georgia Rose Olsen | 11. Present Address of Registrant: 1118 North Garfield | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 12 1956 | 12. Signature of Notary: B. A. McDermott | 13. Notary Commission expires: 11-10 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Pocatello, Idaho Trinity Episcopal | Date Issued: July 24, | Date Orig. Entry: 1904 |
| Class* A | Date of Birth: September 21, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Emma Bertha Potter | Name of Father: William George Potter | |
| **SUPPORTING RECORD 2.** | Type of Document: Employment Record | By whom issued and signed: C.H. Burnett-Supt. Union Pacific Railroad | Date Issued: Apr.10,56 | Date Orig. Entry: Nov. 6, 1922 |
| Class B | Date of Birth: September 21, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Record | By whom issued and signed: Port Huron, Michigan Woman's Benefit Assoc. | Date Issued: Apr.17,56 | Date Orig. Entry: Apr.8, 1932 |
| Class B | Date of Birth: September 21, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Emma Gremmels | Name of Father: George W. Potter | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Verna Wilson | Date Filed: Oct. 16,1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 17 1966

469-206-879-132

Department of Public Health
Division of Vital Statistics
Boise, Idaho

SEP 17 1956
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De56-1126
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CLARA-MAY - MOREY | | 2. Date of Birth (month) (day) (year): MAY 6th 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: HENDRICK, LATAH b. City or Town of Birth: HENDRICK IDAHO |
| **FATHER** | 6. Full Name of Father: OSCAR-V-MOREY | | 7. State or Country of Father's Birth: ILLINOIS |
| **MOTHER** | 8. Full Maiden Name of Mother: EMMA ~~MOREY~~ - ALBER | | 9. State or Country of Mother's Birth: MISSOURI |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clara May (Morey) Galloway | 11. Present Address of Registrant: R 2 HENDRICK IDA |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 2/20/ 19 54 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Jan 27 19 57. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Bible | By whom issued and signed: Parents | Date Issued: Photostat | Date Orig. Entry: copy viewed by this office |
| Class* B | Date of Birth: May 6, 1902 / Birth Place: | Full Name of Mother: Emma Alber | Name of Father: O. V. Morey | |
| **SUPPORTING RECORD 2.** | Type of Document: Son's birth certificate | By whom issued and signed: Boise, Idaho Idaho File #291981 | Date Issued: March 23, 1940 | Date Orig. Entry: |
| Class B | Date of Birth: Age 37 / Birth Place: Kendrick, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Uncle | By whom issued and signed: Dinuba, California Otto Alber | Date Issued: October 25, 1956 | Date Orig. Entry: |
| Class B | Date of Birth: May 6, 1902 / Birth Place: Kendrick, Idaho | Full Name of Mother: Emma Alber | Name of Father: Oscar V. Morey | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: vr Verna Wilson | Date Filed: Oct. 29, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 30 1956

319-212-006-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 5-1956
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1145
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| REGISTRANT (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hildur Larson | | 2. Date of Birth (month) January (day) 12th (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Firth b. City or Town of Birth: Bingham | |
| FATHER | 6. Full Name of Father: John August Larson | | 7. State or Country of Father's Birth: Sweden | |
| MOTHER | 8. Full Maiden Name of Mother: Charlotte Danielson | | 9. State or Country of Mother's Birth: Sweden | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hildur Larson | 11. Present Address of Registrant: Los Angeles, Calif. 847 West 81st Street | |
| NOTARY (Seal) | Subscribed and sworn to before me on: April 13 1956 | 12. Signature of Notary: Delva Dowd | 13. Notary Commission expires: My Commission Expires February 24, 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document: affidavit by neighbor of parents | By whom issued and signed: Arthur Anderson Blackfoot, Idaho | Date Issued: 5-11-56 | Date Orig. Entry: |
| Class* B | Date of Birth: January 12, 1902 / Birth Place: Firth, Idaho Bingham County | Full Name of Mother: Charlotte Danielson | Name of Father: John August Larson | |
| SUPPORTING RECORD 2. | Type of Document: Census Record | By whom issued and signed: Bureau of the Census Washington 25, D. C. | Date Issued: Aug. 17, 56 | Date Orig. Entry: Census of 1910 April 15 |
| Class B | Date of Birth: Age 9 / Birth Place: Idaho | Full Name of Mother: Charlot Larson | Name of Father: John A. Larson | |
| SUPPORTING RECORD 3. | Type of Document: Insurance Policy | By whom issued and signed: Los Angeles, California Pierce Insurance Co. | Date Issued: November 1, 1952 | Date Orig. Entry: |
| Class B | Date of Birth: January 12, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| QUALIFYING INFORMATION | | | | |

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|---|---|---|---|
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: bw Verna Wilson | Date Filed: Nov. 1, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 1956

693-124-040-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 15 1956
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1194
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| REGISTRANT (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Glen Wilbur | | 2. Date of Birth (month) Nov (day) 24 (year) 02 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Black Bear Idaho | b. City or Town of Birth: Black Bear Idaho |
| FATHER | 6. Full Name of Father: William Harper Wilbur | | 7. State or Country of Father's Birth: Kansas | |
| MOTHER | 8. Full Maiden Name of Mother: Gertrude Smith | | 9. State or Country of Mother's Birth: Missouri Jasper | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Glen Wilbur | 11. Present Address of Registrant: 14053-33.50 Seattle Wash | |
| NOTARY (Seal) | Subscribed and sworn to before me on: August 21 1956 | 12. Signature of Notary: Minnie H. Nagel | 13. Notary Commission expires: October 4 1957 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document: Social Security Record | By whom issued and signed: Internal Revenue Service Treasury Department | Date Issued: November 30, 1936 | Date Orig. Entry |
| Class* B | Date of Birth: November 24, 1902 / Birth Place: Blackbear, Idaho | Full Name of Mother: Gertrude Smith | Name of Father: Harper Wilbur | |
| SUPPORTING RECORD 2. | Type of Document: Insurance Record | By whom issued and signed: Seattle, Washington Northern Life Ins. | Date Issued: April 13, 1922 | Date Orig. Entry |
| Class B | Date of Birth: November 24, 1902 / Birth Place: Blackbear, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3. | Type of Document: Affidavit by Friend | By whom issued and signed: Mrs. Carrie Kenyon | Date Issued: Oct. 4, 1956 | Date Orig. Entry |
| Class B | Date of Birth: Nov. 24, 1902 / Birth Place: Black Bear, Ida. | Full Name of Mother: Greturde Wilbur | Name of Father: Harper W. Wilbur | |
| QUALIFYING INFORMATION | | | | |

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|---|---|---|---|
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: vr Shirley Straubhar | Date Filed: Nov.16,1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

NOV 16 1956

495-217-036-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1261

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Dredge | | | 2. Date Of Birth (month) August (day) 17, (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Malad City, Oneida | b. City or Town of Birth: Malad City |
| **FATHER** | 6. Full Name of Father: Jesse Horatio Dredge | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Eliza Rosetta Kunz | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Dredge Crowther | | 11. Present Address of Registrant: 460 Mill St. Malad City, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov. 30 1956 | 12. Signature of Notary: Jas. B. Jones | | 13. Notary Commission expires: Nov. 20 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: F. E. Jones - Clerk L.D.S. Malad Ward | Date Issued: | Date Orig. Entry: Sept 4, 1910 |
| | Date of Birth: Aug. 17, 1902 / Birth Place: Oneida County, Malad, Idaho | Full Name of Mother: Eliza Kunz | Name of Father: Jesse H. Dredge | |
| **SUPPORTING RECORD 2.** | Type of Document: Sons's Birth Certificate | By whom issued and signed: Idaho #144342 | Date Issued: Child's Birth Date Aug. 18, 1926 | Date Orig. Entry: |
| | Date of Birth: age 24 / Birth Place: Malad, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Mountain States Insurance Company | Date Issued: Sept. 1, | Date Orig. Entry: 1946 |
| | Date of Birth: 8/17/1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| | Shirley Straubhar | Dec.10,1956 |

FORM BH 56067

1 copy pd.

DEC 11 1950

264-109-075-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1263
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Frank Parker Souders | | | 2. Date of Birth (month) June (day) 9th, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Burke, Idaho |
| **FATHER** | 6. Full Name of Father: Frank Souders | | | 7. State or Country of Father's Birth: Indiana |
| **MOTHER** | 8. Full Maiden Name of Mother: Grace Wells | | | 9. State or Country of Mother's Birth: Nebraska |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Frank Parker Souders | | 11. Present Address of Registrant: Riddle, Oregon. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 28 1956 | 12. Signature of Notary: H. L. Nadz | | 13. Notary Commission expires: My commission expires June 6, 1958 My commission expires June 6, 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Social Security Account no. | By whom issued and signed: U.S. Treasury Dept. Internal Revenue Service | Date Issued: | Date Orig. Entry: Nov. 17, 1936 |
| Class* B | Date of Birth: June 9, 1902 / Birth Place: Shoshone County Burke, Idaho | Full Name of Mother: Grace Emily Wells | Name of Father: Frank Seymour Souders | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Mother | By whom issued and signed: Grace Souders | Date Issued: Dec. 3, 1956 | Date Orig. Entry: |
| Class B | Date of Birth: June 9, 1902 / Birth Place: Burke, Idaho | Full Name of Mother: Grace Souders | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Son's Birth Certificate | By whom issued and signed: Idaho #294611 | Date Issued: Child's Birth Date Oct. 19, 1923 | Date Orig. Entry: |
| Class B | Date of Birth: age 21 / Birth Place: Burke, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Straubhar | | Date Filed: Dec. 11, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 20 1962

DEC 12 1958

253-123-002-364

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1269
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MILES BECKER | | | 2. Date of Birth (month) August (day) 23 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Adams County | b. City or Town of Birth: Meadows |
| **FATHER** | 6. Full Name of Father: Edward Becker | | | 7. State or Country of Father's Birth: Wisconsin |
| **MOTHER** | 8. Full Maiden Name of Mother: Leota Alice Todd | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Miles Becker | | 11. Present Address of Registrant: Grangeville, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Nov. 3, 1956 | 12. Signature of Notary: N. C. MacGregor Jr. | | 13. Notary Commission expires Oct. 1, 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census of 1920 | By whom issued and signed: U.S. Dept. of Commerce | Date Issued: 10-23-56 | Date Orig. Entry: 1-1-20 |
| Class* B | Date of Birth: age 18 / Birth Place: Idaho | Full Name of Mother: Leota A. Becker | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Mother | By whom issued and signed: Leota A. Becker | Date Issued: Aug. 11, | Date Orig. Entry: 1956 |
| Class B | Date of Birth: Aug. 23, 1902 / Birth Place: Meadows | Full Name of Mother: Leota A. Becker | Name of Father: Edward Becker | |
| **SUPPORTING RECORD 3.** | Type of Document: Family Bible Record | By whom issued and signed: Miles E. Becker | Date Issued: Viewed Original | Date Orig. Entry: Obviously Old |
| Class B | Date of Birth: Aug. 23, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: SS Shirley Straubhar | Date Filed: Dec.13,1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 14 1988

213-113-004-852

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-012
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Bateman, Harold Claude | | 2. Date of Birth (month) March (day) 13, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Paris, Idaho |
| **FATHER** | 6. Full Name of Father: Alfred John Bateman | | 7. State or Country of Father's Birth: Wyoming, USA | |
| **MOTHER** | 8. Full Maiden Name of Mother: Clara Hess | | 9. State or Country of Mother's Birth: Idaho, USA | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harold Claude Bateman | 11. Present Address of Registrant: 1510-36th St., Ogden, Utah | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 2 19 57 | 12. Signature of Notary: Drello G Dayton | 13. Notary Commission expires: January 27 19 58 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: L.D.S. Salt Lake City, Utah | Date Issued: Oct. 8, 1956 | Date Orig. Entry: July 6,1902 |
| Class* A | Date of Birth: Mar. 13, 1902 / Birth Place: Bear Lake Co., Paris, Idaho | Full Name of Mother: Clara Hess | Name of Father: John A. Bateman | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: U.S. Treasury Department Internal Revenue Service | Date Issued: Mar. 10, 1945 | Date Orig. Entry: |
| Class B | Date of Birth: Mar. 13, 1902 / Birth Place: Bear Lake Co., Paris, Idaho | Full Name of Mother: Clara Hess | Name of Father: Alfred John Bateman | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Retirement from Armed Forces | By whom issued and signed: U.S. Army Major General John A. Klein | Date Issued: Oct. 3, 1956 | Date Orig. Entry: June 15,1925 |
| Class B | Date of Birth: Mar. 13, 1902 / Birth Place: Paris, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D W Benson | Evidence reviewed by: Shirley Straubhar | Date Filed: Jan. 4,1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 7 1957

693-218-036-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-021

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Victoria Williams | | | 2. Date of Birth (month) (day) (year): March 18, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Malad |
| **FATHER** | 6. Full Name of Father: Thomas Oliver Williams | | | 7. State or Country of Father's Birth: IDAHO |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Ann Evans | | | 9. State or Country of Mother's Birth: Wales |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Victoria Colton | | 11. Present Address of Registrant: 538 Bannock St. Malad, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 19 19 56 | 12. Signature of Notary: E L Scott | | 13. Notary Commission expires: May 19 19 59 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Malad 1st Ward, Malad Stake, L.D.S. | Date Issued: Dec. 26, 1956 | Date Orig. Entry: Aug. 2, 1914 |
| | Date of Birth: Mar. 18, 1902 / Birth Place: Oneida County, Malad, Idaho | Full Name of Mother: Elizabeth Evans | Name of Father: Thomas O. Williams | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Gem State Mutual Life Association | Date Issued: Feb. 15, 1945 | Date Orig. Entry: |
| | Date of Birth: Mar. 18, 1902 / Birth Place: Malad, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Family Record | By whom issued and signed: Thomas Oliver Williams Elizabeth Ann Evans | Date Issued: Viewed Original Obviously Old | Date Orig. Entry: |
| | Date of Birth: Mar. 18, 1902 / Birth Place: Oneida Co., Malad, Idaho | Full Name of Mother: Elizabeth Ann Evans | Name of Father: Thomas Oliver Williams | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: ss Shirley Straubhar | Date Filed: Jan. 9, 1957 |

FORM BH 56067

JAN 10 1957

236-205-003-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-028

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Millie Bloxham | | | 2. Date of Birth (month) Feb. (day) 5 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Downey, Idaho |
| **FATHER** | 6. Full Name of Father: Erastus Zacharia Bloxham | | | 7. State or Country of Father's Birth: Downey, Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Mae Wakley | | | 9. State or Country of Mother's Birth: Downey, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Millie Bloxham Jones | | 11. Present Address of Registrant: Rt. 4, Box 3 Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 10 1956 | 12. Signature of Notary: Alyce James | | 13. Notary Commission expires: Jan. 5 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Sarah Mae Bloxham | Date Issued: Dec. 10, 1956 | Date Orig. Entry: |
| | Date of Birth: Feb. 5, 1902 / Birth Place: Downey, Idaho | Full Name of Mother: Sarah Mae Bloxham | Name of Father: Erastus Zacharia Bloxham | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record | By whom issued and signed: L.D.S. Idaho Falls 1st Ward Bishop Paxoram | Date Issued: | Date Orig. Entry: June 5, 1910 |
| | Date of Birth: Feb. 5, 1902 / Birth Place: Bannock County Downey, Idaho | Full Name of Mother: Sarah May Wakley | Name of Father: Erastus Bloxham | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Record | By whom issued and signed: Idaho Mutual Benefit Association | Date Issued: Sept. 10, 1941 | Date Orig. Entry: |
| | Date of Birth: Feb. 5, 1902 / Birth Place: Bannock County Downey, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barnes | Evidence reviewed by: ss Shirley Straubhar | Date Filed: Jan. 10, 1957 |

FORM BH 56067

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JAN 11 1957

265230-029-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-050

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Wilhelmina Boemeke | | | 2. Date of Birth (month) (day) (year): October 30th, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Princeton, Idaho |
| **FATHER** | 6. Full Name of Father: Carl Joseph Boemeke | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Chritina Berg | | | 9. State or Country of Mother's Birth: Norway |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth W Kruger | | 11. Present Address of Registrant: Southwick, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 11th, 19 56 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: January 11th, 19 60 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Anna Christina Boemeke | Date Issued: April 18, 1935 | Date Orig. Entry |
| | Date of Birth: Oct. 30, 1902 | Birth Place: Princeton, Idaho | Full Name of Mother: Anna Christina Boemeke | Name of Father |
| **SUPPORTING RECORD 2.** | Type of Document: Family Bible Record | By whom issued and signed: Charles Boemeke Anna Boemeke | Date Issued: Original viewed by Notary Public | Date Orig. Entry |
| | Date of Birth: Oct. 30, 1902 | Birth Place: Princeton, Ida. | Full Name of Mother: Anna C. Boemeke (nee Berg | Name of Father: Charles J. Boemeke |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism | By whom issued and signed: St. Joseph's Church Spokane, Washington | Date Issued: 12/20/56 | Date Orig. Entry: Aug. 20, 1905 |
| | Date of Birth: Oct. 30, 1902 | Birth Place: | Full Name of Mother: Anna Berg | Name of Father: Charles Boemeke |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | ss Shirley Straubhar | Jan. 18, 1957 |

FORM BH 56067

1 copy paid

JAN 18 1957

791-218-021-814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-071
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margaret Hadfield Pratt | | 2. Date of Birth (month) 3 (day) 18 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Franklin | b. City or Town of Birth: Preston Idaho |
| **FATHER** | 6. Full Name of Father: William Franklin Pratt | | 7. State or Country of Father's Birth: Idaho (Oxford) | |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Frances Hadfield | | 9. State or Country of Mother's Birth: Smithfield, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Margaret Pratt Hanson | 11. Present Address of Registrant: 2301 N. 13th. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 5 1956 | 12. Signature of Notary: M. G. Hamblin | 13. Notary Commission expires: 3-5-1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Birth from Church | By whom issued and signed: L. D. S. Church - Oneida Stake, Preston 1st Ward | Date Issued: January 4, 1957 | Date Orig. Entry: June 1, 1902 |
| Class* | Date of Birth: March 18, 1902 / Birth Place: Preston, Idaho | Full Name of Mother: Martha Hadfield | Name of Father: William F. Pratt | |
| **SUPPORTING RECORD 2.** | Type of Document: Photostatic copy of original Social Security Application | By whom issued and signed: U. S. Treasury Department | Date Issued: | Date Orig. Entry: June 28, 1937 |
| Class | Date of Birth: March 18, 1902 / Birth Place: Preston, Idaho | Full Name of Mother: Martha Francis Hadfield | Name of Father: William Franklin Pratt | |
| **SUPPORTING RECORD 3.** | Type of Document: Child's Birth Certificate | By whom issued and signed: State of Idaho #267235 | Date Issued: Date of Child's Birth May 20, 1938 | Date Orig. Entry: |
| Class | Date of Birth: Age 36 / Birth Place: Preston, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Bennett | Evidence reviewed by: Shirley Cooper | Date Filed: January 25, 1957 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 28 1959

755-114-029-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-127
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Loy William Gentry | | | 2. Date of Birth (month) (day) (year): August 14 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Troy Latah | b. City or Town of Birth: Troy Idaho |
| **FATHER** | 6. Full Name of Father: Samuel Richard Gentry | | | 7. State/or Country of Father's Birth: Joplin Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Georgia Crockett | | | 9. State or Country of Mother's Birth: St. Joseph Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Loy William Gentry | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 29 1956 | 12. Signature of Notary: Gellie M Brown | | 13. Notary Commission expires: March 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance record | By whom issued and signed: Idaho Mutual Benefit Association | Date Issued: 12/17/1946 | Date Orig. Entry: |
| Class* B | Date of Birth: Aug. 14, 1902 / Birth Place: Troy, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Son's Birth Certificate | By whom issued and signed: Idaho #128609 | Date Issued: Nov. 28, 1956 | Date Orig. Entry: Child born on Nov. 2, 1924 |
| Class B | Date of Birth: age 22 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Sister | By whom issued and signed: Lena Green | Date Issued: 1-28-57 | Date Orig. Entry: |
| Class B | Date of Birth: Aug. 14, 1902 / Birth Place: Latah County Troy, Idaho | Full Name of Mother: Alice Georgia Crockett | Name of Father: Samuel Richard Gentry | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D W Benson | Evidence reviewed by: ss Shirley Straubhar | Date Filed: Feb. 9, 1957 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 11 19

1. Registrant's full name at birth
2. Date of birth (month) (day) (year)
3. Sex
4. Color or Race
5. Place of birth
a. County
b. City or town of birth
6. Full name of father
7. Birthplace (state or country) of father
8. Maiden name of mother
9. Birthplace (state or country) of mother
10. Residence of registrant
11. Present address of registrant

AFFIDAVIT: I hereby swear or affirm that the above statements are true to the best of my knowledge and belief.

Signature of Registrant

Subscribed and sworn to before me this

Notary Commission expires

Signature of Notary

SUPPORTING RECORD a. Type of Document: Baptismal Certificate

Date of Birth: Birth Place

Name of Father: Full Name of Mother

Date Issued: Date Orig. Entry

By whom issued and signed

SUPPORTING RECORD b. Type of Document: Affidavit by Sister

Date of Birth: Birth Place: Idaho

Name of Father: Ann Green

Full Name of Mother

Date Issued: Date Orig. Entry

By whom issued and signed

Name of Father

Date Issued: Date Orig. Entry

By whom issued and signed

Name of Father

Evidence reviewed by

Date filed

Registrar

Registrar's Remarks

Delayed Registrations: Birth certificates for persons born after January 1, 1907 and before January 1, 1921 may be accepted if the registrant is living and has attained the age of twenty years or more. Birth certificates for persons born after January 1, 1921 may be accepted if the registrant is living and has attained the age of twenty-one years or more.

Late Registrations: Birth certificates for persons born after January 1, 1921 may be accepted if the registrant is living and has attained the age of twenty years or more.

STATE OF IDAHO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

964-203-003-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-128

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LAURA GRACE ROMRIELL | | | 2. Date of Birth (month) (day) (year): October 3 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: BANNOCK | b. City or Town of Birth: McCAMMON IDAHO |
| **FATHER** | 6. Full Name of Father: Charles Abram Romriell | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna May Norton | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Laura Grace Stuart | | 11. Present Address of Registrant: 5919 Mayflower Ave., Maywood, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 5 1957 | 12. Signature of Notary: Bess L. Ketchum | | 13. Notary Commission expires: June 21 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Salt Lake City, Utah L.D.S. Church | Date Issued: 12-11-56 | Date Orig. Entry: Dec. 1902 |
| | Date of Birth: Oct. 3, 1902 / Birth Place: McCammon, Idaho | Full Name of Mother: Anna May Norton | Name of Father: Charles A. Romriell | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Father | By whom issued and signed: Charles Romriell | Date Issued: 2-5-57 | Date Orig. Entry: |
| | Date of Birth: Oct. 3, 1902 / Birth Place: McCammon, Idaho | Full Name of Mother: | Name of Father: Charles A. Romriell | |
| **SUPPORTING RECORD 3.** | Type of Document: Daughter's Birth Cert. | By whom issued and signed: Idaho #136055 | Date Issued: 1-28-57 | Date Orig. Entry: Child born June 12, 1925 |
| | Date of Birth: age 22 / Birth Place: McCammon, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. W. Jenson | Evidence reviewed by: Shirley Straubhar | Date Filed: Feb. 9, 1957 |

FORM BH 56067

FEB 11

154.116-036-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-143

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Archibald Kenneth Anderson | | | 2. Date of Birth (month) (day) (year): December 16, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Malad City |
| **FATHER** | 6. Full Name of Father: Henry G. Anderson | | | 7. State or Country of Father's Birth: Utah - Wanship |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Evans | | | 9. State or Country of Mother's Birth: Idaho - Malad City |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: G. Kenneth Anderson | | 11. Present Address of Registrant: Tendoy, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 24 19 57 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: February 27 19 60 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Elizabeth Anderson | Date Issued: 2-6-57 | Date Orig. Entry: |
| | Date of Birth: Dec. 16, 1902 / Birth Place: Oneida County Malad City | Full Name of Mother: Elizabeth Evans | Name of Father: Henry G. Anderson | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License | By whom issued and signed: Lemhi Co., Idaho | Date Issued: 1-24-57 | Date Orig. Entry: 6-10-24 |
| | Date of Birth: age 21 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: New World Life Insurance Co. | Date Issued: 5-26-20 | Date Orig. Entry: |
| | Date of Birth: Dec. 16, 1902 / Birth Place: Malad City, Idaho | Full Name of Mother: Elizabeth E. Anderson | Name of Father: | |
| **QUALIFYING INFORMATION** | Certificate of Voting Registration Issued by Lemhi Co., Idaho 6-26-26 age at that time 23 Birth place- Idaho | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: Shirley Straubhar | | Date Filed: Feb. 13, 1957 |

FORM BH 56067 1 copy paid

FEB 14 1967

916-201-014-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-146

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice Rosamond Rawlings | | | 2. Date of Birth (month) October (day) 1 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nampa Canyon | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: Thomas Carter Rawlings | | | 7. State or Country of Father's Birth: Easton, Pensylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: Jennie Belle Nelson | | | 9. State or Country of Mother's Birth: Boise, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Rosamond Rawlings | | 11. Present Address of Registrant: Boise, Idaho - Route 5 |
| **NOTARY** (seal) | Subscribed and sworn to before me on: January 4 1957 | 12. Signature of Notary: Jacob Platts | | 13. Notary Commission expires: December 17 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Jennie Rawlings Cagle | Date Issued: January 4, | Date Orig. Entry: 1957 |
| | Date of Birth: October 1, 1902 | Birth Place: Nampa, Idaho | Full Name of Mother: Jennie Belle Nelson | Name of Father: Thomas Carter Rawlings |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Register | By whom issued and signed: Ada County, Idaho | Date Issued: 2-14-57 | Date Orig. Entry: 1-1-1928 |
| | Date of Birth: Age 25 | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: War Ration Books | By whom issued and signed: United States Government | Date Issued: 9-13-43 | Date Orig. Entry: |
| | Date of Birth: Age 40 | Birth Place: | Full Name of Mother: | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: SC Shirley Cooper | | Date Filed: 2-14-57 |

FORM BH 50003

FEB 19 1957

715-125-035-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-169
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOHN CARL GAERTNER | | | 2. Date of Birth (month) July (day) 25 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Ilo |
| **FATHER** | 6. Full Name of Father: Herman Anton Gaertner | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary A. Schneeberger | | | 9. State or Country of Mother's Birth: Nebraska, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John Carl Gaertner | | 11. Present Address of Registrant: 2655 - Lakeside Dr. Reno Nev |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 3 1956 | 12. Signature of Notary: Lola F. Farmer | | 13. Notary Commission expires 19 LOLA F. FARMER - NOTARY PUBLIC In and for the County of Washoe, State of Nevada My Commission Expires Nov. 8, 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** Class* B | Type of Document: Census Report | | By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census | Date Issued: 12/18/56 | Date Orig. Entry: Jan. 1,1920 |
| | Date of Birth: age 17 | Birth Place: Idaho | Full Name of Mother: | Name of Father: Anton H. Gaertner | |
| **SUPPORTING RECORD 2.** Class B | Type of Document: School Record | | By whom issued and signed: Seattle Public Schools Dorothy Croman-Clerk | Date Issued: 12/11/56 | Date Orig. Entry: May 3,1913 |
| | Date of Birth: July 25, 1902 | Birth Place: | Full Name of Mother: | Name of Father: Anton Gaertner | |
| **SUPPORTING RECORD 3.** Class B | Type of Document: Affidavit by Old Family Friend and Neighbor | | By whom issued and signed: Mrs. William Theissen | Date Issued: 2-11-57 | Date Orig. Entry: |
| | Date of Birth: July 25, 1902 | Birth Place: Nez Perce Co., Ilo, Idaho | Full Name of Mother: Mary A. Schneeberger | Name of Father: Herman Anton Gaertner | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: ss Shirley Straubhar | Date Filed: Feb. 21, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 21 1997

454-228-001-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-203

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Agnes Meulemen | | | 2. Date Of Birth (month) April (day) 28 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Boise, Idaho – Ada | b. City or Town of Birth: Boise, Idaho |
| **FATHER** | 6. Full Name of Father: Gustava Meulemen | | | 7. State or Country of Father's Birth: Gestcamp – Belgium |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Christiaens | | | 9. State or Country of Mother's Birth: Gestcamp – Belgium |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Agnes Bernard | | 11. Present Address of Registrant: Mackay, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 12 1957 | 12. Signature of Notary: A. F. Connor | | 13. Notary Commission expires: Jan. 6 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Sister | By whom issued and signed: Bertha Denaughel | Date Issued: 2-7-57 | Date Orig. Entry: |
| | Date of Birth: Apr. 28, 1902 / Birth Place: Ada County, Boise, Idaho | Full Name of Mother: Emma Christiaens | Name of Father: Gustava Meuleman | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Minidoka County Schools Rupert, Idaho | Date Issued: 2-6-57 | Date Orig. Entry: 1913 to 1920 |
| | Date of Birth: Apr. 28, 1902 / Birth Place: Ada County, Boise, Idaho | Full Name of Mother: Emma Christaains | Name of Father: Gustava Meuleman | |
| **SUPPORTING RECORD 3.** | Type of Document: Daughter's Birth Cert. | By whom issued and signed: Idaho #369837 | Date Issued: 2-7-57 | Date Orig. Entry: Child born Mar. 9, 1943 |
| | Date of Birth: age 40 / Birth Place: Boise, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D. W. Jenson | Evidence reviewed by: Shirley Straubhar | | Date Filed: Mar. 4, 1957 |

FORM BH 56067

MAR 25 1957

318128-035-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-277

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Cecil Mitchell Taylor | | | 2. Date of Birth (month) (day) (year): Dec. 28, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Nezperce | b. City or Town of Birth: Culdesac |
| **FATHER** | 6. Full Name of Father: Robert Taylor | | | 7. State or Country of Father's Birth: Unknown |
| **MOTHER** | 8. Full Maiden Name of Mother: Lillian Mae Mitchell | | | 9. State or Country of Mother's Birth: Whitman Co., Washington |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cecil Mitchell Taylor | | 11. Present Address of Registrant: Pilot Rock, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 4, 19 57 | 12. Signature of Notary: Arthur R. Barrows | | 13. Notary Commission expires: Dec. 15, 19 58 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Uncle | By whom issued and signed: Edgar Wallace Mitchell | Date Issued: 1/4/57 | Date Orig. Entry: |
| | Date of Birth: Dec. 28, 1902 / Birth Place: Culdesac, Idaho | Full Name of Mother: Lillian Mae Mitchell | Name of Father: Robert Taylor | |
| **SUPPORTING RECORD 2.** | Type of Document: Daughter's birth cert. | By whom issued and signed: Washington #302 | Date Issued: 9/3/1952 | Date Orig. Entry: Child born Aug. 25, 1935 |
| | Date of Birth: age 32 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Photostatic copy of Family Bible Record | By whom issued and signed: Original viewed by Notary Public Donald C. Roy | Date Issued: viewed 2-22-57 | Date Orig. Entry: sometime shortly after birth |
| | Date of Birth: Dec. 28, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Barrows | Evidence reviewed by: ss Shirley Straubhar | | Date Filed: Mar. 18, 1957 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child | 2. Sex | 3. Date of birth | |
| | Male | Dec. 29, 1926 | |
| 4. Place of birth (County) | | 5. City or town of birth | |
| | | Caldwell | |
| 6. Name of father | | 7. Birthplace of father (State or country) | |
| Robert Taylor | | Illinois | |
| 8. Maiden name of mother | | 9. Birthplace of mother (State or country) | |
| William Mae McDonald | | Washington | |
| 10. Date of marriage of parents | 11. Place of marriage | 12. Occupation of father | 13. Kind of business or industry |
| | | Farmer | Farm Operator |
| 14. Mother's maiden name | 15. Number of previous children | 16. Number of living children | 17. Number of deceased children |
| Mary L. | 5 | 5 | 0 |
| 18. Informant | | 19. Address | |
| Affidavit by Uncle | | Robert McLance Mitchell | |
| 20. Date filed | 21. Registrar | | |
| 1/4/57 | Robert Taylor | | |

Caldwell, Idaho

Registrar's birth cert. Washington 4302

Date of Issue: 9/6/1952

Date of Issue: Dec. 29, 1926

Certified Copy

STATE OF IDAHO

459-220-036-864

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-281
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ida El Rita Merrill | | 2. Date of Birth (month) November (day) 20 (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth: Idaho a. County: Oneida | b. City or Town of Birth: Preston |
| **FATHER** | 6. Full Name of Father: Fred Whittmor Merrill | | 7. State or Country of Father's Birth: Richmond, Cache County, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida May Homer | | 9. State or Country of Mother's Birth: Oxford, Oneida County, Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elrita M. Beesley | 11. Present Address of Registrant: Salt Lake 533 11th Ave. City, Utah. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 23, 1957 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires _____ 19____ | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Uncle | By whom issued and signed: William Harrison Homer | Date Issued: 2-23-57 | Date Orig. Entry: |
| Class* B | Date of Birth: Nov. 20, 1902 / Birth Place: Oneida County Preston, Idaho | Full Name of Mother: Ida May Homer Merrill | Name of Father: Fred Whittemore Merrill | |
| **SUPPORTING RECORD 2.** | Type of Document: Application for Social Security Account No. | By whom issued and signed: U.S. Treasury Dept. | Date Issued: 4-1-37 | Date Orig. Entry: |
| Class B | Date of Birth: Nov. 20, 1902 / Birth Place: Preston, Idaho | Full Name of Mother: Ida Homer | Name of Father: Fred Whittemore Merrill | |
| **SUPPORTING RECORD 3.** | Type of Document: Son's Birth Certificate | By whom issued and signed: State of Utah | Date Issued: 3-8-57 | Date Orig. Entry: Child born 7-8-1932 |
| Class B | Date of Birth: age 29 / Birth Place: Preston, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: [illegible] | Evidence reviewed by: SS Shirley Straubhar | Date Filed: Mar. 19, 1957 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 19 1957

365-208-040-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-298

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Marion-no middle name- Conklin | | 2. Date Of Birth (month) 5 (day) 8 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Mullan, Idaho -Shoshone | b. City or Town of Birth: Mullan, Idaho |
| **FATHER** | 6. Full Name of Father: Thomas Willard Conklin | | 7. State or Country of Father's Birth: U. S. A. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Edna Payne | | 9. State or Country of Mother's Birth: U. S. A. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marion Conklin Sherwood | 11. Present Address of Registrant: 216 Stanton Street Walla Walla, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 6 19 57 | 12. Signature of Notary: William M. Tugman | 13. Notary Commission expires: March 23 19 60 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Edna Payne Conklin | Date Issued: 12-7-36 | Date Orig. Entry: |
| | Date of Birth: May 8, 1902 / Birth Place: Mullan, Idaho | Full Name of Mother: Edna Payne Conklin | Name of Father: Thomas Willard Conklin | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Walla Walla, Washington Whitman College | Date Issued: 2-28-57 | Date Orig. Entry: 9-18-22 |
| | Date of Birth: May 8, 1902 / Birth Place: Mullan, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Daughter's Birth Cert. | By whom issued and signed: Washington #2514 | Date Issued: 3-9-56 | Date Orig. Entry: Child born 10-13-1929 |
| | Date of Birth: age 27 / Birth Place: Mullan, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D W Benson | Evidence reviewed by: ss Shirley Straubhar | Date Filed: March 22, 1957 | |

FORM BH 56067

MAR 25 1957

692-219-005-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-320
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| REGISTRANT (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Florence Ruth Fisher | | 2. Date of Birth (month) Oct (day) 19 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County | b. City or Town of Birth: St Maries |
| FATHER | 6. Full Name of Father: Joseph Fisher | | 7. State or Country of Father's Birth: Michigan | |
| MOTHER | 8. Full Maiden Name of Mother: Addie Lewis | | 9. State or Country of Mother's Birth: New York St. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Florence R Tuttell | 11. Present Address of Registrant: 4732-38 S W. Seattle Wn | |
| NOTARY (Seal) | Subscribed and sworn to before me on: Mar 15, 1957 | 12. Signature of Notary: K. M. Dougherty | 13. Notary Commission expires: July 8, 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document: Affidavit by Brother | By whom issued and signed: Birt F. Fisher | Date Issued: 6-30-57 | Date Orig. Entry: |
| Class* B | Date of Birth: 10-19-1902 / Birth Place: St. Mary's, | Full Name of Mother: Addie Fisher | Name of Father: Joseph Fisher | |
| SUPPORTING RECORD 2. | Type of Document: Son's birth certificate | By whom issued and signed: King County Seattle, Washington | Date Issued: 9-18-41 | Date Orig. Entry: Child born 4-29-1938 |
| Class B | Date of Birth: age 35 / Birth Place: St. Maries, Ida. | Full Name of Mother: | Name of Father: | |
| SUPPORTING RECORD 3. | Type of Document: Voter's Registration | By whom issued and signed: Seattle, Washington | Date Issued: 1-4-57 | Date Orig. Entry: 10-19-1946 |
| Class B | Date of Birth: age 44 / Birth Place: Idaho | Full Name of Mother: | Name of Father: | |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Straubhar | Date Filed: March 28, 1957 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

MAR 28 1957

113-125-022-639

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-432
Local Reg. No.
Reg. Dist. No.

WILLIAM FLINT JACKSON

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Flint Jackson | | | 2. Date of Birth (month) MAY (day) 25 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: PARKER, FREMONT CO | b. City or Town of Birth: PARKER |
| **FATHER** | 6. Full Name of Father: HENRY SOMES JACKSON | | | 7. State or Country of Father's Birth: PARADISE, CACHE CO. UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY JANE FLINT | | | 9. State or Country of Mother's Birth: MORGAN, MORGAN CO. UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Flint Jackson | | 11. Present Address of Registrant: 455 S. Spalding Dr Beverly Hills, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 9 1957 | 12. Signature of Notary: E. J. Frell | | 13. Notary Commission expires: My Commission Expires Nov. 19, 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by parents | By whom issued and signed: Henry Somes Jackson and Mary Jane Jackson | Date Issued: 1-15-57 | Date Orig. Entry: |
| Class* B | Date of Birth: May 25, 1902 / Birth Place: Parker, Idaho | Full Name of Mother: Mary Jane Flint Jackson | Name of Father: Henry Somes Jackson | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record | By whom issued and signed: Yellowstone Stake, Parker Ward, LDS Church | Date Issued: 4-1-57 | Date Orig. Entry: June 5, 1910 |
| Class B | Date of Birth: May 25, 1902 / Birth Place: Fremont County Parker, Idaho | Full Name of Mother: Mary J. Flint | Name of Father: Henry S. Jackson | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: California #7536 certified copy | Date Issued: 8-18-54 | Date Orig. Entry: child born April 17, 1941 |
| Class B | Date of Birth: age 38 / Birth Place: Parker, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. L. Benson | Evidence reviewed by: Nancy Richards | Date Filed: April 22, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 22 1957

MAY 6 1957

619-718-031-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-448
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lester Clair Farrar | | 2. Date of Birth (month) Oct. (day) 18 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lewis b. City or Town of Birth: Nezperce |
| **FATHER** | 6. Full Name of Father: Council Moore Farrar | | 7. State or Country of Father's Birth: Arkansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Lousetta Jane Breech | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lester C Farrar | 11. Present Address of Registrant: ~~6653 Langdon St.~~ 6526 Palm ST Sepulveda California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March -7- 1957 | 12. Signature of Notary: Henry K. Shaffer | 13. Notary Commission expires Nov. -19- 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible record | By whom issued and signed: Original viewed by Public Notary Henry K. Shaffer | Date Issued: 3-6-57 | Date Orig. Entry: Original very obviously old. |
| Class* B | Date of Birth: Oct. 18, 1902 / Birth Place: | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Sister | By whom issued and signed: Evelyn F. Thompson | Date Issued: 3-7-57 | Date Orig. Entry: |
| Class B | Date of Birth: Oct. 18, 1902 / Birth Place: Lewis County, Nez Perce, Ida. | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Social Security Account Number | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Feb. 24, 1947 |
| Class B | Date of Birth: Oct. 18, 1902 / Birth Place: Lewis Co. Nezperce, Idaho | Full Name of Mother: Lousetta Jane Breech | Name of Father: Council Moore Farrar | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: Nancy Richards SS | Date Filed: April 23, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[redacted]

869-229-029-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-459
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Grace Ida Horn | | 2. Date of Birth (month) MAY. (day) 29 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Moscow Latah | b. City or Town of Birth: Moscow, Idaho |
| **FATHER** | 6. Full Name of Father: Alonzo K. Horn | | 7. State or Country of Father's Birth: Pennsylvania | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Martha Thomas | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Grace Ida Horn | 11. Present Address of Registrant: 1720 - 5th S. Arlington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 12 1956 | 12. Signature of Notary: Joseph Matthews Hagans, Notary Public in and for the State of Washington, residing at Arlington | 13. Notary Commission expires: April 26 1959 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: St. Paul's Church St. Maries, Idaho | Date Issued: | Date Orig. Entry: Apr.16,1922 |
| Class* B | Date of Birth: Mar. 29, 1902 | Birth Place: | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Family Bible Record | By whom issued and signed: Viewed by C.E.Roberts Notary Public | Date Issued: Viewed 4/11/55 | Date Orig. Entry: |
| Class B | Date of Birth: Mar. 29, 1902 | Birth Place: | Full Name of Mother: Alice M. Thomas | Name of Father: Alonzo K. Horn |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Social Security Account Number | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Jan. 20, 1943 |
| Class B | Date of Birth: March 29, 1902 | Birth Place: Latah Co. Moscow, Idaho | Full Name of Mother: Alice Martha Thomas | Name of Father: Alonzo K. Horn |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| [signature] | SS Nancy Richards | April 26, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Date filed

Date issued

Date orig. entry

Name of father

Full name of mother

Place of birth

Date of birth

Class

Type of document

Certificate of Birth

Name of father

Full name of mother

Place of birth

Date of birth

Class

Type of document

Certificate of Birth

Date filed

Evidence reviewed by

Date issued

Date orig. entry

Name of father

Full name of mother

Place of birth

Date of birth

Class

Type of document

Certificate of Birth

Name of father

Full name of mother

Place of birth

Date of birth

Class

Type of document

Certificate of Birth

692-43-1022-915

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-478
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hamlet Ray Fisher | | | 2. Date of Birth (month) (day) (year): October 31, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Plano, Fremont County, | b. City or Town of Birth: Idaho Plano |
| **FATHER** | 6. Full Name of Father: Robert Fisher | | | 7. State or Country of Father's Birth: United States |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellen E. Randall | | | 9. State or Country of Mother's Birth: United States |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: H. R. Fisher | | 11. Present Address of Registrant: 1004 East 6th So. Salt Lake City, U |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 2 1957 | 12. Signature of Notary: Kay L. Warner | | 13. Notary Commission expires: Sept. 20 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Social Security Account Number | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Dec. 26, 1936 |
| Class* B | Date of Birth: Oct. 31, 1902 / Birth Place: Plano, Idaho | Full Name of Mother: Ellen Randall | Name of Father: Robert Fisher | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record | By whom issued and signed: LDS Church Salt Lake City, Utah | Date Issued: 11-14-56 | Date Orig. Entry: Jan. 27, 1903 |
| Class B | Date of Birth: Oct. 31, 1902 / Birth Place: Fremont Co. Plano, Idaho | Full Name of Mother: Ellen E. Brandale | Name of Father: Robert Fisher | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Utah #5831 certified copy | Date Issued: 4-25-57 | Date Orig. Entry: child born Nov. 29, 1943 |
| Class B | Date of Birth: age 41 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: May 6, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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MAY 6 [redacted]

844-123-026493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 28 1955
Division of Vital Statistics

State File No. De57-479
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Clarence Hudrle | | 2. Date Of Birth (month) (day) (year): April 23, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Roberts, Idaho; b. City or Town of Birth: |
| **FATHER** | 6. Full Name of Father: James Hudrle | | 7. State or Country of Father's Birth: Wisconsin, U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Margaret Michka | | 9. State or Country of Mother's Birth: Czechoslovakia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clarence Hudrle | 11. Present Address of Registrant: Route 3, Rice Lake, Wis. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 30 1954 | 12. Signature of Notary: Edward P. Sims | 13. Notary Commission expires: EDWARD P. SIMS Notary Public, Barron Co., Wis. 19 ~~My commission expires Feb. 2, 1958.~~ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Hudrle | Date Issued: Dec. 9, 1954 | Date Orig. Entry: |
| Class* B | Date of Birth: Apr. 23, | Birth Place: 1902, Roberts, Idaho | Full Name of Mother: Mary Hudrle | Name of Father: James Hudrle |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census | Date Issued: 2-19-57 | Date Orig. Entry: April 15, 1910 |
| Class B | Date of Birth: age 7 | Birth Place: Idaho | Full Name of Mother: Mary Hudrle | Name of Father: James Hudrle |
| **SUPPORTING RECORD 3.** | Type of Document: Church record | By whom issued and signed: St. John's Lutheran Church, Rice Lake, Wis. | Date Issued: 4-1-55 | Date Orig. Entry: April 21, 1937 |
| Class B | Date of Birth: April 23, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: James Hudrle |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: L. D. Benson | Evidence reviewed by: Nancy Richards | Date Filed: May 6, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

MAY 6 [redacted]

643-221-016-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-485

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ola Fuller | | | 2. Date Of Birth (month) (day) (year): August 21 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Oakley, Cassia Co, Idaho | b. City or Town of Birth: Oakley, Idaho |
| **FATHER** | 6. Full Name of Father: Andrew J. Fuller | | | 7. State or Country of Father's Birth: Maine |
| **MOTHER** | 8. Full Maiden Name of Mother: Valeria I. Hamilton | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Ola F. Fuller | 11. Present Address of Registrant: Wells, Nevada |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 2 1957 | | 12. Signature of Notary: Elbert Sopp | 13. Notary Commission expires: Aug 4 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Valeria I. Fuller | Date Issued: 3-20-57 | Date Orig. Entry: |
| | Date of Birth: Aug. 21, 1902 / Birth Place: Cassia County Oakley, Idaho | Full Name of Mother: Valeria I. Fuller | Name of Father: Andrew J. Fuller | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Nevada No. 1049 certified copy | Date Issued: 11-1-44 | Date Orig. Entry: child born Nov. 11, 1929 |
| | Date of Birth: age 27 / Birth Place: Oakley, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Social Security Account Number | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: June 21, 1945 |
| | Date of Birth: Aug. 21, 1902 / Birth Place: Cassia Co. Oakley, Idaho | Full Name of Mother: Valeria I. Hamilton | Name of Father: Andrew J. Fuller | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| D. W. Benson | nr Nancy Richards | May 7, 1957 |

FORM BH 56067

MAY 8 1957

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-516

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Venita Rouse | | | 2. Date of Birth (month) (day) (year): November 5, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nez Perce County | b. City or Town of Birth: Lewiston, Idaho |
| **FATHER** | 6. Full Name of Father: Edwin Rouse | | | 7. State or Country of Father's Birth: Cedar Rapids, Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Elvene Ahlstrom | | | 9. State or Country of Mother's Birth: Golden City, Colorado |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Ruth Venita Rouse | 11. Present Address of Registrant: |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 2 1957 | | 12. Signature of Notary: Gerald L. Shannon | 13. Notary Commission expires: Jan 16 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | | By whom issued and signed: Oregon #148 certified copy | Date Issued: 3-19-57 | Date Orig. Entry: child born Apr. 30, 1921 |
| | Date of Birth: age 18 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | | By whom issued and signed: Anna Elvene Rouse | Date Issued: 5-2-57 | Date Orig. Entry: |
| | Date of Birth: Nov. 5, 1902 | Birth Place: Nez Perce Co. Lewiston, Idaho | Full Name of Mother: Anna Elvene Ahlstrom Rouse | Name of Father: Edwin Rouse | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | | By whom issued and signed: Ashland Public Schools Ashland, Oregon | Date Issued: 4-26-57 | Date Orig. Entry: Oct. 25, 1917 |
| | Date of Birth: age 14 | Birth Place: --- | Full Name of Mother: A. E. Rouse | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Bergquist | Evidence reviewed by: nr Nancy Richards | Date Filed: May 16, 1957 |

FORM BH 56067

MAY 17 1957

465-126-040-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-530

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Calvin Scott Doney | | | 2. Date of Birth (month) January (day) 26, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Wallace |
| **FATHER** | 6. Full Name of Father: Charles Samuel Doney | | | 7. State or Country of Father's Birth: Vermillion Co., Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Alberta Mae Kinney | | | 9. State or Country of Mother's Birth: Homer Champaign Co., Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Calvin Scott Doney | | 11. Present Address of Registrant: 910 No West st Anaheim Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 6, 1957 | 12. Signature of Notary: Roger C. Dittly | | 13. Notary Commission expires: Mar. 14, 1960. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Charles Samuel Doney | Date Issued: 3-4-1941 | Date Orig. Entry: |
| | Date of Birth: Jan. 26, 1902 | Birth Place: north of Wallace, Black Bear Mining Dist., Ida. (Shoshone Co.) | Full Name of Mother: Alberta Mae Kinney | Name of Father: Charles Samuel Doney |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: The First Brethren Church of Long Beach, California | Date Issued: | Date Orig. Entry: Aug. 14, 1935 |
| | Date of Birth: Jan. 26, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Labor Union Record | By whom issued and signed: International Union of Operating Engineers, Wilmington, Calif. | Date Issued: 5-9-57 | Date Orig. Entry: July 17, 1935 |
| | Date of Birth: Jan. 26, 1902 | Birth Place: Wallace, Idaho | Full Name of Mother: Alberta Mae Kinney | Name of Father: Charles Samuel Doney |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: May 21, 1957 |

FORM BH 56067

MAY 22 1957

364-223-014-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-565

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MARY ISABEL COMPTON | | 2. Date of Birth (month) May (day) 23 (year) 1902 | |
| | 3. Color or Race: Caucasin | 4. Sex: Female | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Caldwell |
| **FATHER** | 6. Full Name of Father: Harry Hoyt Compton | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Clara Elizabeth Compton | | 9. State or Country of Mother's Birth: Michigan | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Tallman | 11. Present Address of Registrant: 415 S. Le Doux Rd., Los Angeles 48, Calif | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 21, 1957 | 12. Signature of Notary: N. H. Fletcher | 13. Notary Commission expires: My Commission Expires Jan. 29, 1958 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record | By whom issued and signed: Class A, School Dist. No.132 Caldwell, Idaho | Date Issued: 5-14-57 | Date Orig. Entry: 1908 |
| | Date of Birth: May 23, 1902 | Birth Place: Caldwell, Idaho | Full Name of Mother: Clara Compton | Name of Father: Harry Hoyt Compton |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Metropolitan Life Ins. Co. | Date Issued: 5-9-51 | Date Orig. Entry: May 9, 1951 |
| | Date of Birth: May 23, 1902 | Birth Place: Caldwell, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by person present at birth, age 68 (daughter of Dr. who delivered) | By whom issued and signed: Mary Isham Maurer | Date Issued: 5-3-57 | Date Orig. Entry: |
| | Date of Birth: May 23, 1902 | Birth Place: Caldwell, Idaho | Full Name of Mother: Clara Compton | Name of Father: Harry Hoyt Compton |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: May 28, 1957 |

FORM BH 56067

MAY 29 1957

319-107-016-436

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-576

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Walter Carson | | | 2. Date of Birth (month) (day) (year): August 7th 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Cassia | b. City or Town of Birth: Island, |
| **FATHER** | 6. Full Name of Father: William Vincent Carson | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Malissie McFarland | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: George Walter Carson | | 11. Present Address of Registrant: 1842 Normal Ave. Burley, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 27, 19 57 | 12. Signature of Notary: S H Kunau | | 13. Notary Commission expires: March 1st, 1959 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Social Security Account Number | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Dec. 7, 1936 |
| | Date of Birth: Aug. 7, 1902 / Birth Place: Island, Idaho | Full Name of Mother: Masie MacFarland | Name of Father: William Vincent Carson | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Malissie Carson | Date Issued: 4-27-57 | Date Orig. Entry: |
| | Date of Birth: Aug. 7, 1902 / Birth Place: Cassia County Island, Idaho | Full Name of Mother: Mary Malissie Carson | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Family Bible Record | By whom issued and signed: Photostat of page from bible-notarized statement by Mack W. Crouch Notary Public | Date Issued: May 24,1957 | Date Orig. Entry: obviously old |
| | Date of Birth: Aug 7,1902 / Birth Place: Island, Cassic co Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: May 31, 1957 |

FORM BH 56067

JUN 2 1997

791-217022-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-596
596

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Aileen Graham | | 2. Date Of Birth (month) July (day) 17 (year) 1902 | |
| | 3. Color or Race: Wh | 4. Sex: fe | 5. Place of Birth a. County: Fremount | b. City or Town of Birth: Teton |
| **FATHER** | 6. Full Name of Father: Roy Graham | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Peeril Harris | | 9. State or Country of Mother's Birth: Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Aileen Graham Dudge | 11. Present Address of Registrant: Route 3 Caldwell, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 27 1957 | 12. Signature of Notary: Floyd Christensen | 13. Notary Commission expires: 11/7 1957 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Peeril H. Graham | Date Issued: May 27, 1957 | Date Orig. Entry: |
| | Date of Birth: July 17, 1902 / Birth Place: Teton, Idaho | Full Name of Mother: Peeril Harris Graham | Name of Father: Roy Graham | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Records - Cert. of Baptism & Cert. of Blessing | By whom issued and signed: L. D. S. Church - Caldwell | Date Issued: 4-20-57 | Date Orig. Entry: Dec. 5, 1914 Feb. 1, 1903 |
| | Date of Birth: July 17, 1902 / Birth Place: Teton, Idaho | Full Name of Mother: Peeril Harris | Name of Father: Roy Graham | |
| **SUPPORTING RECORD 3.** | Type of Document: Family Group Life Policy Application | By whom issued and signed: Idaho Mutual Benefit Association | Date Issued: | Date Orig. Entry: June 14, 1938 |
| | Date of Birth: July 17, 1902 / Birth Place: Teton, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Cooper | Date Filed: June 6, 1957 | |

FORM BH 56067

JUN 7 1957

813-218-020-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-599
599

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Althea Adeline Hall | | 2. Date Of Birth (month) May (day) 18 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: FM | 5. Place of Birth a. County: Elmore ~~Home, Elmore Cty~~ | b. City or Town of Birth: Mountain Home |
| **FATHER** | 6. Full Name of Father: Charles Cornelious Hall | | 7. State or Country of Father's Birth: Unknown | |
| **MOTHER** | 8. Full Maiden Name of Mother: Adeline Williams | | 9. State or Country of Mother's Birth: Illinois | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Althea Adeline (Hall) Cutter | 11. Present Address of Registrant: 6300 S.E. 120, Portland, Ore | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 20th 19 57 | 12. Signature of Notary: Lokal la Marshall | 13. Notary Commission expires: 25 July 19 60 | |

**APPLICANT — DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Son's birth certificate | By whom issued and signed: Idaho | Date Issued: Child born May 28,1919 | Date Orig. Entry |
| | Date of Birth: age 17 | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 2.** | Type of Document: Statement from Elmore Bulletin now Mountain Home News | By whom issued and signed: Mt. Home, Idaho Elmore Bulletin | Date Issued: June 5, 1957 | Date Orig. Entry: May 22, 1902 |
| | Date of Birth: May 18, 1902 | Birth Place: Mountain Home, Idaho | Full Name of Mother: Mrs. and | Name of Father: Mr. C.C. Hall |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Idaho Mutual Benefit Association - Boise, Idaho | Date Issued: | Date Orig. Entry: Nov. 3, 1944 |
| | Date of Birth: May 18, 1902 | Birth Place: Mt. Home, Idaho | Full Name of Mother: | Name of Father: |

**QUALIFYING INFORMATION**

Sert. of Divorce between parents: Adeline Hall and Charles C. Hall - Elmore Co., Ida. Oct. 31, 1905 - gives above child's age as 3.

Affidavit by Sister who was age 7 at time of above child's birth. Birthdate is given as May 18, 1902, Mtn. Home. Parent's names as Charles Cornelious Hall & Adeline Williams.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | nr Shirley Cooper | June 6, 1957 |

FORM BH 56067 1 copy

JUN 7 1957

433-207-040-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-603

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Katherine Marie McLeod | | 2. Date Of Birth (month) March (day) 7th (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Burke, Idaho | b. City or Town of Birth: Burke, Idaho |
| **FATHER** | 6. Full Name of Father: Neil James McLeod | | 7. State or Country of Father's Birth: Prince Edward Island, Canada | |
| **MOTHER** | 8. Full Maiden Name of Mother: Sophia Miller | | 9. State or Country of Mother's Birth: Leadville, Colorado | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Katherine Marie Dorie | 11. Present Address of Registrant: 9807 E. Pennsylvania Tacoma 44, Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 21st, 19 57 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Feb. 16th, 1961 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Stepmother, who knew family for 60 years (age 71) | By whom issued and signed: Edna P. (McLeod) Groff | Date Issued: 5-11-57 | Date Orig. Entry: |
| | Date of Birth: March 7, 1902 | Birth Place: Burke, Idaho | Full Name of Mother: Sophia Miller McLeod | Name of Father: Neil James McLeod |
| **SUPPORTING RECORD 2.** | Type of Document: Father's Certificate of Naturalization | By whom issued and signed: Western Dist. Court of Wash., Seattle, Washington | Date Issued: | Date Orig. Entry: July 27, 1918 |
| | Date of Birth: age 16 | Birth Place: --- | Full Name of Mother: Sophia McLeod | Name of Father: Neil James McLeod |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Prudential Ins. Co. of Amer. | Date Issued: 12-5-38 | Date Orig. Entry: Nov. 30, 1938 |
| | Date of Birth: March 7, 1902 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [illegible] | Evidence reviewed by: Nancy Richards | Date Filed: June 10, 1957 |

FORM BH 56067

JUN 11 1967

234-207-029-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-620

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margaret Matilda Kluver | | | 2. Date of Birth (month) (day) (year): May 7, 1902 |
| | 3. Color or Race: White | 4. Sex: Fe | 5. Place of Birth a. County: Deary, Ida. Latah | b. City or Town of Birth: Deary, Idaho |
| **FATHER** | 6. Full Name of Father: Michael Kluver | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Elna Peterson | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Margaret Matilda Kluver | | 11. Present Address of Registrant: Thornton Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 25 ~~[illegible]~~ 1957 | 12. Signature of Notary: Joseph J. Dougle | | 13. Notary Commission Expires: Aug 4 1959 |

**APPLICANT — DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record | | By whom issued and signed: Eastern Wash. College of Education, Cheney, Wash. | Date Issued: | Date Orig. Entry: Aug. 11, 1921 |
| | Date of Birth: May 7, 1902 | Birth Place: Deary, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record (notarized) | | By whom issued and signed: Olaf Burnvik; Trea Zion Lutheran Church, Deary, Ida. | Date Issued: 6-6-57 | Date Orig. Entry: June 15, 1902 |
| | Date of Birth: May 7, 1902 | Birth Place: Deary, Idaho | Full Name of Mother: Elna Kluver | Name of Father: Mikel Kluver | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister (10 yrs. older) | | By whom issued and signed: Mamie Kluver Straugh | Date Issued: 6-11-57 | Date Orig. Entry: |
| | Date of Birth: May 7, 1902 | Birth Place: Deary, Idaho | Full Name of Mother: Elna Kluver | Name of Father: Michael Kluver | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Bennett | Nancy Richards | June 18, 1957 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 19 1967

459-205-004-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-666

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eva Myrtle Derricott | | 2. Date Of Birth (month) Feb. (day) 5 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Idaho Bear Lake | b. City or Town of Birth: Liberty |
| **FATHER** | 6. Full Name of Father: Charles Derricott | | 7. State or Country of Father's Birth: Bear Lake County, Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Laverna Hymas | | 9. State or Country of Mother's Birth: Hyde Park, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eva Myrtle Derricott | 11. Present Address of Registrant: Montpelier, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 15th 1957 | 12. Signature of Notary (Lauridsen): Ruth Aland | 13. Notary Commission expires: march 6, 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: LDS Church, Salt Lake City, U. | Date Issued: 4-22-57 | Date Orig. Entry: Mar. 9, 1902 |
| | Date of Birth: Feb. 5, 1902 | Birth Place: Bear Lake Co. Liberty, Idaho | Full Name of Mother: LaVernia Hymas | Name of Father: Charles Derricott |
| **SUPPORTING RECORD 2.** | Type of Document: Lodge Record | By whom issued and signed: Hope Rebekah Lodge No. 20 Montpelier, Idaho | Date Issued: | Date Orig. Entry: March 24, 1936 |
| | Date of Birth: Feb. 5, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #393371 | Date Issued: | Date Orig. Entry: child born July 22, 1944 |
| | Date of Birth: age 42 | Birth Place: Liberty, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: [illegible] | Evidence reviewed by: Nancy Richards | Date Filed: June 27, 1957 | |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 28 1957

State File No. 2857-555

| | | |
|---|---|---|
| 1. Place of birth: County: Bonneville | 2. Date of birth: Month: July, Day: 5, Year: 1907 | |
| 3. Place of birth: City or town: Ririe | 4. Sex: Male | 5. Color or race of father: White |
| 6. Full name of father: Allgeyer Jerusoott | 7. Color or race of mother: White | 8. Maiden name of mother: Alpheda Myers |
| 9. Place of birth of father: State or country: Idaho | 10. Place of birth of mother: State or country: Idaho | 11. Occupation of father: Farmer |
| 12. Occupation of mother: Housewife | 13. Place of residence of parents: Ririe, Bonneville County, Idaho | 14. Date of marriage: Month: Dec., Day: 9, Year: 1902 |
| 15. Place of marriage: Idaho Falls, Idaho | 16. Name of informant: Albert Record | 17. Relationship to child: Father |
| 18. Mailing address of informant: Ririe, Idaho | 19. Date filed: June 27, 1957 | 20. Signature of registrar: Nancy Alderson |

Certificate of Delayed Birth

Bonneville County, Idaho

Date of Birth: July 22, 1907

Name of Child: Albert Record

Name of Father: Jerusoott Allgeyer

Name of Mother: Alpheda Myers

Place of Birth: Ririe, Idaho

Date Filed: June 27, 1957

Registrar: Nancy Alderson

253-103-044-731

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-705
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: John Wesley Kelley | | | 2. Date of Birth (month) April (day) 3 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: m | 5. Place of Birth a. County: Washington | b. City or Town of Birth: Weiser, Idaho |
| **FATHER** | 6. Full Name of Father: John Albert Kelley | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Glascock | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x John Wesley Kelley | | 11. Present Address of Registrant: Route 2 Weiser, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 31 19 57 | 12. Signature of Notary: Goldie M. Jones | | 13. Notary Commission expires: April 23 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | | By whom issued and signed: Idaho #225687 | Date Issued: | Date Orig. Entry: child born Sept. 11, 1934 |
| Class* B | Date of Birth: age 32 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | | By whom issued and signed: Equitable Life Assurance Soc. of the U. S. | Date Issued: 1-16-28 | Date Orig. Entry: Jan. 10, 1928 |
| Class B | Date of Birth: April 3, 1902 | Birth Place: Washington Co. Weiser, Idaho | Full Name of Mother: Annie Sarhan Kelley | Name of Father: John Albert Kelley | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | | By whom issued and signed: Annie Glascock Kelley | Date Issued: 2-23-57 | Date Orig. Entry: |
| Class B | Date of Birth: April 3, 1902 | Birth Place: Washington Co., Ida. | Full Name of Mother: Annie Glascock | Name of Father: John Albert Kelley | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W Berman | nr Nancy Richards | July 10, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

1. NAME: John Wesley Kelley
2. SEX: M
3. PLACE OF BIRTH: Washington
4. DATE OF BIRTH: April 3 1902
5. County: Washington
6. City or town of birth: Weiser, Idaho
7. Sex: M
8. Color or race: W
9. Number of child: 1
10. Legitimate: Yes
11. Date of birth: April 3 1902
12. Place of birth: Weiser, Idaho
13. Father's name: Albert Kelley
14. Father's birthplace: Idaho
15. Mother's maiden name: Annie Glasgock
16. Mother's birthplace: Idaho
17. Informant: Mrs. Annie Glasgock
18. Address of informant: Route 2 Weiser, Idaho
19. Filed: July 10, 1902

868-101-001-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-737

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Sylvanus Fordem Hoyt | | | 2. Date of Birth (month) May (day) 1, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Charles Franklin Hoyt | | | 7. State or Country of Father's Birth: Tennessee |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Kathern Stotts | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Sylvanus F Hoyt | | 11. Present Address of Registrant: Dallas Or 719 E 13 St |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 16 1957 | 12. Signature of Notary: Hazel L. Hurlbert. | | 13. Notary Commission expires: Sept. 28 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photostatic copy of original Social Security Application | By whom issued and signed: U. S. Treasury Dept. Internal Revenue Service | Date Issued: | Date Orig. Entry: 12-14-1942 |
| | Date of Birth: May 1, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Sarah Kathren Stotts | Name of Father: Franklin Hoyt |
| **SUPPORTING RECORD 2.** | Type of Document: Own Child's Birth Certificate | By whom issued and signed: State of Idaho #116250 | Date Issued: Child's Birthdate October 8, 1923 | Date Orig. Entry: |
| | Date of Birth: Age 21 | Birth Place: Boise, Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: School Record of Age | By whom issued and signed: District No. 28 Caldwell, Idaho | Date Issued: 12-3-56 | Date Orig. Entry: Sept. 1911 |
| | Date of Birth: Age 9 | Birth Place: | Full Name of Mother: Sarah Hoyt | Name of Father: |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D W Benson | Evidence reviewed by: Shirley Cooper | Date Filed: July 16, 1957 |

FORM BH 56067

JUL 17 1957

61926-029-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-741

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Henry Ward | | | 2. Date of Birth (month) (day) (year): November 26 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Genesee |
| **FATHER** | 6. Full Name of Father: James Henry Ward | | | 7. State or Country of Father's Birth: California |
| **MOTHER** | 8. Full Maiden Name of Mother: Rosalie Bell | | | 9. State or Country of Mother's Birth: West Virginia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James H Ward | | 11. Present Address of Registrant: U. S. Naval Base Norfolk 11, Va. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 28 May 1957 | 12. Signature of Notary: Zleta N. Thornton | | 13. Notary Commission expires: My Commission Expires June 5, 1960 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by uncle (born 7-28-1880) | By whom issued and signed: Charles Ward | Date Issued: 5-23-57 | Date Orig. Entry: |
| | Date of Birth: Nov. 26, 1902 / Birth Place: Genesee, Idaho Latah Co. | Full Name of Mother: Rosalie Bell | Name of Father: James Ward, Sr. | |
| **SUPPORTING RECORD 2.** | Type of Document: Naval Record | By whom issued and signed: U. S. Naval Academy Annapolis, Maryland | Date Issued: 5-14-57 | Date Orig. Entry: June 27, 1922 |
| | Date of Birth: Nov. 26, 1902 / Birth Place: Genesee, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: The Penn Mutual Life Ins.Co. | Date Issued: 6-8-36 | Date Orig. Entry: May 19, 1936 |
| | Date of Birth: Nov. 26, 1902 / Birth Place: Genesee, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| D W Bowman | nr Nancy Richards | July 17, 1957 |

FORM BH 56067

2 [illegible] pd

JUL 13

754-031-035-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-753

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ira Landis Pedigo | | | 2. Date Of Birth (month) October (day) 3 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: NezPerce (now Lewis) | b. City or Town of Birth: P.O. address Fletcher, Idaho |
| **FATHER** | 6. Full Name of Father: Evermont Warren Pedigo | | | 7. State or Country of Father's Birth: Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Daisy Dee Landis | | | 9. State or Country of Mother's Birth: California |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ira Landis Pedigo | | 11. Present Address of Registrant: 1315 12th Avenue Lewiston, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 16 19 57 | 12. Signature of Notary: Robert D. Strom | | 13. Notary Commission expires October 17 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Daisy D. Baldwin | Date Issued: 8-21-56 | Date Orig. Entry: |
| | Date of Birth: Oct. 3, 1902 / Birth Place: Post Office-- Fletcher, Idaho | Full Name of Mother: Daisy D. Landis | Name of Father: Evermont Warren Pedigo | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #163769 | Date Issued: | Date Orig. Entry: child born June 22, 1928 |
| | Date of Birth: age 25 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census | Date Issued: 4-4-57 | Date Orig. Entry: April 15, 1910 |
| | Date of Birth: age 7 / Birth Place: Idaho | Full Name of Mother: Daisy Pedigo | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: Nancy Richards | | Date Filed: July 23, 1957 |

FORM BH 56067 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 24 1957

REGISTRA

(Person where born if being registered)

1. Name of child — Allen Fredis Perkins

2. Date of birth — Male

3. Place of birth — Twin

4. Date of birth (month) (day) (year) — October 3 1900

5. City or town of birth — P.O. address Pletcher, Idaho

FATHER

6. Name of father — Allen Fredis Perkins

7. Place of birth — Idaho

8. Date of birth — Idaho

9. State or country of father's birth — Idaho

MOTHER

10. Maiden name of mother — Delay Ora Landis

11. Place of birth — Idaho

12. State or country of mother's birth — California

AFFIDAVIT

13. Name of person with knowledge of the facts to be stated on this form — Delay Ora Landis

14. Relationship of deponent — Mother

15. Present address of deponent — 215 1st Avenue Twin Falls Idaho

NOTARY

16. Subscribed and sworn to before me — October 11 1940

17. Signature of notary — [illegible]

18. Notary public or clerk of court — [illegible]

RECORDING

DATE OF

Date of issue — [illegible]

Date orig. data — [illegible]

Number 2 Warren Perkins

Date issued — [illegible]

Date orig. data — [illegible]

Name of father — ---

Full name of mother — ---

Place of birth — Idaho

Date of birth — [illegible]

Date orig. data — April 16, 1940

Name of father — ---

Maiden name of mother — Delay Landis

Place of birth — Idaho

Date of birth — [illegible]

Date of issue — [illegible]

Date film — June 25, 1957

312-123-007-534

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-801
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: STERLING ARTHUR CASE | | 2. Date of Birth (month) JUNE, (day) 23, (year) 1902. | |
| | 3. Color or Race: White-Amer. | 4. Sex: Male | 5. Place of Birth a. County: Carey, Idaho Blaine | b. City or Town of Birth: CAREY |
| **FATHER** | 6. Full Name of Father: ARTHUR B. CASE | | 7. State or Country of Father's Birth: UTAH | |
| **MOTHER** | 8. Full Maiden Name of Mother: MINNIE MAY ELDREDGE | | 9. State or Country of Mother's Birth: UTAH | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Sterling A. Case | 11. Present Address of Registrant: 715 East 17, Street Cheyenne, Wyoming | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 3 1957 | 12. Signature of Notary: William A. Ryan Jr. | 13. Notary Commission expires: Nov. 4 1959 | |

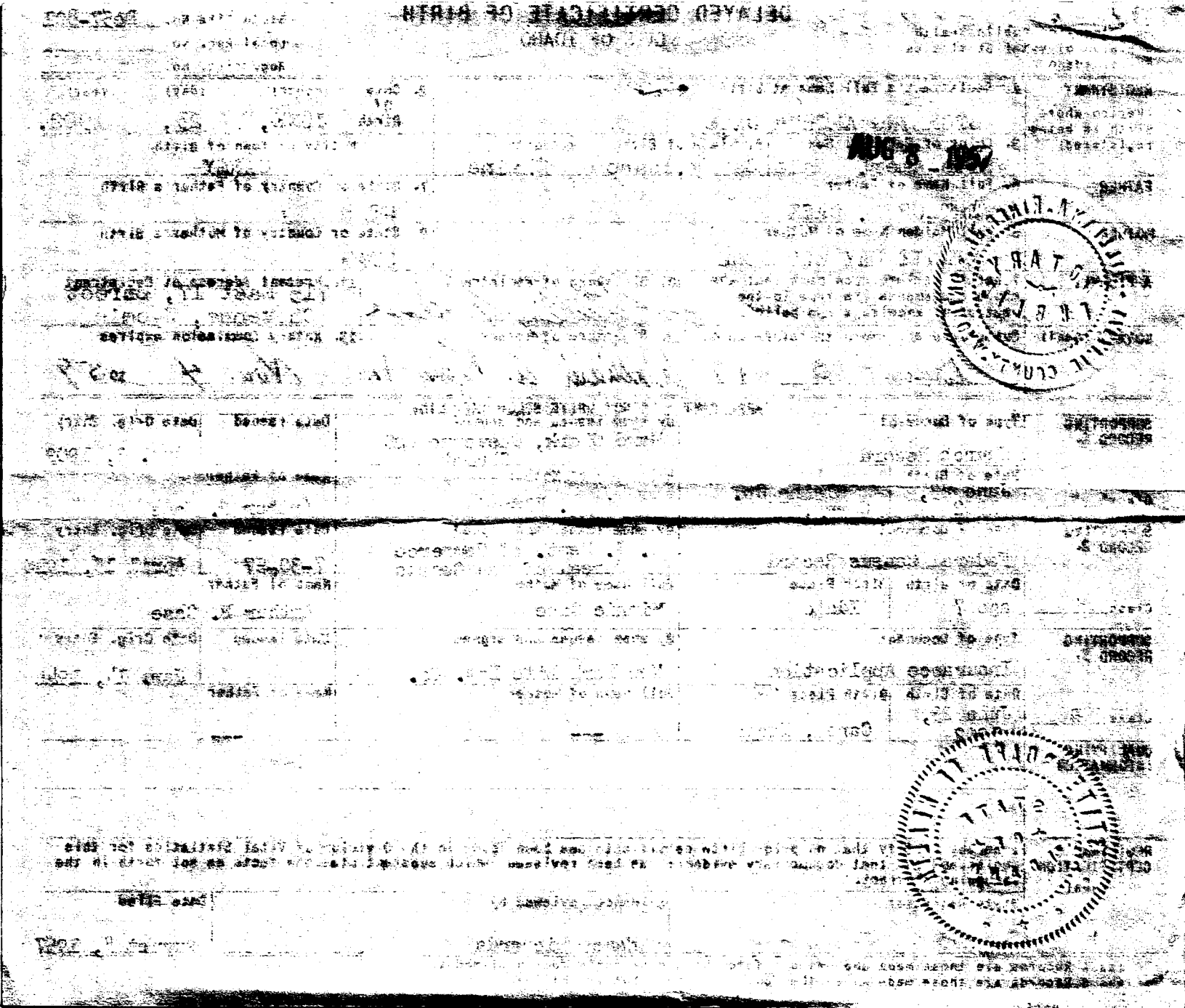
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Ward Clerk, Cheyenne LDS Church | Date Issued: | Date Orig. Entry: Aug. 3, 1902 |
| Class* A | Date of Birth: June 23, 1902 / Birth Place: Blaine Co. Carey, Idaho | Full Name of Mother: Minnie M. Eldredge | Name of Father: Arthur B. Case | |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census | Date Issued: 7-30-57 | Date Orig. Entry: April 15, 1910 |
| Class B | Date of Birth: age 7 / Birth Place: Idaho | Full Name of Mother: Minnie Case | Name of Father: Arthur B. Case | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Application | By whom issued and signed: New York Life Ins. Co. | Date Issued: | Date Orig. Entry: Jan. 14, 1944 |
| Class B | Date of Birth: June 23, 1902 / Birth Place: Carey, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [signature] | Evidence reviewed by: Nancy Richards | Date Filed: August 8, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM DPH #0067



13-126-007-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-837

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: NORMAN CARL ALBRETHSEN | | | 2. Date of Birth (month) Feb. (day) 26 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Blaine | b. City or Town of Birth: Carey |
| **FATHER** | 6. Full Name of Father: ALBERT ALBRETHSEN | | | 7. State or Country of Father's Birth: DENMARK |
| **MOTHER** | 8. Full Maiden Name of Mother: HANNE LARSEN | | | 9. State or Country of Mother's Birth: DENMARK |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Norman Albrethsen | | 11. Present Address of Registrant: Carey, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 9 1957 | 12. Signature of Notary: Alice A. York | | 13. Notary Commission expires: Feb. 28 1961 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Older Sister present at time of birth | By whom issued and signed: Christine Chaumell - age 77 | Date Issued: May 9, 1957 | Date Orig. Entry: |
| | Date of Birth: Feb. 26, 1902 / Birth Place: Carey, Idaho | Full Name of Mother: Hanne Larsen | Name of Father: Albert Albrethsen | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Modern Woodmen of America | Date Issued: Aug. 1, 1944 | Date Orig. Entry: |
| | Date of Birth: Feb. 26, 1902 / Birth Place: Carey, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Own Child's Birth Certificate | By whom issued and signed: State of Idaho #171941 | Date Issued: Child's Birthdate June 20, 1929 | Date Orig. Entry: |
| | Date of Birth: age 27 / Birth Place: Carey, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: Shirley Cooper | Date Filed: August 20, 1957 |

FORM BH 56067

AUG 21 1980

235-226-001-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-842

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Roxie Anna Stevens | | | 2. Date Of Birth (month) (day) (year): December 26, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Addison C. Stevens | | | 7. State or Country of Father's Birth: Nova Scotia |
| **MOTHER** | 8. Full Maiden Name of Mother: Zema Ann Graham | | | 9. State or Country of Mother's Birth: Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Roxie Stevens | | 11. Present Address of Registrant: 946 G St Springfield, Ore |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 18 1957 | 12. Signature of Notary: Hazel L. Hurlbert. | | 13. Notary Commission Expires: Sept. 28 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mrs. Ann Stevens | Date Issued: 6-18-57 | Date Orig. Entry: |
| | Date of Birth: Dec. 26, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Zema Ann Graham | Name of Father: Addison A. Stevens |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Boise Public Schools Boise, Idaho | Date Issued: 9-20-54 | Date Orig. Entry: Jan. 1911 |
| | Date of Birth: Dec. 26, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: A. A. Stevens |
| **SUPPORTING RECORD 3.** | Type of Document: Employment Record | By whom issued and signed: Railroad Retirement Board Chicago 11, Illinois | Date Issued: 8-8-57 | Date Orig. Entry: May 26, 1943 |
| | Date of Birth: Dec. 26, 1902 | Birth Place: Ada Co. Boise, Idaho | Full Name of Mother: Zema Anne Graham | Name of Father: Addison Archibald Stevens |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [signature] | Evidence reviewed by: nr Nancy Richards | Date Filed: August 22, 1957 |

FORM BH 56067 1 copy 1 Ind

AUG 20 1957

319-215-022-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-880

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Delia May Cazier | | | 2. Date of Birth (month) April (day) 15 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Twin Groves |
| **FATHER** | 6. Full Name of Father: Benjamin Cazier | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Matilda Hathaway | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Delia Simmons | | 11. Present Address of Registrant: 425 South 11th Ave. Pocatello, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 22nd 19 57 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: August 1 19 61 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: LDS Church Salt Lake City, Utah | Date Issued: 10-31-56 | Date Orig. Entry: Aug. 3, 1902 |
| | Date of Birth: April 15, 1902 | Birth Place: Twin Groves, Idaho | Full Name of Mother: Emily Hathaway | Name of Father: Benny Cazier |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Intermountain Mutual Assoc.Inc. | Date Issued: 10-8-34 | Date Orig. Entry: Oct. 1, 1934 |
| | Date of Birth: April 15, 1902 | Birth Place: Twin Groves, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: present at birth Affidavit by aunt, age 81 | By whom issued and signed: Selina Richards | Date Issued: 8-19-57 | Date Orig. Entry: |
| | Date of Birth: April 15, 1902 | Birth Place: Fremont Co. Twin Groves, Idaho | Full Name of Mother: Emily Matilda Hathaway | Name of Father: Benjamin Cazier |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: [illegible] | Evidence reviewed by: Nancy Richards | | Date Filed: Sept. 3, 1957 |

FORM BH 56067

1 Copy paid

SEP 3 1957

155-223-006-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-917
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ROXIE ~~Roxy~~ Estella Jensen | | 2. Date of Birth (month) March (day) 23 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: F. | 5. Place of Birth a. County: Basalt Bingham | b. City or Town of Birth: Basalt Idaho |
| **FATHER** | 6. Full Name of Father: James Franklin Jensen | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura Estella Whitmill | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Roxie Estella ~~Jensen~~ Howe | 11. Present Address of Registrant: 1939 E. 17th So. S.L.C. ~~1917 E. 15th Ida Falls~~ | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 20, 1954 | 12. Signature of Notary: L Ivan Jensen | 13. Notary Commission expires: June 16 1955. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Blackfoot Stake, Basalt Ward, LDS Church | Date Issued: 7-19-57 | Date Orig. Entry: June 18, 1911 |
| Class* B | Date of Birth: March 23, 1902 / Birth Place: Bingham Co. Basalt, Idaho | Full Name of Mother: Laura Whitmill | Name of Father: James F. Jensen | |
| **SUPPORTING RECORD 2.** | Type of Document: Court Order of Adoption | By whom issued and signed: Bingham County, Idaho | Date Issued: 11-15-56 | Date Orig. Entry: March 13, 1913 |
| Class B | Date of Birth: March 23, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: James F. Jensen | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by person present at birth, age 89 | By whom issued and signed: Marie Jensen | Date Issued: 9-3-57 | Date Orig. Entry: |
| Class B | Date of Birth: March 23, 1902 / Birth Place: Basalt, Idaho | Full Name of Mother: Laura Estella Whitmill | Name of Father: James Franklin Jensen | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. M. Bennion | Evidence reviewed by: nr Nancy Richards | Date Filed: Sept. 12, 1957 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 Certified

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Idaho

Franklin County

Bancroft

Female

[redacted] 1957

Franklin County

Franklin County

Idaho

Utah

Utah

October 20, [illegible]

June 16, 1955

Owned Record

Date of birth

Place of birth

Date issued

Date filed

Name of father

Maiden name of mother

Full name of mother

Name of father

Date filed

Date issued

Name of father

Full name of mother

Date of birth

Place of birth

Date issued

Date filed

695-121-025-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-965

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: RICHARD ROY FREEBORN | | | 2. Date of Birth (month) (day) (year): March 21st, 1902 |
| | 3. Color or Race: white | 4. Sex: mail | 5. Place of Birth a. County: Gangeville Idaho Idaho | b. City or Town of Birth: Grangeville, Idaho |
| **FATHER** | 6. Full Name of Father: George Clayton Freeborn | | | 7. State or Country of Father's Birth: Ylo County, State California |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Etta Zumwalt | | | 9. State or Country of Mother's Birth: Idaho County, State of Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Richard Roy Freeborn | | 11. Present Address of Registrant |
| **NOTARY** (seal) | Subscribed and sworn to before me on: August 20th, 1957 | 12. Signature of Notary: H H Bell | | 13. Notary Commission expires: 12/24 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: 7-1-57 | Date Orig. Entry: Aug. 14, 1937 |
| | Date of Birth: March 21, 1902 / Birth Place: Grangeville, Idaho | Full Name of Mother: Mary Etta Zumwalt | Name of Father: George Clayton Freeborn | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Etta Freeborn | Date Issued: 9-26-57 | Date Orig. Entry: |
| | Date of Birth: March 21, 1902 / Birth Place: Idaho Co. Grangeville, Idaho | Full Name of Mother: Mary Etta Freeborn | Name of Father: George Claton Freeborn | |
| **SUPPORTING RECORD 3.** | Type of Document: Lodge Record | By whom issued and signed: Libertas Masonic Lodge No. 466 | Date Issued: | Date Orig. Entry: Apr. 16, 1948 |
| | Date of Birth: March 21, 1902 / Birth Place: Idaho Co. Grangeville, Idaho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D W Benson | Evidence reviewed by: Nancy Richards | Date Filed: Oct. 1, 1957 |

FORM BH 56067

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OCT 3

625-23-025-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1035

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Verda Elizabeth Okerberg | | | 2. Date Of Birth (month) July (day) 23 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Kooskia |
| **FATHER** | 6. Full Name of Father: John Alfred Okerberg | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Matilda Carlberg | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Verda E. Dittenbass | | 11. Present Address of Registrant: Route No. 1 Soap Lake, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 16th 19 57 | 12. Signature of Notary: Paul L. Graham | | 13. Notary Commission expires: January 16, 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Baptismal Record | By whom issued and signed: O. C. Hellekson, Pastor Luth. Church, Kooskia, Ida. | Date Issued: | Date Orig. Entry: July 10, 1905 |
| | Date of Birth: July 23, 1902 | Birth Place: ---- | Full Name of Mother: Lizzie Okerberg | Name of Father: John Okerberg |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Grant County, Washington | Date Issued: | Date Orig. Entry: Dec. 21, 1921 |
| | Date of Birth: age 19 | Birth Place: Idaho | Full Name of Mother: Elizabeth C. Okerberg | Name of Father: Alfred Okerberg |
| **SUPPORTING RECORD 3.** | Type of Document: Voting Record | By whom issued and signed: City Clerk Ernest Fencl, Soap Lake, Washington | Date Issued: 10-7-57 | Date Orig. Entry: Aug. 26, 1943 |
| | Date of Birth: July 23, 1902 | Birth Place: Kooskia, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Oct. 25, 1957 |

FORM BH 56067

1 Copy Issued

OCT 25 1957

626-231-029-383

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1043

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elsie Mae Oswalt | | | 2. Date of Birth (month) Dec., (day) 31st (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Moscow Idaho |
| **FATHER** | 6. Full Name of Father: Thomas Bert Oswalt | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Rosie Lyle | | | 9. State or Country of Mother's Birth: Pullman Wash., |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elsie Mae Jones Oswalt | | 11. Present Address of Registrant: Bovill Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept. 12th 1957 | 12. Signature of Notary: J. J. Roland | | 13. Notary Commission expires: July 6th 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Thomas Bert Oswalt | Date Issued: 10-1-57 | Date Orig. Entry: |
| | Date of Birth: Dec. 31, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: Rosie Lyle | Name of Father: Thomas Bert Oswalt | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by father | By whom issued and signed: Thomas Bert Oswalt | Date Issued: 10-1-57 | Date Orig. Entry: |
| | Date of Birth: Dec. 31, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: Rosie Lyle | Name of Father: Thomas Bert Oswalt | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #167391 | Date Issued: | Date Orig. Entry: child born Aug. 16, 1928 |
| | Date of Birth: age 25 / Birth Place: Moscow, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. Jenson | nr Nancy Richards | Oct. 28, 1957 |

FORM BH 56067

1 copy paid

[illegible]

791-218-016-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-1050

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ELVA GRAHAM | | | 2. Date of Birth (month) December (day) 18 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Cassia | b. City or Town of Birth: Almo |
| **FATHER** | 6. Full Name of Father: Joseph Allen Graham | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Ella Shangle | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elva Graham Shank | | 11. Present Address of Registrant: R#4 Buhl, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 19, 1957 19 | 12. Signature of Notary: Jan O. Erickman | | 13. Notary Commission expires: Feb. 4, 1961 19 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Ella Shangle Graham - Mother | Date Issued: 8-20-1957 | Date Orig. Entry: |
| | Date of Birth: Dec. 18, 1902 / Birth Place: Almo, Idaho | Full Name of Mother: Ella Shangle | Name of Father: Joseph Allen Graham | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: State of Idaho #261453 | Date Issued: Child's birthdate October 5, | Date Orig. Entry: 1937 |
| | Date of Birth: Age 34 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census | Date Issued: 9-11-1957 | Date Orig. Entry: census of 1920 taken as of January 1 |
| | Date of Birth: Age 17 / Birth Place: Idaho | Full Name of Mother: Ella and | Name of Father: Joseph A. Graham | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: Shirley Cooper | | Date Filed: Nov. 1, 1957 |

FORM BH 56067 1 copy paid

NOV 1 1957

195228007-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-1095
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| REGISTRANT (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Effie Emma Ainsworth | | | 2. Date of Birth (month) October (day) 28 (year) 1902 |
| | 3. Color or Race: W. | 4. Sex: Fem. | 5. Place of Birth: Idaho, a. County: Blaine | b. City or Town of Birth: Carey |
| FATHER | 6. Full Name of Father: Joseph Ainsworth | | | 7. State or Country of Father's Birth: London, England |
| MOTHER | 8. Full Maiden Name of Mother: Hannah M. Hanson | | | 9. State or Country of Mother's Birth: Logan, Utah |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Effie Emma Proctor | | 11. Present Address of Registrant: 4704 University Way Seattle 5, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on: August 2 1957 | 12. Signature of Notary: Will M. Deig | | 13. Notary Commission expires: Feb 29 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church LaGrande, Oregon | Date Issued: | Date Orig. Entry: Nov. 6, 1910 |
| Class* B | Date of Birth: Oct. 28, 1902 / Birth Place: Blaine Co. Carey, Idaho | Full Name of Mother: Hannah M. Hanson | Name of Father: Joseph Ainsworth | |
| SUPPORTING RECORD 2. | Type of Document: Insurance Policy Application | By whom issued and signed: Mutual Benefit Life Ins. Co. | Date Issued: | Date Orig. Entry: Jan. 15, 1938 |
| Class B | Date of Birth: Oct. 28, 1902 / Birth Place: Carey, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| SUPPORTING RECORD 3. | Type of Document: (born 2-6-91) Affidavit by brother | By whom issued and signed: James A. Ainsworth | Date Issued: 11-5-57 | Date Orig. Entry: |
| Class B | Date of Birth: Oct. 28, 1902 / Birth Place: Carey, Idaho | Full Name of Mother: Hannah M. Hanson | Name of Father: Joseph Ainsworth | |
| QUALIFYING INFORMATION | | | | |

| | | | |
|---|---|---|---|
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [illegible] | Evidence reviewed by: nr Nancy Richards | Date Filed: Nov. 15, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

NOV 18 1957

MAY 01 1989

165-130-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1099

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Daniel W. Jones | | | 2. Date of Birth (month) July (day) 30th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Samaria, Oneida | b. City or Town of Birth: Samaria |
| **FATHER** | 6. Full Name of Father: Benjamin Lewis Jones | | | 7. State or Country of Father's Birth: Illinois, U.S.A |
| **MOTHER** | 8. Full Maiden Name of Mother: Caroline Williams | | | 9. State or Country of Mother's Birth: Utah, U.S.A |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Daniel W. Jones | | 11. Present Address of Registrant: 558-15th St. Ogden, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on November 1, 1957 19 Ogden, Utah | 12. Signature of Notary: Mary Hooper | | 13. Notary Commission expires July 21, 1958 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Malad Stake, Samaria Ward LDS Church | Date Issued: 8-6-57 | Date Orig. Entry: Dec. 7, 1902 |
| | Date of Birth: July 30, 1902 / Birth Place: Oneida Co. Samaria, Idaho | Full Name of Mother: Caroline Williams | Name of Father: Benjamin L. Jones | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by person present at birth (born 4-4-1889) | By whom issued and signed: Joseph Leigh | Date Issued: 10-17-57 | Date Orig. Entry: |
| | Date of Birth: July 30, 1902 / Birth Place: Samaria, Idaho | Full Name of Mother: Caroline Williams Jones | Name of Father: Benjamin Lewis Jones | |
| **SUPPORTING RECORD 3.** | Type of Document: Passport | By whom issued and signed: U. S. Dept. of State | Date Issued: | Date Orig. Entry: Jan. 18, 1926 |
| | Date of Birth: July 30, 1902 / Birth Place: Samaria, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Nancy Richards | Nov. 20, 1957 |

FORM BH 56067 1 copy paid

NOV 20 1952

712-103-004-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1134

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Newell Beck Passey. | | 2. Date of Birth (month) 4 (day) 3 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lanark Bear Lake | b. City or Town of Birth: |
| **FATHER** | 6. Full Name of Father: Fredrick William Passey. | | 7. State or Country of Father's Birth: Bear Lake County. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Ann Beck. | | 9. State or Country of Mother's Birth: Bear Lake County. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Newell Beck Passey. | 11. Present Address of Registrant: Georgetown Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 25 1957 | 12. Signature of Notary: Loyd M Sleight | 13. Notary Commission expires: Postmaster | |

GEORGETOWN JUN 25 1957 IDAHO

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by lifelong friend age 74 | By whom issued and signed: Amy Gertsch | Date Issued: 7-19-57 | Date Orig. Entry: |
| | Date of Birth: June 3, 1902 / Birth Place: Bear Lake Co. Lanark, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #329447 | Date Issued: | Date Orig. Entry: child born Sept. 23, 1941 |
| | Date of Birth: age 39 / Birth Place: Lanark, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Church Record | By whom issued and signed: LDS Church, Salt Lake City, U. | Date Issued: 11-6-57 | Date Orig. Entry: recorded June 3, 1902 |
| | Date of Birth: June 3, 1902 / Birth Place: Lanark, Idaho | Full Name of Mother: Julia Beck | Name of Father: Fredrick W. Passey | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W M Jergon | Evidence reviewed by: nr Nancy Richards | Date Filed: Nov. 27, 1957 | |

FORM BH 56067 1 copy paid

NOV 23 1957

218-220-001-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De57-1193
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Estelle Belle Sahlman | | 2. Date Of Birth (month) October (day) 20 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Boise Idaho | b. City or Town of Birth: |
| **FATHER** | 6. Full Name of Father: Bengt A. Sahlman | | 7. State or Country of Father's Birth: Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Josephine M. Larete | | 9. State or Country of Mother's Birth: Bay County Michigan | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Estelle Sahlman Belton | 11. Present Address of Registrant: Adna - Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 4th 1957 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: June 30 1960 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date issued: | Date Orig. Entry: Oct. 30, 1941 |
| Class* B | Date of Birth: Oct. 20, 1902 / Birth Place: Ada Co. Boise, Idaho | Full Name of Mother: Josephine Mary Laret | Name of Father: Ben August Sahlman | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Portland Public Schools, Portland, Oregon | Date issued: 5-25-56 | Date Orig. Entry: 1914-1915 school year |
| Class B | Date of Birth: Oct. 20, 1902 / Birth Place: Boise, Idaho | Full Name of Mother: Jasefina Sahlman | Name of Father: Bengt A. Sahlman | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Washington #4219 certified copy | Date issued: 5-28-56 | Date Orig. Entry: child born Oct. 25, 1922 |
| Class B | Date of Birth: age 20 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

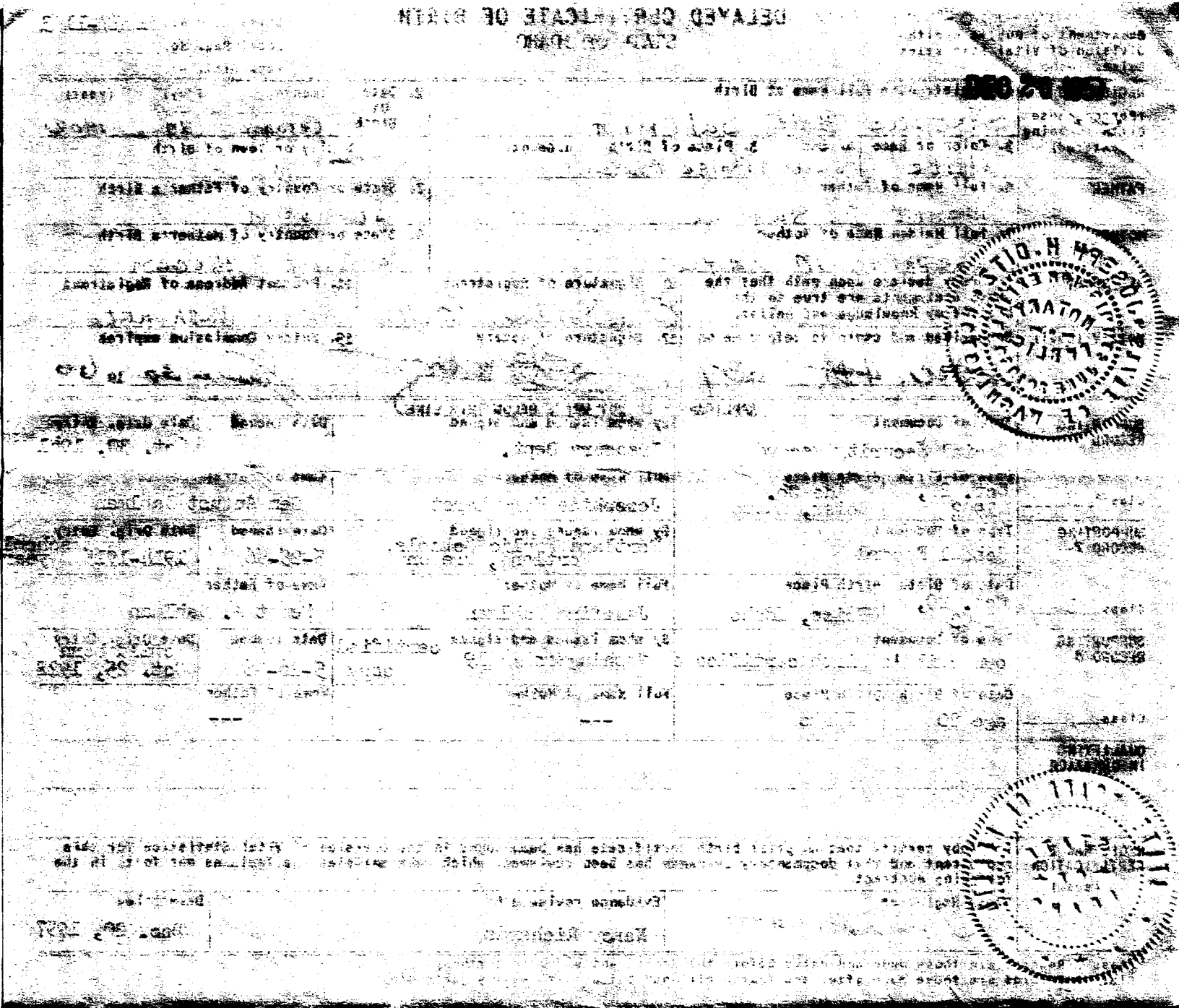
**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Nancy Richards | Dec. 20, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067 / copy pd



749204.003-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-011

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Marvilla Rebecca Purser | | 2. Date Of Birth (month) Nov. (day) 4 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Pocatello Idaho Bannock | b. City or Town of Birth: Pocatello Idaho |
| **FATHER** | 6. Full Name of Father: Louis Purser | | 7. State or Country of Father's Birth: South Wales | |
| **MOTHER** | 8. Full Maiden Name of Mother: Virginia Bigler | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marvilla R. Purser Goodwin | 11. Present Address of Registrant: 11957 Vista Way Yucaipa Calif | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 23, 1957 | 12. Signature of Notary: Kathryn H. Breece<br>Kathryn H. Breece | 13. Notary Commission expires: My Commission Expires Apr. 11, 1960 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Virginia Bigler Purser | Date Issued: 12-23-57 | Date Orig. Entry: |
| | Date of Birth: Nov. 4, 1902 / Birth Place: Bannock County Pocatello, Idaho | Full Name of Mother: Virginia Bigler | Name of Father: Louis Purser | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism & Confirmation | By whom issued and signed: L.D.S. Church - Trenton Ward | Date Issued: July 10, 1913 | Date Orig. Entry: July 6, 1913 |
| | Date of Birth: Nov. 4, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Virginia Bigler | Name of Father: Louis Purser | |
| **SUPPORTING RECORD 3.** | Type of Document: Photostatic copy of original Social Security Application | By whom issued and signed: U.S. Treasury Dept. Internal Revenue Service | Date Issued: | Date Orig. Entry: Dec. 1, 1941 |
| | Date of Birth: Nov. 4, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Virginia Bigler | Name of Father: Louis Purser | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Cooper | Date Filed: Jan. 3, 1958 |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | |
|---|---|
| Type of document<br>Affidavit by Mother | Date issued<br>2-22-52 |
| Name of registrant<br>Certificate of Baptism<br>Confirmation | Place issued<br>Virginia Idaho Parsons<br>Virginia Idaho |
| Date of birth, birth place<br>1902 Cocelli, Idaho | Date issued and signature<br>U.S. Church - Trenton Ward July 3, 1913 |
| Date of birth, birth place<br>1902 Cocelli, Idaho | Name of issuer<br>Virginia Idaho<br>Louis Gurser |
| Date issued and signature<br>U.S. Treasury Dept.<br>Internal Revenue Service | Date issued<br>Dec. 1, 1947 |
| Date of birth, birth place<br>1902 Cocelli, Idaho | Name of issuer<br>Virginia Idaho<br>Louis Gurser |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

| | |
|---|---|
| Evidence reviewed by<br>Shirley Dozier | Date filed<br>Jan. 3, 1958 |

925-120-014-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-25
25

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Carl Logan Isenberg | | | 2. Date of Birth (month) (day) (year): December 20, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Caldwell |
| **FATHER** | 6. Full Name of Father: John Logan Isenberg | | | 7. State or Country of Father's Birth: Ohio |
| **MOTHER** | 8. Full Maiden Name of Mother: Cora McConnel | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Carl Logan Isenberg | | 11. Present Address of Registrant: 2313 Federal Way Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 20 January 1958 | 12. Signature of Notary: George H. Benjamin | | 13. Notary Commission expires: 26th February 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record of Age | By whom issued and signed: School Dist. #52 Canyon County, Idaho | Date Issued: 11-27-57 | Date Orig. Entry: Sept. 6, 1910 |
| | Date of Birth: Age 7 | Birth Place: --- | Full Name of Mother: --- | Name of Father: Logan Isenberg |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Bankers Life Company of Des Moines, Iowa | Date Issued: Nov. 3, 1945 | Date Orig. Entry: |
| | Date of Birth: Dec. 20, 1902 | Birth Place: Caldwell, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Mother | By whom issued and signed: Cora M. Isenberg | Date Issued: 1-20-58 | Date Orig. Entry: |
| | Date of Birth: Dec. 20, 1902 | Birth Place: Canyon County Caldwell, Idaho | Full Name of Mother: Cora McConnel | Name of Father: John Logan Isenberg |

**QUALIFYING INFORMATION**

National Guard Register of 1927 published by the U.S. War Dept. gives the Birthplace of Carl L. Isenberg as Idaho; birthdate as December 20, 1902.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | sc Shirley Cooper | Jan. 20, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 202-25

| | | | |
|---|---|---|---|
| 1. Place of birth: County Canyon | | 2. Date of birth: Month Dec. Day 20 Year 1902 | |
| 3. Sex: White | 4. Color or race: Male | 5. Place of birth: County Canyon | |
| 6. Full name of child: Joan Logan Isenberg | | 7. Date of birth: December 20, 1902 | |
| 8. Full maiden name of mother: Cora McConnel | | 9. Place of birth: Caldwell | |
| 10. Place of birth: Idaho | | 11. Place of residence: Caldwell, Idaho | |
| 12. Occupation: Housewife | | 13. Place of residence: Caldwell, Idaho | |
| 14. Full name of father: Jay Logan Isenberg | | 15. Place of residence: Caldwell, Idaho | |
| 16. Occupation: Salesman | | 17. Place of residence: Caldwell, Idaho | |
| 18. Place of marriage: Caldwell, Idaho | | 19. Date of marriage: Dec. 20, 1902 | |
| 20. Number of previous marriages: 0 | | 21. Number of previous marriages: 0 | |
| 22. Number of children: 1 | | 23. Number of children: 1 | |
| 24. Number of children: 1 | | 25. Number of children: 1 | |

I hereby certify that the foregoing is a true and correct copy of the original record of birth on file in the Vital Statistics Unit, State Department of Health, Boise, Idaho.

Issued this 27th day of November, 1972

Director, Vital Statistics Unit

Issued under the authority of the State Registrar of Vital Statistics

Department of Health, Boise, Idaho

Issued by: Mrs. Jean Isenberg

Date Filed: Jan. 20, 1972

Delayed Birth Certificate

Joan Logan Isenberg

Caldwell, Idaho

Dec. 20, 1902

Canyon County

Caldwell, Idaho

Cora McConnel

Caldwell, Idaho

Jay Logan Isenberg

Caldwell, Idaho

Salesman

Caldwell, Idaho

Caldwell, Idaho

Caldwell, Idaho

855-208-022-4/2

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-38

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: GLADYS LEONA HENDRICKSON | | | 2. Date of Birth (month) (day) (year): November 8, 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Felt, Idaho |
| **FATHER** | 6. Full Name of Father: Cornelius M. Hendrickson | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Lillie Sophia Dakin | | | 9. State or Country of Mother's Birth: Nevada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys L. Beeson | | 11. Present Address of Registrant: Cedaredge, Colorado |
| **NOTARY** (Seal) | Subscribed and sworn to before me on November 2 1957 | 12. Signature of Notary: Lucile S. Ford, Clerk of County Court, | | 13. ~~[illegible]~~ ~~Delta County, Colorado~~ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by uncle (age 27 at time of this birth) | By whom issued and signed: Ben L. Hendrickson | Date Issued: 12-6-57 | Date Orig. Entry: |
| | Date of Birth: Nov. 8, 1902 | Birth Place: Fremont Co. Felt, Idaho | Full Name of Mother: Lillie Sophia Dakin | Name of Father: Cornelius M. Hendrickson |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Delta Co., Delta, Colo. | Date Issued: 9-7-57 | Date Orig. Entry: Feb. 10, 1922 |
| | Date of Birth: Nov. 8, 1902 | Birth Place: Felt, Idaho | Full Name of Mother: --- | Name of Father: C. M. Hendrickson |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Colorado #164, Dist.#49 | Date Issued: 9-16-57 | Date Orig. Entry: child born Oct. 2, 1933 |
| | Date of Birth: age 30 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | Voting Record, Delta Co., Colorado, 11-30-57: as of Oct. 13, 1950 -- age 47. | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: Jan. 24, 1958 |

FORM BH 56067

Compared

CERTIFIED COPY OF VITAL RECORD

STATE OF IDAHO

| | |
|---|---|
| 1. Name of child: [redacted] | 2. Date of birth: November 8, 1902 |
| 3. Sex: Female | 4. Place of birth: Pocatello, Idaho |
| 5. Father's name: Conselius M. Hendrickson | 6. Mother's name: Lillie Sophia Dakin |
| 7. Place of birth of father: Utah | 8. Place of birth of mother: Nevada |
| 9. Occupation of father: Clerk of County Court, Delta County, Colorado | 10. Maiden name of mother: Dalgredge, Colorado |
| 11. Informant: Mrs. C. M. Hendrickson | 12. Address of informant: Delta, Colorado |

Number 2 — 1927

Registrar's Office

Registrar's Office

Registrar's Office

613-107-001-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-41

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Theodore Roosevelt Walling | | | 2. Date of Birth (month) (day) (year): September 7, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Boise, Idaho. (Ada) | b. City or Town of Birth: Boise, Idaho. |
| **FATHER** | 6. Full Name of Father: Enos Clark Walling | | | 7. State or Country of Father's Birth: Amity, Yamhill County, Oreg. |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Zemmer | | | 9. State or Country of Mother's Birth: Carthridge, Missouri. Jasper County |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Theodore Roosevelt Walling | 11. Present Address of Registrant: 813 West Amerige Ave., Fullerton, California. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 19, 1957 | | 12. Signature of Notary: C. Neville Robinson | 13. Notary Commission expires: My Commission Expires May 3, 1958 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister, born Apr. 28, 1890 | | By whom issued and signed: Arba Detta Day | Date Issued: 12-17-57 | Date Orig. Entry: |
| | Date of Birth: Sept. 7, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Mary Ann Zemmer Walling | Name of Father: Enos Clark Walling | |
| **SUPPORTING RECORD 2.** | Type of Document: Employment Record | | By whom issued and signed: Tanner Branch (as driver) | Date Issued: | Date Orig. Entry: Sept. 15, 1952 |
| | Date of Birth: Sept. 7, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Record | | By whom issued and signed: Blue Cross of Southern Cal. | Date Issued: 12-11-57 | Date Orig. Entry: Apr. 15, 1947 |
| | Date of Birth: Sept. 7, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| D. W. Benson | Nancy Richards | Jan. 24, 1958 |

FORM BH 56067

JAN 27 1992

993-121-022-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-63

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: WILLIAM RALPH RICHARDS | | | 2. Date of Birth (month) June (day) 21 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County | b. City or Town of Birth: St. ANTHONY IDAHO |
| **FATHER** | 6. Full Name of Father: WILLIAM RALPH RICHARDS | | | 7. State or Country of Father's Birth: Mass. |
| **MOTHER** | 8. Full Maiden Name of Mother: SELINA HATHAWAY | | | 9. State or Country of Mother's Birth: Born in England. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Ralph Richards | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Jan 3 1958 | 12. Signature of Notary: Jack A Stone Clerk of District Court By Maud Bird Deputy | | 13. Notary Commission expires Elective 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Selina Richards | Date Issued: 1-3-58 | Date Orig. Entry: |
| | Date of Birth: June 21, 1902 / Birth Place: St. Anthony, Idaho | Full Name of Mother: Selina Richards | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Fremont County, Idaho | Date Issued: 1-3-58 | Date Orig. Entry: school year 1919 |
| | Date of Birth: age 17 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: Wm. R. Richards | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #147234 | Date Issued: | Date Orig. Entry: child born July 6, 1926 |
| | Date of Birth: age 24 / Birth Place: St. Anthony, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. H. Benson | Nancy Richards | Jan. 30, 1958 |

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

STATE FILE NUMBER

1. Name of child (First, middle, last)

2. Place of birth

3. Date of birth

4. Sex

5. Full name of father

6. Full maiden name of mother

7. Place of birth

8. Date of birth

9. Place of birth

10. Signature of registrar

11. Present address of registrant

12. Date filed

13. Date of issuance

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719-113-044-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-85

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Mark Parker | | | 2. Date Of Birth (month) (day) (year): September 13, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Washington, | b. City or Town of Birth: 10 mi. from Weiser |
| **FATHER** | 6. Full Name of Father: Mark Sidens Parker | | | 7. State or Country of Father's Birth: Maine |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Edward Barber | | | 9. State or Country of Mother's Birth: Oklahoma |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James Mark Parker | | 11. Present Address of Registrant: 802 Dakota Avenue, St. Cloud, Florida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 15 19 58 | 12. Signature of Notary: J Austin Johnson | | 13. Notary Commission expires: April 4 19 58 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: May 20, 1938 |
| | Date of Birth: Sept. 13, 1902 / Birth Place: Weiser, Idaho | Full Name of Mother: Mary Edward Barber | Name of Father: Mark Sidens Parker | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother, age 72 | By whom issued and signed: Ernest Edward Parker | Date Issued: 10-30-57 | Date Orig. Entry: |
| | Date of Birth: Sept. 13, 1902 / Birth Place: approx. 10 miles from Weiser, Idaho; Washington Co. | Full Name of Mother: Mary Edward Barber Parker | Name of Father: Mark S. Parker | |
| **SUPPORTING RECORD 3.** | Type of Document: Operator's record | By whom issued and signed: #763321 St. Cloud, Osceola, Florida | Date Issued: 9-7-46 | Date Orig. Entry: Sept. 7, 1946 |
| | Date of Birth: Sept. 13, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Jenson | Nancy Richards | Feb. 5, 1958 |

FORM BH 56067

1 copy pd

# DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

State file no.

[redacted]

1. Place of birth (County) Washington

2. Date of birth (Month, day, year) September 13, 1902

3. Sex: Male

4. Color or race: W

5. Place of birth (City or town of birth) 10 miles from Weiser

6. Father's name: Frank Stokes Parker

7. Father's birthplace (State or country): Maine

8. Mother's maiden name: Mary Edwards Barker

9. Mother's birthplace (State or country): Oklahoma

10. Present address of applicant: 802 Jackson Avenue, Clearwater, Florida

11. Signature of applicant: [illegible]

12. Signature of witness: [illegible]

13. Notary Commission expires: April 1, 1958

Subscribed and sworn to before me this 25 day of January, 1958

Notary Public

Date issued: Jan. 5, 1958

Issuing agency: Bureau of Vital Statistics, State of Idaho

Form 20 (Rev. 1-57)

747-111-004-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-115

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Donald Ross Pugmire | | | 2. Date of Birth (month) August (day) 11 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: St. Charles Bear Lake | b. City or Town of Birth: St. Charles |
| **FATHER** | 6. Full Name of Father: Edward McKay Pugmire | | | 7. State or Country of Father's Birth: Salt Lake County Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Luanna Booth | | | 9. State or Country of Mother's Birth: Tooele County Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: D Ross Pugmire | | 11. Present Address of Registrant: 1209 Lee Ave. Norman, Oklahoma |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Jan 27 1958 | 12. Signature of Notary: C L Thompson | | 13. Notary Commission expires June 6 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister, age 70 | By whom issued and signed: Lois Pugmire Passey | Date Issued: 1-23-58 | Date Orig. Entry: |
| | Date of Birth: Aug. 11, 1902 / Birth Place: Bear Lake Co. St. Charles, Idaho | Full Name of Mother: Luanna Booth Pugmire | Name of Father: Edward McKay Pugmire | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Business Men's Assurance Company of America | Date Issued: 1-24-31 | Date Orig. Entry: Dec. 28, 1930 |
| | Date of Birth: Aug. 11, 1902 / Birth Place: St. Charles, Idaho | Full Name of Mother: --- | Name of Father: Edward M. Pugmire | |
| **SUPPORTING RECORD 3.** | Type of Document: Passport #276352 | By whom issued and signed: U. S. Dept. of State | Date Issued: 6-17-30 | Date Orig. Entry: June 17, 1930 |
| | Date of Birth: Aug. 11, 1902 / Birth Place: St. Charles, Idaho | Full Name of Mother: --- | Name of Father: E. M. Pugmire | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | Date Filed: Feb. 14, 1958 |

FORM BH 56067

FEB 14 [redacted]

719-111-029-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-133

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joseph Richard Garrison | | | 2. Date of Birth (month) July (day) 11 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho / Latah | b. City or Town of Birth: Cornwall |
| **FATHER** | 6. Full Name of Father: Royal E. Garrison | | | 7. State or Country of Father's Birth: McMinneville, Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Lona Paige Williams | | | 9. State or Country of Mother's Birth: Vermillion, South Dakota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joseph Richard Garrison | | 11. Present Address of Registrant: Colfax, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 5th 1958 | 12. Signature of Notary: Freda M. Bafus | | 13. Notary Commission expires: April 25 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by uncle, age 69 | By whom issued and signed: Jessie L. Davis | Date Issued: 7-13-55 | Date Orig. Entry: |
| | Date of Birth: July 11, 1902 / Birth Place: Latah Co, Cornwall, Idaho | Full Name of Mother: Lona Paige Williams Garrison | Name of Father: Royal E. Garrison | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Moscow Public Schools Moscow, Idaho | Date Issued: 6-16-55 | Date Orig. Entry: Jan. 18, 1918 |
| | Date of Birth: July 11, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: R. E. Garrison | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #146399 | Date Issued: | Date Orig. Entry: child born Sept. 26, 1926 |
| | Date of Birth: age 24 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: Feb. 20, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 20 1959

REGISTRANT

2. Date of birth (month, day, year): July 11, 1922

3. Place of birth: Idaho

4. Sex: Male

5. Color or race: White

6. Full name of father: [illegible]

7. Birthplace of father: Germany

8. Full maiden name of mother: [illegible]

9. Birthplace of mother: Germany

10. Date filed: Feb. 20, 1959

11. Signature of registrar: [illegible]

12. Date filed: Feb. 20, 1959

13. Signature of registrar: [illegible]

14. Date filed: Feb. 20, 1959

15. Signature of registrar: [illegible]

268-224-035-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-198

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Minerva Boyer | | 2. Date Of Birth (month) May (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Spalding, Nez Perce b. City or Town of Birth: Spalding, Ida |
| **FATHER** | 6. Full Name of Father: Arthur Jackson Boyer | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Frances Ophelia Martin | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs. Mary M. Parks | 11. Present Address of Registrant: Culdesac, Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 17 1958 | 12. Signature of Notary: Ellen Prince Bettinson | 13. Notary Commission expires: March 30 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother's brother (age 80) | By whom issued and signed: George G. Martin | Date Issued: 1-15-58 | Date Orig. Entry: |
| | Date of Birth: May 24, 1902 / Birth Place: Spalding, Idaho | Full Name of Mother: Frances Ophelia Boyer | Name of Father: Arthur Jackson Boyer | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #128379 | Date Issued: | Date Orig. Entry: child born Oct. 25, 1924 |
| | Date of Birth: age 22 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: Nez Perce Co., Lewiston, Ida. | Date Issued: 12-30-57 | Date Orig. Entry: Sept. 1916 |
| | Date of Birth: age 14 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: Arthur Boyer | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: mr Nancy Richards | Date Filed: March 10, 1958 |

FORM BH 56067

MAR 11 1958

154-206-029-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-206

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Josephine Anderson | | | 2. Date of Birth (month) June (day) 6th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Gritman Hospital (Latah) | b. City or Town of Birth: Moscow, Ida. |
| **FATHER** | 6. Full Name of Father: Ole Anderson | | | 7. State or Country of Father's Birth: Hedemora, Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Katrina Johnson | | | 9. State or Country of Mother's Birth: Hedemora, Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Johnson | | 11. Present Address of Registrant: Potlatch, Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 21st 1957 | 12. Signature of Notary: W W Jameson | | 13. Notary Commission expires: Nov 8 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: American Legion Record | | By whom issued and signed: American Legion Auxiliary Nampa, Idaho | Date Issued: 9-20-57 | Date Orig. Entry: Feb. 20, 1929 |
| | Date of Birth: June 6, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | | By whom issued and signed: Katrina Anderson | Date Issued: 10-12-57 | Date Orig. Entry: |
| | Date of Birth: June 6, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: Katrina Anderson | Name of Father: Ole Anderson | |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | | By whom issued and signed: U.S. Bureau of the Census | Date Issued: 2-24-58 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: age 17 | Birth Place: Idaho | Full Name of Mother: Carrie Anderson | Name of Father: Ole Anderson | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Jameson | Evidence reviewed by: mr Nancy Richards | Date Filed: March 12, 1958 |

FORM BH 56067

MAR 12 1959

995-208-004-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-213

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vida Rebecca Irving | | 2. Date of Birth (month) Mar. (day) 8 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Bennington |
| **FATHER** | 6. Full Name of Father: William Thomas Irving | | 7. State or Country of Father's Birth: Idaho Bear Lake County | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Tabitha Lindsay | | 9. State or Country of Mother's Birth: Utah-Box Elder County | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vida R. Irving Merrick | 11. Present Address of Registrant: 515 East Walnut Pocatello | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 12 day of March 1958 | 12. Signature of Notary: Leon Tirrell | 13. Notary Commission expires: July 11 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Edna Lindsay Pressler-Age 67 | Date Issued: 3-12-58 | Date Orig. Entry: |
| | Date of Birth: March 8, 1902 / Birth Place: Bear Lake County Bennington, Idaho | Full Name of Mother: Mary Tabitha Lindsay | Name of Father: William Thomas Irving | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Beneficial Life Insurance Co., Salt Lake City, Utah | Date Issued: 10-24-56 | Date Orig. Entry: 6-16-1942 |
| | Date of Birth: March 8, 1902 / Birth Place: Bennington, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Own Child's Birth Certificate | By whom issued and signed: State of Idaho #216642 | Date Issued: Child's birth date November 2, 1933 | Date Orig. Entry: |
| | Date of Birth: Age 31 / Birth Place: Bennington, Idaho | Full Name of Mother: | Name of Father: | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: sc Shirley Cooper | Date Filed: March 13, 1958 | |

FORM BH 56067 no search made

[illegible]

[illegible]

[illegible]

366128-003-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-261

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: John Harold Toolson | | 2. Date of Birth (month) 12 (day) 28 (year) 02 | |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Turner |
| **FATHER** | 6. Full Name of Father: George A. Toolson | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura Priscilla Raymond | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John Harold Toolson | 11. Present Address of Registrant: Bancroft, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 6th 1958 | 12. Signature of Notary: Charles W. Shandlin | 13. Notary Commission expires: Nov. 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: May 18, 1939 |
| | Date of Birth: Dec. 28, 1902 / Birth Place: Bannock Co. Turner, Idaho | Full Name of Mother: Laura P. Raymond | Name of Father: George A. Toolson | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by person having direct knowledge of birth and being at least 10 yrs. older. | By whom issued and signed: Zetta Hancock Ormond | Date Issued: 1-28-58 | Date Orig. Entry: |
| | Date of Birth: Dec. 28, 1902 / Birth Place: Bannock Co. Turner, Idaho | Full Name of Mother: Laura P. Raymond | Name of Father: George A. Toolson | |
| **SUPPORTING RECORD 3.** | Type of Document: Church Record--Baptism | By whom issued and signed: Bancroft Ward, Idaho Stake LDS Church | Date Issued: copy 3-11-58 1-28-1913 | Date Orig. Entry: Jan. 28, 1913 |
| | Date of Birth: Dec. 28, 1902 / Birth Place: Bannock Co. Turner, Idaho | Full Name of Mother: Laura Raymond | Name of Father: George A. Toolson | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | nr Nancy Richards | March 25, 1958 |

FORM BH 56067

1 copy

MAR 25

12 24 02

156-122-041-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-288

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leonard George Jeffs | | 2. Date Of Birth (month) February (day) 22 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Teton Co. | b. City or Town of Birth: Driggs, Idaho |
| **FATHER** | 6. Full Name of Father: Lorenzo U. Jeffs | | 7. State or Country of Father's Birth: Crossing plains in pioneer train, USA | |
| **MOTHER** | 8. Full Maiden Name of Mother: Harriet N. Truscott | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leonard George Jeffs | 11. Present Address of Registrant: Parker, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 28, 19 58 | 12. Signature of Notary: Harry J. Lewis | 13. Notary Commission expires: Feb. 2, 19 61 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (14 years older): Affidavit by sister | By whom issued and signed: Harriet Larnia (Jeffs) Birch | Date Issued: 3-8-58 | Date Orig. Entry: |
| | Date of Birth: Feb. 22, 1902 / Birth Place: Teton Co. Driggs, Idaho | Full Name of Mother: Harriet N. Truscott | Name of Father: Lorenzo U. Jeffs | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy Application | By whom issued and signed: Montana Life Ins. Co. of Helena, Montana | Date Issued: | Date Orig. Entry: March 3, 1929 |
| | Date of Birth: Feb. 22, 1902 / Birth Place: Driggs, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #189718 | Date Issued: | Date Orig. Entry: child born Sept. 13, 1925 |
| | Date of Birth: age 23 / Birth Place: Driggs, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: April 2, 1958 |

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child | 2. Date of birth | | |
| 3. Color or race | 4. Sex | 5. Place of birth | |
| 6. Full name of father | | | |
| 7. Maiden name of mother | | | |
| 8. Date of marriage of father's parents | | | |
| 9. Place of marriage of father's parents | | | |
| 10. Date of marriage of mother's parents | | | |
| 11. Place of marriage of mother's parents | | | |
| 12. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | |
| 13. Signature of affiant | | | |
| 14. Subscribed and sworn to before me | | | |
| 15. Signature of notary | | | |
| 16. Notary's official address | | | |
| 17. Date of commission expires | | | |
| 18. Date filed | | | |

| | | | |
|---|---|---|---|
| Supporting Record 1 | Type of document | | |
| | Date of birth | Birth place | |
| | Name of father | Full name of mother | |
| Supporting Record 2 | Type of document | | |
| | Date of birth | Birth place | |
| | Name of father | Full name of mother | |
| Supporting Information | | | |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this certification. I have found documentary evidence in the records, which substantiates the facts as set forth in the attached statement.

| | | |
|---|---|---|
| Signature of registrar | Evidence reviewed by | Date filed |

419-21-1028-762

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 27 1955
Division of Vital Statistics

# CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-296
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice Marion (Williams) Martin | | 2. Date of Birth (month) (day) (year): Sept. 11 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Post Falls |
| **FATHER** | 6. Full Name of Father: Alexander Marion Martin | | 7. State or Country of Father's Birth: Pennsylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Lillian Post Martin | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Marion Williams | 11. Present Address of Registrant: 3032 Davis St. Oakland Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 3 1958 | 12. Signature of Notary: Hazel L. Hurlbert | 13. Notary Commission expires: Sept. 28 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of Marriage Record #33890 | By whom issued and signed: Spokane County Auditor Spokane, Washington | Date Issued: 12-13-56 | Date Orig. Entry: Sept 22,1923 |
| Class* | Date of Birth: Age 21 | Birth Place: Post Falls, Idaho | Full Name of Mother: Alice L. Post | Name of Father: A. M. Martin |
| **SUPPORTING RECORD 2.** | Type of Document: Certified Copy of Own Child's Birth Certificate | By whom issued and signed: State of California #348 | Date Issued: 10-19-55 | Date Orig. Entry: Child born June 12,1929 |
| Class | Date of Birth: Age 26 | Birth Place: Idaho | Full Name of Mother: | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Sister born 7-23-1889 | By whom issued and signed: Julia Mae Martin | Date Issued: Aug 19, 1956 | Date Orig. Entry: |
| Class | Date of Birth: September 11, 1902 | Birth Place: Post Falls, Idaho | Full Name of Mother: Alice Lillian Martin | Name of Father: Alexander Marion Martin |

**QUALIFYING INFORMATION**

U. S. Census Record -Census of April 15, 1910 gives age as 7, place of birth-Idaho

Family of Marian and Alice Martin
Copy issued Feb 5, 1957 by U. S. Dept. of Commerce, Washington D.C.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Joyce B. Foltz | April 3, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Send the two copies please.

See attached enclosure

Form DPH 49067

JAN 1-8 1968

JUL 9 1974

Certified copy of
Own Child's Birth Certificate State of California

| | | | |
|---|---|---|---|
| Age 26 | Idaho | | |
| Born 7-13-1889 | | Julia Mae Martin | Aug 19, 1950 |
| Alexander Marion Martin | Alice Lillian Martin | | |

Census Record -Census of April 15, 1910 gives age as 7, place of birth-Idaho

of Merlan and Alice Martin

Copy issued Feb 5, 1971 by U. S. Dept. of Commerce, Washington D.C.

W. W. Ramsom | Joyce B. Foltz | April 3, 1958

243-222-029-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-302

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Angie May Bull | | | 2. Date of Birth (month) (day) (year): February 22, 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Freeze PostOffice Latah | b. City or Town of Birth: Nearest town at birth-Palouse, Wn. |
| **FATHER** | 6. Full Name of Father: James Ballard Bull | | | 7. State or Country of Father's Birth: Minneapolis, Minn. |
| **MOTHER** | 8. Full Maiden Name of Mother: Adelia Sinnett | | | 9. State or Country of Mother's Birth: Latah County, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Angie Bullwinkle | | 11. Present Address of Registrant: Potlatch, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 27th 19 58 | 12. Signature of Notary: Philip E. Desilet | | 13. Notary Commission expires: October 31 19 59 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #180622 | Date Issued: | Date Orig. Entry: child born April 6, 1930 |
| | Date of Birth: age 28 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Lodge Record | By whom issued and signed: Mistletoe Rebekah Lodge #85 Potlatch, Idaho | Date Issued: 2-24-58 | Date Orig. Entry: Feb. 25, 1921 |
| | Date of Birth: age 19 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by father, age 87 | By whom issued and signed: James Ballard Bull | Date Issued: 3-27-58 | Date Orig. Entry: |
| | Date of Birth: Feb. 22, 1902 | Birth Place: Freeze P.O. Latah Co. Ida. (nearest town-Palouse, Wash.) | Full Name of Mother: Adelia Sinnett | Name of Father: James Ballard Bull |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. U. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: April 4, 1958 |

FORM BH 56067 Fee paid

APR 4

STATE OF IDAHO

795-126-041-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-311

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rulon D. Pincock | | | 2. Date of Birth (month) (day) (year): February 26, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Teton, Fremont | b. City or Town of Birth: Teton, Idaho |
| **FATHER** | 6. Full Name of Father: James Henry Pincock | | | 7. State or Country of Father's Birth: Utah---U. S. A |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Elizabeth Garner --- | | | 9. State or Country of Mother's Birth: Utah--U. S. A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Rulon D. Pincock | | 11. Present Address of Registrant: 14161 Windsor Place Santa Ana, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 21 1958 | 12. Signature of Notary: Robert C. Baxter | | 13. Notary Commission expires: February 10 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record--Baptism | By whom issued and signed: Sugar Ward, LDS Church copy certified | Date Issued: 2-6-58 | Date Orig. Entry: July 9, 1911 |
| | Date of Birth: Feb. 26, 1902 / Birth Place: Fremont Co. Teton, Idaho | Full Name of Mother: Annie E. Garner | Name of Father: James H. Pincock | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Madison County Clerk, Idaho | Date Issued: 1-30-58 | Date Orig. Entry: school census Sept. 16, 1916 |
| | Date of Birth: age 14 / Birth Place: --- | Full Name of Mother: --- | Name of Father: James H. Pincock | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by brother, age 73 | By whom issued and signed: James Fredrick Pincock | Date Issued: 3-18-58 | Date Orig. Entry: |
| | Date of Birth: Feb. 26, 1902 / Birth Place: Fremont Co. Teton, Idaho | Full Name of Mother: Annie Elizabeth Garner Pincock | Name of Father: James Henry Pincock | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: April 7, 1958 |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 14 1939

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168-106-033-269

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-332
Local Reg. No.
Reg. Dist. No.

**REGISTRANT** (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Oliver Johnson
2. Date of Birth (month) May (day) 6 (year) 1902
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Madison, (Burton) b. City or Town of Birth Rexburg, Idaho, RFD #1

**FATHER**

6. Full Name of Father: John Nephi Johnson
7. State or Country of Father's Birth: Logan, Cache County, Utah

**MOTHER**

8. Full Maiden Name of Mother: Catherine Sorensen
9. State or Country of Mother's Birth: Denmark

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Oliver Johnson
11. Present Address of Registrant: Rexburg, Idaho

**NOTARY** (Seal)

Subscribed and sworn to before me on May 12, 1956
12. Signature of Notary: Henry Dietrich
13. Notary Commission expires 4-16- 1960

APPLICANT—DO NOT WRITE BELOW THIS LINE

**SUPPORTING RECORD 1.**

Type of Document: Affidavit by Brother
By whom issued and signed: Edgar Johnson
Date Issued: 5-14-56
Date Orig. Entry:
Class* B
Date of Birth: May 6, 1902
Birth Place: Madison Co., Burton, Idaho
Full Name of Mother: Catherine Sorensen
Name of Father: John Nephi Johnson

**SUPPORTING RECORD 2.**

Type of Document: Certificate of Ordination
By whom issued and signed: Burton Ward L.D.S.
Date Issued: 5-19-1918
Date Orig. Entry: May 6, 1910
Class B
Date of Birth: May 6, 1902
Birth Place: Burton, Idaho
Full Name of Mother: Anne C. Sorenson
Name of Father: John Nephi Johnson

**SUPPORTING RECORD 3.**

Type of Document: School Record
By whom issued and signed: Ricks College, Rexburg, Ida.
Date Issued: 8-13-57
Date Orig. Entry: Sept. 1916
Class B
Date of Birth: May 6, 1902
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: SS Nancy Richards
Date Filed: April 24, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 24

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754-102 1036-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-334

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Stewart Geddes | | | 2. Date of Birth (month) November (day) 2 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida Co. | b. City or Town of Birth: Preston Idaho. |
| **FATHER** | 6. Full Name of Father: James Stewart Geddes | | | 7. State or Country of Father's Birth: Plain City Weber Co. Utah. |
| **MOTHER** | 8. Full Maiden Name of Mother: Olive Dorothea Nielson | | | 9. State or Country of Mother's Birth: Preston Oneida CO. Idaho. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Wm Stewart Geddes | | 11. Present Address of Registrant: Banida Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 2 1958 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Feb. 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record--Blessing | By whom issued and signed: Oneida Stake, Preston 2nd Ward, LDS Church | Date Issued: 4-2-58 | Date Orig. Entry: Jan. 4, 1903 |
| | Date of Birth: Nov. 2, 1902 / Birth Place: Oneida Co. Preston, Idaho | Full Name of Mother: Olive Neilson | Name of Father: James Stewart Geddes | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by relative at least 10 yrs. senior | By whom issued and signed: Teressa N. Taylor | Date Issued: 3-24-58 | Date Orig. Entry: |
| | Date of Birth: Nov. 2, 1902 / Birth Place: Onida Co. Preston, Idaho | Full Name of Mother: Olive Nielson Geddes | Name of Father: James Stewart Geddes | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #316250 | Date Issued: | Date Orig. Entry: child born June 22, 1941 |
| | Date of Birth: age 38 / Birth Place: Preston, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Nancy Richards | April 24, 1958 |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME (Person whose birth is being registered) | 1. Full name at time of birth<br>Edward Lawrence Gordon | | 2. Date (month) (day) (year)<br>November 2 1902 |
| | 3. Sex of child<br>Male | 4. Place of birth (county)<br>Oneida Co. | 5. City or town of birth<br>Preston Idaho |
| FATHER | 6. Full name of father<br>James Clarence Gordon | | 7. State or country of father's birth<br>Iron City Weber Co. Utah |
| MOTHER | 8. Maiden name of mother<br>Olive Dorothea Nielson | | 9. State or country of mother's birth<br>Preston Oneida Co. Idaho |
| AFFIDAVIT | I, the undersigned, declare under oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrar | 11. Present address of Registrar<br>Preston, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on _____ 19__ | 12. Signature of Notary | 13. Notary Commission expires<br>_____ 19__ |

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1 | Kind of record<br>Church Record—Baptismal | APPLICANT - DO NOT WRITE BELOW THIS LINE<br>Date issued and signature<br>Idaho State Department of Health<br>Ernest W. Jensen | Date rec'd. Date<br>Mar. 15, 1962 |
| | Date of birth (month, day, year)<br>Nov. 2 | Place of birth (city, county, state)<br>Preston Co.<br>Preston, Idaho | Name of father<br>James Clarence Gordon |
| SUPPORTING RECORD 2 | Date of document<br>Nov. 30 | Date issued and signature<br>Olive Nielson Gordon | Date issued<br>Jan. 5 |
| | Date of birth (month, day, year)<br>Nov. 2 | Place of birth (city, county, state)<br>Preston Co.<br>Preston, Idaho | Name of father<br>James Clarence Gordon |
| | Kind of document<br>Church certificate of baptism | Date issued and signature<br>Idaho Falls, Idaho | Date issued<br>Jan. 22, 1962 |
| | Date of birth (month, day, year)<br>Nov. 2 | Full name of mother<br>Olive Nielson Gordon | Name of father<br>Edward Lorenzo Gordon |
| | — | — | — |

| | | | |
|---|---|---|---|
| REGISTRAR'S CERTIFICATION (Seal) | I hereby certify that on file with birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing document. | | |
| | Name of Registrar | Evidence reviewed by<br>Nancy Nicholson | Date filed<br>April 24, 1962 |

FORM DH 4-47

247-26-037-711

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-338

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CHARLES ALBERT BUGNI | | 2. Date Of Birth (month) August (day) 26 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Owyhee | b. City or Town of Birth: Dewey, Idaho |
| **FATHER** | 6. Full Name of Father: Matt Bugni | | 7. State or Country of Father's Birth: Italy | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Louise Pajarola | | 9. State or Country of Mother's Birth: Nevada | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles A. Bugni | 11. Present Address of Registrant: 42 Lincoln Ave. Butte, Montana | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: ~~MARCH~~ APRIL 7 1958 | 12. Signature of Notary: E. L. Rosellini | 13. Notary Commission expires: April 19 1958 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt and midwife at birth, 18 years older than registrant. | By whom issued and signed: Catterina Michelotti | Date Issued: 3-10-58 | Date Orig. Entry: |
| | Date of Birth: Aug. 26, 1902 / Birth Place: Owyhee Co. Dewey, Idaho | Full Name of Mother: Mary Louise Pajarola Bugni | Name of Father: Matt Bugni | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Silver Bow County Montana | Date Issued: 3-14-58 | Date Orig. Entry: Feb. 11, 1929 |
| | Date of Birth: age 26 / Birth Place: Dewey, Idaho | Full Name of Mother: Mary Pagarola Bugni | Name of Father: Matt Bugni | |
| **SUPPORTING RECORD 3.** | Type of Document: Employment Record | By whom issued and signed: Anaconda Company Butte, Montana | Date Issued: 3-14-58 | Date Orig. Entry: April 23, 1929 |
| | Date of Birth: Aug. 26, 1902 (age 26) / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | Voting Record, Silver Bow County, Montana; issued 3-14-58; age 35 as of Nov. 2, 1937; born in Idaho. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: April 25, 1958 | |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 25 [illegible]

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Full name at birth: [illegible] | | 2. Date of birth (month) (day) (year): August 26 1922 |
| | 3. Place of birth (county): [illegible] | 4. Sex: Male | 5. City or town of birth: Emmett, Idaho |
| FATHER | 6. Full name of father: [illegible] | | 7. State or country of father's birth: Italy |
| MOTHER | 8. Full maiden name of mother: [illegible] | | 9. State or country of mother's birth: Nevada |
| | [illegible] | 10. Signature of [illegible] | 11. Present Address of Registrant: [illegible] Twin Falls, Idaho |
| | [illegible] | 12. Signature of [illegible] | 13. Notary Commission expires: [illegible] |

DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Delayed Certificate of Birth | Type of document: Affidavit | Date issued: 2-20-58 | Date orig. Entry: [illegible] |
| | Place of birth: [illegible] | Name of registrar: [illegible] | Name of father: Matt Bunal |
| Supporting Record 1 | Type of document: Marriage Record | Date issued and signature: [illegible] | Date orig. Entry: Feb. 12, 1929 |
| | Place of birth: Emmett, Idaho | Full name of mother: Mary Rae Old Bunal | Name of father: Matt Bunal |
| Supporting Record 2 | Type of document: Judgment Decree | Date issued and signature: 2-11-58 | Date orig. Entry: April 22, 1929 |
| | Place of birth: [illegible] | Full name of mother: --- | Name of father: --- |

REMARKS: To Vital Record, Office Div. Vital Statistics, Montpelier, Issued 2-24-58: See 35 mm of Nov. 2, 1929; Emmett, Idaho.

Certification: I hereby certify that no other birth or alleged birth has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| Date issued | Evidence reviewed (1) | Date filed |
|---|---|---|
| April 25, 1958 | [illegible] | |

867-215-P22-443

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-366
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CECILE LAURA HOPF | | | 2. Date of Birth (month) (day) (year): SEPT. 15 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: FREMONT | b. City or Town of Birth: ST ANTHONY |
| **FATHER** | 6. Full Name of Father: CECIL HERBERT HOPF | | | 7. State or Country of Father's Birth: EAST ORANGE, NEW JERSEY |
| **MOTHER** | 8. Full Maiden Name of Mother: AGNES ELLEN DUTHIE | | | 9. State or Country of Mother's Birth: LONDON, ONTERIO, CANADA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cecile Hopf Heywood | | 11. Present Address of Registrant: Saunders Road Lake Forest, Illinois |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 18 1956 | 12. Signature of Notary: Hazel Erdman | | 13. Notary Commission expires: March 12 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by aunt | By whom issued and signed: Laura Hopf Mills Pasadena 3, California | Date Issued: 5-20-56 | Date Orig. Entry: |
| Class* B | Date of Birth: September 15, 1902 / Birth Place: St. Anthony, Idaho Fremont County | Full Name of Mother: Agnes Ellen Duthie | Name of Father: Cecil Herbert Hopf | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Record--Statement | By whom issued and signed: Prudential Ins. Co. of Amer. | Date Issued (statement): 12-2-57 | Date Orig. Entry: Nov. 18, 1918 |
| Class B | Date of Birth: Sept. 15, 1902 / Birth Place: Idaho | Full Name of Mother: Agnes Duthie Hopf | Name of Father: Cecil Herbert Hopf | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: California #1904-225 | Date Issued: 12-5-57 | Date Orig. Entry: child born April 3, 1922 |
| Class B | Date of Birth: age 19 / Birth Place: Idaho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: bw Nancy Richards | Date Filed: April 29, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 29 1958

Department of Health
Division of Vital Statistics
Boise, Idaho

1. Registrant's full name at birth
Jack Lloyd Butte

2. Date of birth
Dec. 15, 1922

3. Place of birth
Idaho

4. Sex
Male

5. Color or race
White

6. Father's full name
Cecil Harcourt Butte

7. Mother's full maiden name
Nora Butte

8. Place of residence
Idaho

9. Date of marriage
Unknown

10. Place of marriage
Unknown

11. Number of previous children
Unknown

12. Number of living children
Unknown

13. Occupation of father
Unknown

14. Kind of business or industry
Unknown

15. Date of birth of father
Unknown

16. Place of birth of father
Unknown

17. Maiden name of mother
Unknown

18. Date of birth of mother
Unknown

19. Place of birth of mother
Unknown

20. Number of previous children
Unknown

21. Number of living children
Unknown

22. Signature of registrant
Jack Lloyd Butte

23. Signature of notary
Unknown

24. Date signed
Unknown

25. Signature of witness
Unknown

26. Date signed
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27. Signature of witness
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28. Date signed
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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-372

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|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Myrtle Irene Neider | | 2. Date of Birth (month) July (day) 11 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bingham Co. | b. City or Town of Birth: Blackfoot, Idaho |
| **FATHER** | 6. Full Name of Father: John Neider | | 7. State or Country of Father's Birth: Bloomington, Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Lillian May Ramey | | 9. State or Country of Mother's Birth: Scott County, Virginia | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Myrtle Irene Neider Hull | 11. Present Address of Registrant: Box 782 Pocatello, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 25 1958 | 12. Signature of Notary: Jane Mitkris | 13. Notary Commission expires: 10-10 1962 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: First Methodist Church Pocatello, Idaho | Date Issued: 2-18-58 | Date Orig. Entry: April 9, 1944 |
| | Date of Birth: July 11, 1902 / Birth Place: Blackfoot, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 30, 1937 |
| | Date of Birth: July 11, 1902 / Birth Place: Blackfoot, Idaho | Full Name of Mother: Lillian Ramey | Name of Father: John Neider | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #169331 | Date Issued: | Date Orig. Entry: child born April 15, 1927 |
| | Date of Birth: age 24 / Birth Place: Blackfoot, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | School Record, Bingham County, May 28, 1956: age 7 as of 1909-1910 School Census; father Jno. Neider. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Jenson | Evidence reviewed by: mr Nancy Richards | | Date Filed: April 30, 1958 |

FORM BH 56067

1 copy paid

MAY 1 1900

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child | 2. Full name at birth | | 2. Date of birth (month) (day) (year) May 22 1900 |
| 4. Color or race | 5. Sex Female | 6. Place of birth | County Bingham Co. |
| | | | b. City or town of birth Blackfoot |
| FATHER | c. Full name of father | | 7. State or country of father's birth |
| MOTHER | d. Full maiden name of mother | | 8. State or country of mother's birth |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 9. Present address of deponent Box 322 Pocatello, Idaho |
| NOTARY SEAL | Subscribed and sworn to before me | 12. Signature of notary | 13. Notary Commission expires |

| | | | |
|---|---|---|---|
| Certified copy issued | 1. Name of deponent Diamond Record | By whom issued Miss Geneva Pocatello, Idaho | Date issued 2-12-40 |
| | | | Date data entered |
| Supporting Document 1 | 3. Type of document Local Country Record | By whom issued and signature Secretary Jack. | Date issued Nov. 2, 1927 |
| | Date of birth May 22 | Birth place Blackfoot, Idaho | Name of father John Walker |
| Supporting Document 2 | Type of document Non official birth certificate | By whom issued and signature Idaho Falls, Idaho | Date issued Date data entered August 26, 1940 |
| | Date of birth age 22 | Birth place Blackfoot, Idaho | Name of father --- |

Local Record, Bingham County, May 22, 1900: age 7 as of 1907-1910 Enrollment Records; Father John Walker.

| | | | |
|---|---|---|---|
| Registrar's certification | I hereby certify that no other birth certificate has been issued in the 30 days of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying abstract. | | |
| | Date registered | Evidence reviewed by Mr. Henry Blackwell | Date filed March 20, 1940 |

314-117-028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-404

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ELMER ELSWORTH CAME | | | 2. Date Of Birth (month) February (day) 17 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Post Falls, Idaho | b. City or Town of Birth: Post Falls, Idaho |
| **FATHER** | 6. Full Name of Father: RICHARD CAME | | | 7. State or Country of Father's Birth: Ontario, Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: LUCY FRANCES HOLT | | | 9. State or Country of Mother's Birth: Enfield, New Hampshire, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: E. E. Came | | 11. Present Address of Registrant: 748 Humboldt Street Victoria, B.C. Canada |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 13th 1958 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: [illegible] 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage Record | | By whom issued and signed: British Columbia Victoria, B. C., Canada | Date Issued: 3-24-58 | Date Orig. Entry: June 27, 1940 |
| | Date of Birth: age 38 | Birth Place: Idaho, U.S.A. | Full Name of Mother: Lucy Frances Holt | Name of Father: Richard Came | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | | By whom issued and signed: British Columbia Victoria, B.C., Canada | Date Issued: 3-24-58 | Date Orig. Entry: child born April 19, 1940 |
| | Date of Birth: age 38 | Birth Place: Post Falls, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record | | By whom issued and signed: original viewed by Notary Public Donald E. C. Anderson, Victoria, B.C., Canada. | Date Issued: 4-25-58 | Date Orig. Entry: obviously old |
| | Date of Birth: Feb. 17, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: May 14, 1958 |

FORM BH 56067

MAY 14 1968

864-208-007-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-431

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MABEL ELIZABETH YOUNG | | | 2. Date Of Birth (month) February (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Blaine | b. City or Town of Birth: Picabo |
| **FATHER** | 6. Full Name of Father: Charles Franklin Young | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Elizabeth Martin | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Elizabeth Young | | 11. Present Address of Registrant: 34 Victoria Heights Road Oregon City, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 30th 19 58 | 12. Signature of Notary: Robert Schumacher County Clerk By: Marjorie E. Parrandt | | 13. Notary Commission expires: Deputy Clerk ~~x19x~~ |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Sept. 12, 1941 |
| | Date of Birth: Feb. 8, 1902 | Birth Place: Blaine Co. Picabo, Idaho | Full Name of Mother: Mary Elizebeth Martin | Name of Father: Charles Franklin Young |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy Application | By whom issued and signed: Occidental Life Ins. Co. | Date Issued: | Date Orig. Entry: Aug. 7, 1941 |
| | Date of Birth: Feb. 8, 1902 | Birth Place: Picabo, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #220662 | Date Issued: | Date Orig. Entry: child born Apr. 5, 1934 |
| | Date of Birth: age 32 | Birth Place: Picabo, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Jenson | Evidence reviewed by: Nancy Richards | Date Filed: May 20, 1958 |

FORM BH 56067

MAY 20 1959

Charlie Franklin Young

Pocatello

Idaho

Idaho

Idaho

365-205-028-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-463

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CARMELA TONTI | | 2. Date Of Birth (month) March (day) 5 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Harrison, Idaho |
| **FATHER** | 6. Full Name of Father: Antonio Tonti | | 7. State or Country of Father's Birth: Italy | |
| **MOTHER** | 8. Full Maiden Name of Mother: Philemena Lille | | 9. State or Country of Mother's Birth: Italy | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Carmela Tonti Grandinetti | 11. Present Address of Registrant: S. 29 Ralph Spokane, 31 Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 8 1958 | 12. Signature of Notary: Norman V. Perkins | 13. Notary Commission expires: October 17 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Antonio Tonti | Date Issued: 1-23-56 | Date Orig. Entry: |
| | Date of Birth: March 5, 1902 / Birth Place: Harrison, Idaho | Full Name of Mother: Lille, Philomena | Name of Father: Antonio Tonti | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Prudential Ins. Co. of Amer. | Date Issued: 1-8-40 | Date Orig. Entry: Jan. 4, 1940 |
| | Date of Birth: March 5, 1902 / Birth Place: Harrison, Idaho | Full Name of Mother: Lilli - Fanny | Name of Father: Tony - Tonti | |
| **SUPPORTING RECORD 3.** | Type of Document: Church Record | By whom issued and signed: St. Ann's Catholic Church Spokane, Washington | Date Issued: 1-2-58 | Date Orig. Entry: Apr. 12, 1931 |
| | Date of Birth: 1902 / Birth Place: Harrison, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: May 28, 1958 |

FORM BH 56067

1 copy paid

MAY 29 1958

236-205 · 033613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-464

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Veda Priscilla Stout | | | 2. Date of Birth (month) Sept. (day) 5 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Madison | b. City or Town of Birth: Rexburg |
| **FATHER** | 6. Full Name of Father: Charles Edward Stout | | | 7. State or Country of Father's Birth: Kansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Ann Walters | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Veda P. Parker | | 11. Present Address of Registrant: 6915 So 4th East, Sandy, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 13 1958 | 12. Signature of Notary: LaRue G. Meaver | | 13. Notary Commission expires: May 15 1961 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: May 13, 1942 |
| | Date of Birth: Sept. 5, 1902 | Birth Place: Rexburg, Idaho | Full Name of Mother: Sarah Ann Walters | Name of Father: Charles Edward Stout | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by father's brother (age 75) | | By whom issued and signed: Albert Stout | Date Issued: 5-5-58 | Date Orig. Entry: |
| | Date of Birth: Sept. 5, 1902 | Birth Place: Rexburg, Idaho | Full Name of Mother: Sadie Walters Stout | Name of Father: Charles E. Stout. | |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage Record | | By whom issued and signed: Lemhi County, Idaho | Date Issued: 4-30-58 | Date Orig. Entry: Dec. 5, 1922 |
| | Date of Birth: age 20 | Birth Place: — | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | Date Filed: May 29, 1958 |

FORM BH 56067

MAY 28 [redacted]

669-218-023-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-466

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MARIE FORT | | | 2. Date of Birth (month) (day) (year): FEBRUARY 18 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: PAYETTE IDAHO - GEM | b. City or Town of Birth: PAYETTE IDAHO |
| **FATHER** | 6. Full Name of Father: ALBERT FORT | | | 7. State or Country of Father's Birth: ILLINOIS |
| **MOTHER** | 8. Full Maiden Name of Mother: LULU MADGE TURNIDGE | | | 9. State or Country of Mother's Birth: OREGON |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Marie Paulson | 11. Present Address of Registrant: PO Box 253 Hood River Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov 21 1957 | | 12. Signature of Notary: W B Finney | 13. Notary Commission expires: Apr 24 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Employment Record | By whom issued and signed: U.S. Railroad Retirement Board Chicago, Illinois | Date Issued: 3-13-58 | Date Orig. Entry: Oct. 27, 1944 |
| | Date of Birth: Feb. 18, 1902 | Birth Place: Payette Co. Payette, Idaho | Full Name of Mother: Lulu Madge Turnidge | Name of Father: Albert Fort |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Occidental Life Ins. Co. | Date Issued: 1-1-37 | Date Orig. Entry: Dec. 21, 1936 |
| | Date of Birth: Feb. 18, 1902 | Birth Place: Payette, Idaho | Full Name of Mother: Lulu Madge Leonard (then) | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Oregon #565 | Date Issued: 11-26-57 | Date Orig. Entry: child born Jan. 23, 1945 |
| | Date of Birth: age 42 | Birth Place: Payette, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W M Jenson | Evidence reviewed by: Nancy Richards | Date Filed: June 3, 1958 |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

JUN 2 1969

| | | | |
|---|---|---|---|
| CHILD | 1. Full name at birth | | 2. Date of birth (Month, day, year) |
| | 3. Place of birth (City, county, state) | 4. Sex | 5. Color or race |
| FATHER | 6. Full name of father | | 7. Birthplace (State or country) |
| MOTHER | 8. Full name of mother | | 9. Birthplace (State or country) |
| AFFIDAVIT | 10. Affiant has no knowledge of the above statements are true to the best of affiant's knowledge and belief | 11. Signature of registrant | 12. Relationship to child |
| NOTARY | 13. Subscribed and sworn to before me on | 14. Signature of notary | 15. Notary commission expires |
| SUPPORTING RECORD 1 | 16. Document offered | 17. Name of issuing agency | 18. Date issued |
| SUPPORTING RECORD 2 | 19. Document offered | 20. Name of issuing agency | 21. Date issued |
| SUPPORTING RECORD 3 | 22. Document offered | 23. Name of issuing agency | 24. Date issued |
| STATE REGISTRAR | 25. Place of birth (City, county, state) | 26. Date of birth | 27. Name of mother |
| | 28. Date filed | 29. Signature of registrar | |
| | 30. Date filed | 31. Signature of registrar | |

Salt Lake City, Utah

Affiant Testifying Document Found

Subscribed and Sworn to before me

Notary Public

293-128-010-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-513

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lloyd Killian | | | 2. Date of Birth (month) (day) (year): July 28, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Poplar | |
| **FATHER** | 6. Full Name of Father: Henry Libeus Killian | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Elizabeth Staples | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lloyd Killian | | 11. Present Address of Registrant: RFD 1 Lorenzo, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 27, 1958 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: September 1 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: May 9, 1944 |
| | Date of Birth: July 28, 1902 | Birth Place: Bonneville Co. Poplar, Idaho | Full Name of Mother: Sarah Staples | Name of Father: Henry L. Killian |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister (13 years senior) | By whom issued and signed: Rose E. Smith | Date Issued: 5-27-58 | Date Orig. Entry: |
| | Date of Birth: July 28, 1902 | Birth Place: Bingham Co. (now Bonneville Co.) Poplar, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Publisher's Record | By whom issued and signed: (not stated) | Date Issued: | Date Orig. Entry: May 1940 |
| | Date of Birth: July 28, 1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | own child's birth certificate, Idaho #183189; child born June 26, 1930: age 27; born at Poplar, Idaho. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. M. Benson | Evidence reviewed by: Nancy Richards | | Date Filed: June 16, 1958 |

FORM BH 56067

JUN 18 1966

231-209-018-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-528

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elsie Stalnaker | | | 2. Date Of Birth (month) January (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nez Perce now Clearwater | b. City or Town of Birth: Ahsahka |
| **FATHER** | 6. Full Name of Father: James Asbury Stalnaker | | | 7. State or Country of Father's Birth: West Virginia |
| **MOTHER** | 8. Full Maiden Name of Mother: Leean Daniels | | | 9. State or Country of Mother's Birth: West Virginia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Elsie Bycichowski | 11. Present Address of Registrant: 717 - 10th St. Clarkston, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 3rd, 1958 | | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Oct. 15 1961 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother (17 years senior) | By whom issued and signed: Ira H. Stalnaker | Date Issued: 6-3-58 | Date Orig. Entry: |
| | Date of Birth: Jan. 9, 1902 / Birth Place: north of Ahsahka, Idaho | Full Name of Mother: Leean Stalnaker | Name of Father: James A. Stalnaker | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: Idaho Mutual Benefit Assoc. | Date Issued: certified 3-24-58 | Date Orig. Entry: May 19, 1943 |
| | Date of Birth: Jan. 9, 1902 / Birth Place: Ahsahka, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Washington #29 | Date Issued: 4-12-58 | Date Orig. Entry: child born June 13, 1928 |
| | Date of Birth: age 26 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Barron | Evidence reviewed by: Nancy Richards | | Date Filed: June 18, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1952-32

| | | | |
|---|---|---|---|
| 1. Name of child | | | |
| 2. Sex | 3. Color or race | 4. Date of birth (Month, day, year) | 5. Place of birth (County, city, town, village, hospital, etc.) |
| Female | White | | |
| 6. Full name of father | | 7. State or country of father's birth | |
| Henry Fletcher | | | |
| 8. Full maiden name of mother | | 9. State or country of mother's birth | |
| Ermelia | | West Virginia | |
| 10. Date of person making this statement | 11. Signature of deponent | 12. Present address of deponent | |
| | | RFD - 10th St. Clarkston, Idaho | |
| 13. Subscribed and sworn to before me | 14. Notary Public | 15. Notary Public, residing at | |
| Oct. 14, 1951 | | | |

SUPPLEMENTARY RECORD I.

| | | | |
|---|---|---|---|
| 16. Name of person making this statement | | 17. Date of birth (Month, day, year) | 18. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian by brother | | 17 years ago | |
| 19. Maiden name of mother | | 20. Full name of father | |
| Ermelia | | Henry Fletcher | |
| 21. Date of statement | | 22. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 23. Date of birth (Month, day, year) | 24. Place of birth (County, city, town, village, hospital, etc.) | 25. Full name of mother | 26. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 27. Date filed | 28. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD II.

| | | | |
|---|---|---|---|
| 29. Name of person making this statement | | 30. Date of birth (Month, day, year) | 31. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 32. Date of statement | | 33. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 34. Date of birth (Month, day, year) | 35. Place of birth (County, city, town, village, hospital, etc.) | 36. Full name of mother | 37. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 38. Date filed | 39. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD III.

| | | | |
|---|---|---|---|
| 40. Name of person making this statement | | 41. Date of birth (Month, day, year) | 42. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 43. Date of statement | | 44. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 45. Date of birth (Month, day, year) | 46. Place of birth (County, city, town, village, hospital, etc.) | 47. Full name of mother | 48. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 49. Date filed | 50. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD IV.

| | | | |
|---|---|---|---|
| 51. Name of person making this statement | | 52. Date of birth (Month, day, year) | 53. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 54. Date of statement | | 55. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 56. Date of birth (Month, day, year) | 57. Place of birth (County, city, town, village, hospital, etc.) | 58. Full name of mother | 59. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 60. Date filed | 61. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD V.

| | | | |
|---|---|---|---|
| 62. Name of person making this statement | | 63. Date of birth (Month, day, year) | 64. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 65. Date of statement | | 66. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 67. Date of birth (Month, day, year) | 68. Place of birth (County, city, town, village, hospital, etc.) | 69. Full name of mother | 70. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 71. Date filed | 72. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD VI.

| | | | |
|---|---|---|---|
| 73. Name of person making this statement | | 74. Date of birth (Month, day, year) | 75. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 76. Date of statement | | 77. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 78. Date of birth (Month, day, year) | 79. Place of birth (County, city, town, village, hospital, etc.) | 80. Full name of mother | 81. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 82. Date filed | 83. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD VII.

| | | | |
|---|---|---|---|
| 84. Name of person making this statement | | 85. Date of birth (Month, day, year) | 86. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 87. Date of statement | | 88. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 89. Date of birth (Month, day, year) | 90. Place of birth (County, city, town, village, hospital, etc.) | 91. Full name of mother | 92. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 93. Date filed | 94. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD VIII.

| | | | |
|---|---|---|---|
| 95. Name of person making this statement | | 96. Date of birth (Month, day, year) | 97. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 98. Date of statement | | 99. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 100. Date of birth (Month, day, year) | 101. Place of birth (County, city, town, village, hospital, etc.) | 102. Full name of mother | 103. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 104. Date filed | 105. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD IX.

| | | | |
|---|---|---|---|
| 106. Name of person making this statement | | 107. Date of birth (Month, day, year) | 108. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 109. Date of statement | | 110. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 111. Date of birth (Month, day, year) | 112. Place of birth (County, city, town, village, hospital, etc.) | 113. Full name of mother | 114. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 115. Date filed | 116. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY RECORD X.

| | | | |
|---|---|---|---|
| 117. Name of person making this statement | | 118. Date of birth (Month, day, year) | 119. Place of birth (County, city, town, village, hospital, etc.) |
| Lillian Fletcher | | June 20, 1902 | Asotin, Idaho |
| 120. Date of statement | | 121. Place of statement | |
| June 20, 1952 | | Asotin, Idaho | |
| 122. Date of birth (Month, day, year) | 123. Place of birth (County, city, town, village, hospital, etc.) | 124. Full name of mother | 125. Full name of father |
| June 20, 1902 | Asotin, Idaho | Ermelia | Henry Fletcher |
| 126. Date filed | 127. Signature of person making statement | | |
| June 20, 1952 | Lillian Fletcher | | |

SUPPLEMENTARY CERTIFICATION

| | | | |
|---|---|---|---|
| 128. I hereby certify that no prior birth certificate has been found in the division of vital statistics for the person to whom this document or data has been reviewed, which supplemental data is to be set forth in the supplemental records. | | | |
| 129. Date reviewed by | | | 130. Date filed |
| Nancy Blackwell | | | June 20, 1952 |

796-107-028-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-548

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Brice Gross, | | 2. Date of Birth (month) February (day) 7 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Kootenai County | b. City or Town of Birth: Elmira, Idaho |
| **FATHER** | 6. Full Name of Father: John Isaac Gross | | 7. State or Country of Father's Birth: Idaho, U. S. A. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Augustus Maxwell | | 9. State or Country of Mother's Birth: Scotland. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Geo. B Gross | 11. Present Address of Registrant: Lousana, Alberta, Can. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 10th, 1958. | 12. Signature of Notary: [illegible] | 13. Notary Commission expires December 31, 1958. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 5-29-58 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: age 17 / Birth Place: Idaho | Full Name of Mother: Mary Gross | Name of Father: John I. Gross | |
| **SUPPORTING RECORD 2.** | Type of Document: (born 4-10-69) Affidavit by aunt | By whom issued and signed: Mrs. Marjory McKenzie | Date Issued: 3-15-1934 | Date Orig. Entry: |
| | Date of Birth: Feb. 7, 1902 / Birth Place: Kootenai Co. Elmira, Idaho | Full Name of Mother: Mary Augustus Maxwell | Name of Father: John Isaac Cross | |
| **SUPPORTING RECORD 3.** | Type of Document: Family Record | By whom issued and signed: original viewed by Bureau of Vital Statistics | Date Issued: 6-24-58 | Date Orig. Entry: obviously old |
| | Date of Birth: Feb. 7, 1902 / Birth Place: --- | Full Name of Mother: Mary Gross | Name of Father: J. I. Gross | |
| **QUALIFYING INFORMATION** | Statement as to Census Record, Bureau of Statistics, Ottawa, Canada; June 6, 1958: Census of June 1, 1911; born Feb. 1902 in the U. S.; parents John I. and Mary Gross. | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [illegible] | Evidence reviewed by: Nancy Richards | Date Filed: June 24, 1958 |

FORM BH 56067 [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF OHIO

JUL 24 1950

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Full name of child | | 2. Sex |
| | | | |
| | 3. Date of birth | 4. Place of birth | 5. Town of birth |
| | | | |
| FATHER | 6. Full name of father | | 7. Place of residence of father |
| | Juan Jorge Gross | | |
| MOTHER | 8. Full maiden name of mother | | 9. Place of residence of mother |
| | Mary Augusta Kennell | | |
| AFFIDAVIT | I hereby certify that the above statements are true to the best of my knowledge and belief. | | |
| | Subscribed and sworn to before me | | |
| | | | |
| | | | |
| |

.356218.003-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-549

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Erma Luella Lewis | | | 2. Date of Birth (month) July (day) 18, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Arimo |
| **FATHER** | 6. Full Name of Father: Carnealous Osburn Lewis | | | 7. State or Country of Father's Birth: Cisco, Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Elizabeth Stowe | | | 9. State or Country of Mother's Birth: Ogden, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Erma Luella Alemson | | 11. Present Address of Registrant: 436 W. Lincoln Pocatello Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 6 1957 | 12. Signature of Notary: W Hegg | | 13. Notary Commission expires: September 15, 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Father | By whom issued and signed: Carnealous Osburn Lewis | Date Issued: 5/14/42 | Date Orig. Entry: |
| | Date of Birth: July 18, 1902 / Birth Place: Bannock County Arimo, Idaho | Full Name of Mother: Sarah Elizabeth Stowe | Name of Father: Carnealous Osburn Lewis | |
| **SUPPORTING RECORD 2.** | Type of Document: Daughter's birth cert. | By whom issued and signed: Idaho #346264 | Date Issued: | Date Orig. Entry: Child born on May 8, 1921 |
| | Date of Birth: age 18 / Birth Place: Arimo, Idaho | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism | By whom issued and signed: First Congregational Church of Pocatello, Idaho | Date Issued: | Date Orig. Entry: July 18, 1902 |
| | Date of Birth: July 18, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | Federal Census Record, U. S. Bureau of the Census, 6-4-58: age 27 as of April 1, 1930; born in Idaho. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W L Benson | Evidence reviewed by: SS Nancy Richards | | Date Filed: June 24, 1958 |

FORM BH 56067

JUN 25 1959

632-211-029-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-556

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MABEL ALEDA OLSON | | | 2. Date of Birth (month) (day) (year): October 11 1902 |
| | 3. Color or Race: WHITE | 4. Sex: Female | 5. Place of Birth a. County: Idaho LATAH | b. City or Town of Birth: MOSCOW |
| **FATHER** | 6. Full Name of Father: Otto S. OLSON | | | 7. State or Country of Father's Birth: NORWAY |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Jacobson | | | 9. State or Country of Mother's Birth: IOWA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Aleda Peterson | | 11. Present Address of Registrant: R3-BX52, Rice Lake, Wis. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 13 1958 | 12. Signature of Notary: Clarence A. Sims | | 13. Notary Commission expires: CLARENCE A. SIMS Notary Public, Barron County, Wisc. My Commission Expires July 24, 1960. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt; born 1875 | By whom issued and signed: Martha Jacobson | Date Issued: 9-6-57 | Date Orig. Entry: |
| | Date of Birth: Oct. 11, 1902 / Birth Place: Latah Co. Moscow, Idaho | Full Name of Mother: Sarah Jacobson | Name of Father: Otto S. Olson | |
| **SUPPORTING RECORD 2.** | Type of Document: Hospital Record | By whom issued and signed: Mayo Clinic Rochester, Minnesota | Date Issued: 9-19-57 | Date Orig. Entry: Sept. 2, 1944 |
| | Date of Birth: Oct. 11, 1902 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 5-20-58 | Date Orig. Entry: April 1, 1940 |
| | Date of Birth: age 37 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barron | Nancy Richards | June 25, 1958 |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 25 [redacted]

REGISTRANT

1. Registrant's full name at birth

2. Date of birth (month) (day) (year)

3. Place of birth (county) (town) (state)

4. Sex

5. Color or race

6. Full name of father

7. State or country of father's birth

8. Maiden name of mother

9. State or country of mother's birth

10. I hereby certify that the statements made on this certificate are true to the best of my knowledge and belief.

11. Present address of registrant

12. Signature of registrant

13. Subscribed and sworn to before me on

14. Signature of notary

15. Notary Commission expires

CLARENCE A. STARS

Notary Public, Bonneville County, Idaho

My Commission Expires [illegible]

NOTICE — DO NOT WRITE ON THE LINE

SUPPORTING EVIDENCE

Type of document

Date issued

Date rec'd. Early

Name of issuer

Full name of father

Place of birth

Full name of mother

Place of birth

Full name of mother

SUPPORTING EVIDENCE 2

Type of document

Federal Census Report

Date issued

1920

Date rec'd. Early

Name of issuer

Bureau of Census

Bonneville, Minnesota

Date of birth

Oct. 12, 1902

Place of birth

Idaho

Full name of mother

---

Name of issuer

---

SUPPORTING EVIDENCE 3

Type of document

Federal Census Report

Date issued

1930

Date rec'd. Early

Name of issuer

U. S. Bureau of the Census

Date of birth (month) (day) (year)

Sept 27

Place of birth

Idaho

Full name of mother

---

Name of issuer

---

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which does substantiate the facts set forth in the foregoing statement.

State Registrar

Evidence reviewed by

Examiner

Date filed

JUN 25 1952

695-227010-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-596

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice Josephine Fink | | 2. Date of Birth (month) Dec (day) 27 (year) 1902 | |
| | 3. Color or Race: Cau | 4. Sex: F | 5. Place of Birth a. County: Idaho Falls | b. City or Town of Birth: Idaho Falls, Idaho |
| **FATHER** | 6. Full Name of Father: Harry H Fink | | 7. State or Country of Father's Birth: Iowa | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida Marie Cronquist | | 9. State or Country of Mother's Birth: ~~Iowa~~ Illinois | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Josephine F. Klingaman | 11. Present Address of Registrant: 1362 Dorothea Rd. Lafayette, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 23 1958 | 12. Signature of Notary: Doris E. Golding | 13. Notary Commission expires: March 9 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record | By whom issued and signed: Principal of Berkeley High School, Berkeley, California | Date Issued: 4-14-58 | Date Orig. Entry: Aug. 6, 1917 |
| | Date of Birth: Dec. 27, 1902 / Birth Place: --- | Full Name of Mother: Mrs. Ida M. Fink | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother, age 85 | By whom issued and signed: Ida Marie Fink | Date Issued: 4-16-58 | Date Orig. Entry: |
| | Date of Birth: Dec. 27, 1902 / Birth Place: Idaho Falls, Idaho | Full Name of Mother: Ida Marie Cronquist Fink | Name of Father: Harry H. Fink | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement re: Insurance Record | By whom issued and signed: Mutual of New York New York, N.Y. | Date Issued: 4-18-58 | Date Orig. Entry: Sept. 8, 1925 |
| | Date of Birth: Dec. 27, 1902 / Birth Place: Idaho Falls, Idaho | Full Name of Mother: Ida M. Fink | Name of Father: --- | |
| **QUALIFYING INFORMATION** | Dentist's Record; Douglas W. Kerr, D.D.S.; San Francisco, Calif.; 4-7-58: 1927 record; born Dec. 27, 1902 at Idaho Falls, Idaho. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: July 7, 1958 | |

FORM BH 56067

JUL 7 1958

893-227-022-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-598

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vida Hill | | | 2. Date of Birth (month) (day) (year): March 27 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Driggs, Idaho. |
| **FATHER** | 6. Full Name of Father: William T. Munjar Hill | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Zina Luella Crandall | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vida Hill Hulet | | 11. Present Address of Registrant: Victor Idaho - |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 25 1958 | 12. Signature of Notary: Lynn S. Kearsley | | 13. Notary Commission expires: Feb 21 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Teton Stake, Driggs Ward LDS Church | Date Issued: 8-1-57 | Date Orig. Entry: July 3, 1910 |
| | Date of Birth: March 27, 1902 / Birth Place: Fremont Co. Driggs, Idaho | Full Name of Mother: Zina Crandall | Name of Father: William Hill | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother, age 76 | By whom issued and signed: Zina Crandall Hill | Date Issued: 6-25-58 | Date Orig. Entry: |
| | Date of Birth: March 27, 1902 / Birth Place: Fremont Co. Driggs, Idaho | Full Name of Mother: Zina Luella Crandall | Name of Father: William Thomas Munjar Hill | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #96596 | Date Issued: | Date Orig. Entry: child born Oct. 11, 1921 |
| | Date of Birth: age 19 / Birth Place: Driggs, Idaho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: N W Jensen | Evidence reviewed by: nr Nancy Richards | Date Filed: July 7, 1958 |

FORM BH 56067

JUL 8 1958

815-227-040-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-673

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: May Darcas Hanawalt | | | 2. Date of Birth (month) September (day) 27 (year) 1902 |
| | 3. Color or Race: Cau | 4. Sex: Fe | 5. Place of Birth a. County: Idaho Shoshone | b. City or Town of Birth: Wardner |
| **FATHER** | 6. Full Name of Father: James Arville Hanawalt | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida May Vanderworken | | | 9. State or Country of Mother's Birth: Colorado |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: May D Riopel | | 11. Present Address of Registrant: Calif. 4922 N Baldwin Temple City |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 28 1958 | 12. Signature of Notary: Ralph L Bustrum | | 13. Notary Commission expires: March 24 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 7, 1946 |
| | Date of Birth: Sept. 27, 1902 / Birth Place: Shoshone Co. Wardner, Idaho | Full Name of Mother: Ida May Vanderworken | Name of Father: James Hanawalt | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Los Angeles Co., Calif. | Date Issued: 7-8-58 | Date Orig. Entry: Apr. 16, 1948 |
| | Date of Birth: age 45 / Birth Place: Idaho | Full Name of Mother (born in Colo.): Ida M. Vanderworken | Name of Father (born in Iowa): James A. Hanawalt | |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 7-11-58 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: age 17 / Birth Place: Idaho | Full Name of Mother: Ida M. Hanawalt | Name of Father: James Hanawalt | |
| **QUALIFYING INFORMATION** | Statement re: enrollment in Los Angeles Co. General Hospital School of Nursing; signed by Director of School of Nursing, Los Angeles, 7-10-58: enrolled Sept. 2, 1921; birth date Sept. 27, 1902; parents Mr. and Mrs. J. A. Hanawalt. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: Nancy Richards | | Date Filed: Aug. 12, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Ida May Vandervoorten

Ida M. Vandervoorten

Ida M. Vandervoorten

Ida M.

177-121-031-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-718

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: EATHER MILTON APPLEGATE | | | 2. Date of Birth (month) APRIL (day) 21 (year) 1902 |
| | 3. Color or Race: WHT. | 4. Sex: MASC. | 5. Place of Birth: a. County CRAIGMONT LEWIS | b. City or Town of Birth: DUBLIN ( now CRAIGMONT) |
| **FATHER** | 6. Full Name of Father: WALTER WESLEY APPLEGATE | | | 7. State or Country of Father's Birth: BUFFALO COUNTY NEBRASKA |
| **MOTHER** | 8. Full Maiden Name of Mother: LILLIE MAY LOCKRIDGE | | | 9. State or Country of Mother's Birth: POLK COUNTY IOWA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eather Milton Applegate | | 11. Present Address of Registrant: GIBBON NEBRASKA |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: AUGUST 19 1958 | 12. Signature of Notary: Leo Wyman | | 13. Notary Commission expires: JULY 6 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by parents | By whom issued and signed: Walter W. Applegate and Lillie M. Applegate | Date Issued: 5-1-56 | Date Orig. Entry: |
| | Date of Birth: April 21, 1902 / Birth Place: Dublin, Idaho | Full Name of Mother: Lillie M. Applegate | Name of Father: Walter W. Applegate | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Buffalo County, Nebraska | Date Issued: 8-15-58 | Date Orig. Entry: Oct. 17, 1928 |
| | Date of Birth: age 26 / Birth Place: Craigmont, Idaho | Full Name of Mother: Lillie Lockridge | Name of Father: Walter W. Applegate | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: Buffalo County, Nebraska (Ass't. to Co. Supt.) | Date Issued: 8-15-58 | Date Orig. Entry: 1911 census |
| | Date of Birth: April 21, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: Walter Applegate | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: Aug. 28, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| REGISTRANT (Person whose birth is being registered) | 1. Registrant's full name at birth: LATHAM MILTON APPLEGATE | | 2. Date of birth: APRIL 23 1902 |
| | 3. Sex: MALE | 4. Place of birth: ONAIDA | 5. County: BRIGHAM |
| | 6. Full name of father: [illegible] APPLEGATE | | 7. State or country of father's birth: NEW CANAAN (?) |
| | 8. Maiden name of mother: LILLIE MAY LOCKRIDGE | | 9. State or country of mother's birth: ERIE COUNTY NEBRASKA |
| | 10. Parent declares that the statements made with the foregoing statements are true to the best of my knowledge and belief. | 11. Signature of registrant | 12. Present address of registrant: ONEIDA COUNTY IDAHO |
| NOTARY | 13. Subscribed and sworn to before me on AUGUST 19 1936 | 14. Signature of notary | 15. Notary commission expires: JULY 5 1940 |
| SUPPORTING RECORD 1: | 16. Type of document: [illegible] | 17. Where issued and signed: [illegible] | 18. Date issued: [illegible] |
| SUPPORTING RECORD 2: | 19. Type of document: Marriage license | 20. Where issued and signed: Bingham County, Idaho | 21. Date issued: 2-15-38 |
| | 22. Place of birth: Oneida County, Idaho | 23. Full name of mother: Lillie Lockridge | 24. Place of birth: Nebraska |
| SUPPORTING RECORD 3: | 25. Type of document: [illegible] | 26. Where issued and signed: Bingham County, Idaho (Basis, no Co. Rec.) | 27. Date issued: 2-15-38 |
| | 28. Date of birth: 1902 | 29. Place of birth: [illegible] | 30. Full name of father: --- |
| | 31. Place of birth: [illegible] | | |
| REGISTRAR'S CERTIFICATION | I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for a registrant that resembles the facts as set forth in the foregoing statement. | | |
| | State Registrar | Evidence reviewed by | Date filed |
| | Registrar | | Date of issue |

369220-010-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-727

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Arita Lords | | | 2. Date of Birth (month) November (day) 20 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: Ammon Bonneville | b. City or Town of Birth: Ammon Idaho |
| **FATHER** | 6. Full Name of Father: John Sanders Lords | | | 7. State or Country of Father's Birth: Parleys Park, Utah, |
| **MOTHER** | 8. Full Maiden Name of Mother: Isabelle Hay | | | 9. State or Country of Mother's Birth: Glasgow Scotland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Arita Van Epps | | 11. Present Address of Registrant: P.O. Box 97, Shelley, Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 3 1957 | 12. Signature of Notary: Robert C. Lemon | | 13. Notary Commission expires: 10-5 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | | By whom issued and signed: Idaho #356474 | Date Issued: | Date Orig. Entry: child born Aug. 28, 1942 |
| | Date of Birth: age 39 | Birth Place: Ammon, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record--Baptism | | By whom issued and signed: Doyle Cook, Ward Clerk, LDS Church, Shelley, Ida. | Date Issued: 8-25-58 | Date Orig. Entry: June 3, 1911 |
| | Date of Birth: Nov. 20, 1902 | Birth Place: Bonneville Co. Ammon, Idaho | Full Name of Mother: Isabel Hay | Name of Father: John Lords | |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage Record | | By whom issued and signed: Bonneville Co., Idaho | Date Issued: 7-16-58 | Date Orig. Entry: June 24, 1922 |
| | Date of Birth: age 19 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Jenson | Evidence reviewed by: nr Nancy Richards | Date Filed: Sept. 2, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

State of Idaho

| | | | |
|---|---|---|---|
| FOR OFFICIAL USE ONLY | 1. Full name at birth | | |
| | 2. Date of birth | 3. Place of birth: County | City or town |
| | 4. Full name of father | | 5. Place of birth of father |
| MOTHER | 6. Full maiden name of mother | | 7. Place of birth of mother |
| AFFIDAVIT | I, the undersigned, being duly sworn, do hereby state that the above-named person was born in the state of Idaho, and that the above statements are true to the best of my knowledge and belief. | 8. Signature of Registrant | 9. Present address of Registrant |
| NOTARY SEAL | Subscribed and sworn to before me on | 10. Signature of Notary | 11. Notary Commission expires |

| | | | | |
|---|---|---|---|---|
| SUPPORTING RECORD 1. | Type of document | By whom issued and signed | Date issued | Date orig. Entry |
| | Date of birth | Full name at birth | Name of father | |
| SUPPORTING RECORD 2. | Type of document | By whom issued and signed | Date issued | Date orig. Entry |
| | Date of birth | Full name at birth | Name of father | |

| | |
|---|---|
| ADDITIONAL INFORMATION | |
| REGISTRAR'S CERTIFICATION (see) | I, hereby certify that the above certificate has been found in the Division of Vital Statistics, State Registration, to be a true and correct copy of the record of birth of the person named therein. Attached documents have been reviewed, which substantiate the facts as set forth in the foregoing statement. |
| | State Registrar |
| | Date filed |

819-122-035-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-765

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MERWIN CLARK HARDING | | | 2. Date of Birth (month) (day) (year): Feb. 22, 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Nezperce, Lewis, Idaho | b. City or Town of Birth: Nezperce, Idaho |
| **FATHER** | 6. Full Name of Father: Perry M. Harding | | | 7. State or Country of Father's Birth: Ohio |
| **MOTHER** | 8. Full Maiden Name of Mother: Maud R. Billow | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Merwin Clark Harding | 11. Present Address of Registrant: Nezperce, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept. 12, 1958 19 ___ | | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: May, 24, 19 59 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother, age 81 | | By whom issued and signed: Maud R. Harding | Date Issued: 9-12-58 | Date Orig. Entry: |
| | Date of Birth: Feb. 22, 1902 | Birth Place: Nezperce, Idaho | Full Name of Mother (born-Missouri): Maud R. Billow Harding | Name of Father (born-Ohio): Perry M. Harding | |
| **SUPPORTING RECORD 2.** | Type of Document: Lodge Record | | By whom issued and signed: A.A. Caldwell, Sec. of Hiram (Masonic) Lodge #36, Nezperce, Idaho | Date Issued: 9-12-58 | Date Orig. Entry: Feb. 5, 1940 |
| | Date of Birth: Feb. 22, 1902 | Birth Place: Nezperce, Idaho | Full Name of Mother: ---- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | | By whom issued and signed: Idaho #196525 | Date Issued: | Date Orig. Entry: child born Oct. 17, 1931 |
| | Date of Birth: age 29 | Birth Place: Nezperce, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| [illegible] | Nancy Richards | Sept. 19, 1958 |

FORM BH 56067

2

FEB 05

SEP 19 1962

| | |
|---|---|
| Name | Frank Clark Harding |
| Date of birth | Feb. 22, 1902 |
| Place of birth | Hagerman, Idaho |
| Father | Perry M. Harding |
| Mother | Maud E. Billow |
| Residence | Hagerman, Idaho |
| Occupation | Farmer |
| Date of death | Nov. 2, 1962 |
| Place of death | Hagerman, Idaho |
| Cause of death | Cirrhosis of liver |
| Informant | Mrs. Frank Harding, Hagerman, Idaho |
| Date filed | Nov. 5, 1962 |

243-105-022-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-773

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: WILLIAM EARL BUTT | | | 2. Date Of Birth (month) (day) (year): APRIL 5, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Teton |
| **FATHER** | 6. Full Name of Father: JOHN EDWARD BUTT | | | 7. State or Country of Father's Birth: UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY ALICE DONALDSON | | | 9. State or Country of Mother's Birth: UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: W. Earl Butt | | 11. Present Address of Registrant: TETON, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 21 1958 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Sept. 16, 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Idaho Mutual Benefit Assoc. | Date Issued: 8-6-40 | Date Orig. Entry: Aug. 3, 1940 |
| | Date of Birth: April 5, 1902 / Birth Place: Teton, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record--Baptism | By whom issued and signed: Teton Ward, N. Rexburg Stake LDS Church | Date Issued: 9-15-58 | Date Orig. Entry: Aug. 5, 1910 |
| | Date of Birth: April 5, 1902 / Birth Place: Fremont Co. Teton, Idaho | Full Name of Mother: Mary Alice Donaldson | Name of Father: John Edward Butt | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Alice Donaldson Butt | Date Issued: 9-15-58 | Date Orig. Entry: |
| | Date of Birth: April 5, 1902 / Birth Place: Fremont Co. Teton, Idaho | Full Name of Mother: Mary Alice Donaldson Butt | Name of Father: John Edward Butt | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [illegible] | Evidence reviewed by: nr Nancy Richards | Date Filed: Sept. 22, 1958 |

FORM BH 56067

SEP 28

165215-044-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 58-811

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Jane Jones | | | 2. Date Of Birth (month) August (day) 15 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Washington | b. City or Town of Birth: Weiser, Idaho |
| **FATHER** | 6. Full Name of Father: Andrew Johnson Jones | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Lena Olive Zumalt | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Jane Jones | | 11. Present Address of Registrant: 1027 Ormond St., |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 22nd Day of Sept 19 1958 | 12. Signature of Notary: Teresa W. Hendry | | 13. Notary Commission expires: April 9 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | | By whom issued and signed: On file--Vital Statistics #102927 | Date Issued: | Date Orig. Entry: Child born May 18, 1922 |
| | Date of Birth: Age 19 | Birth Place: Weiser, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Age 73 Affidavit by family employee present at time of birth | | By whom issued and signed: Mrs. Jaley R. H. McDougal | Date Issued: Sept. 22, 1958 | Date Orig. Entry: |
| | Date of Birth: August 15, 1902 | Birth Place: Weiser, Idaho | Full Name of Mother: Lena Olive Zumalt Jones | Name of Father: Andrew Johnson Jones | |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | | By whom issued and signed: Sterling Insurance Company Chicago, Illinois | Date Issued: | Date Orig. Entry: July 26, 1949 |
| | Date of Birth: August 15, 1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ------- | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W.W. Benson | Sharon Eloise Skaggs | October 7, 1958 |

FORM BH 56067

DEATH CERTIFICATE OF ERTH
STATE OF IDAHO

OCT 7 1968

Date Filed
October 7, 1968

168-203-043-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-814

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ellen Elizabeth Johnson | | | 2. Date of Birth (month) Nov. (day) 3 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: McCall Idaho a. County: ~~Val~~ Valley | b. City or Town of Birth: McCall, Idaho |
| **FATHER** | 6. Full Name of Father: John S. Johnson | | | 7. State or Country of Father's Birth: Finland |
| **MOTHER** | 8. Full Maiden Name of Mother: Johannah Sironen | | | 9. State or Country of Mother's Birth: Finland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ellen Elizabeth Johnson | | 11. Present Address of Registrant: Seattle, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 9 1958 | 12. Signature of Notary: Martha H. Johnson (Bradshaw) | | 13. Notary Commission expires: Aug. 27 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by person present at birth, age | By whom issued and signed: 70, Mary Karki | Date Issued: 5-15-58 | Date Orig. Entry: |
| | Date of Birth: Nov. 3, 1902 / Birth Place: McCall, Idaho | Full Name of Mother: Johannah Sironen | Name of Father: John S. Johnson | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Registrar, City of Seattle, Washington, Vol. #1937, Reg. No.5551 | Date Issued: 8-18-50 | Date Orig. Entry: child born May 2, 1937 |
| | Date of Birth: age 34 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement re: Insurance Application | By whom issued and signed: Prudential Ins. Co. of Amer. | Date Issued: statement 9-24-58 | Date Orig. Entry: application June 15, 1936 |
| | Date of Birth: Nov. 3, 1902 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Oct. 8, 1958 |

FORM BH 56067

OCT 1968

693-208-030-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-845

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alberta Withington | | | 2. Date of Birth (month) March (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lemhi | b. City or Town of Birth: Baker |
| **FATHER** | 6. Full Name of Father: Fraim J. Withington | | | 7. State or Country of Father's Birth: Baker, Lemhi County, Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Lou H. Richardson | | | 9. State or Country of Mother's Birth: Bonneville County, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alberta Withington Stohr | | 11. Present Address of Registrant: Route #1, Box 123 St. Ignatius, Montana |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 22 19 58 | 12. Signature of Notary: [signature] | | 13. Notary Commission expires: February 27 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother, age 80 | By whom issued and signed: Lou Withington | Date Issued: 9-22-58 | Date Orig. Entry: |
| | Date of Birth: March 8, 1902 / Birth Place: Lemhi Co. Baker, Idaho | Full Name of Mother: Lou H. Richardson Withington | Name of Father: Fraim J. Withington | |
| **SUPPORTING RECORD 2.** | Type of Document: Voting Registration Record | By whom issued and signed: Lemhi County, Idaho | Date Issued: 10-16-58 | Date Orig. Entry: July 23, 1926 |
| | Date of Birth: age 24 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: New York Life Ins. Co. | Date Issued: 4-29-33 | Date Orig. Entry: Apr. 22, 1933 |
| | Date of Birth: March 8, 1902 (age / Birth Place: 31) Baker, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: Oct. 23, 1958 |

FORM BH 56067

DEC 2 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

CHILD'S NAME: Alberta Wilkinson

Sex: Female

Place of birth: Lemhi

FATHER: Lorin L. Wilkinson

MOTHER: Lorna Wilkinson

Lorin L. Wilkinson

Lemhi County, Idaho

Lemhi County, Idaho

Salmon, Idaho

NOV 4

454-108-014-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 58-862
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Kenneth Austin DeMent | | 2. Date Of Birth (month) 12 (day) 8 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Caldwell |
| **FATHER** | 6. Full Name of Father: George Whitfield BeMent | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Luella Murray | | 9. State or Country of Mother's Birth: Indiana | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Kenneth Austin DeMent | 11. Present Address of Registrant: 788 Grant Ave. Twin Falls, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 27 1958 | 12. Signature of Notary: Hazel L. Hurlbert. | 13. Notary Commission expires: Sept. 28 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | | By whom issued and signed: On file Vital Statistics, #163463 | Date Issued: | Date Orig. Entry: Child born ~~July 14, 1928~~ |
| Class* | Date of Birth: Age 25 | Birth Place: Caldwell, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Application for Social Security account number | | By whom issued and signed: Treasury Department | Date Issued: | Date Orig. Entry: Dec. 5, 1936 |
| Class | Date of Birth: December 8, 1902 | Birth Place: Near Caldwell, Idaho | Full Name of Mother: Luella Murray | Name of Father: George W. Dement | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | | By whom issued and signed: Metropolitan Life Insurance Co. New York | Date Issued: April 1, 1936 | Date Orig. Entry: |
| Class | Date of Birth: Dec. 8, 1902 | Birth Place: Caldwell, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W.W. Benson | Evidence reviewed by: Sharon Skaggs | Date Filed: October 27, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1950

1. Name of child: Mary Jane Deborah Sparks
2. Date of birth: Dec. 25, 1932
3. Sex: Female
4. Place of birth: Twin Falls
5. County: Twin Falls
6. City or town of birth: Hollister
7. Full name of father: Georgie Edwin L. Sparks
8. State or country of father's birth: Illinois
9. Maiden name of mother: Mary Jane Deborah Sparks
10. State or country of mother's birth: Illinois

AFFIDAVIT

Before me, the undersigned, personally appeared the above named person to me known to be the person of lawful age who executed the foregoing affidavit, and upon oath that the statements therein contained are true to the best of his knowledge and belief.

11. Signature of registrant: [illegible]
12. Present address of registrant: 724 Fourth Ave. Twin Falls, Idaho

NOTARY

Subscribed and sworn to before me on [illegible]

13. Signature of notary: [illegible]
14. Notary Commission expires: [illegible]

SUPPORTING RECORD 1

Type of record: Application for birth certificate
By whom issued and signature: Office Vital Statistics, Idaho
Date issued: Dec. 5, 1950
Date of birth: Dec. 25
Birth place: Twin Falls
Full name of mother: [illegible]
Name of father: [illegible]

SUPPORTING RECORD 2

Type of record: Application for Social Security Account number
By whom issued and signature: Treasury Department
Date issued: [illegible]
Date of birth: December 25
Birth place: Near Caldwell, Idaho
Full name of mother: Lucia Murphy
Name of father: George W. Sparks

SUPPORTING RECORD 3

Type of document: Insurance Policy
By whom issued and signature: Equitable Life Insurance Co., New York
Date issued: April 1, 1932
Date of birth: Dec. 25, 1932
Birth place: Caldwell, Idaho
Full name of mother: ----
Name of father: ----

OTHER INFORMATION

DATE OF REGISTRATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration area and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Registrar: [illegible]
Evidence reviewed by: Harry Skogie
Date filed: October 27, 1950

Items A and B are those that are called before the registrants [illegible]
C and D are those that are called after the [illegible] but are at least 5 years old

867-119-003-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-864

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leroy Hogan | | | 2. Date Of Birth (month) May (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Hatch. Bannock | b. City or Town of Birth: Hatch |
| **FATHER** | 6. Full Name of Father: Alma Hogan | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Rachel Ann Johnson | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leroy Hogan | | 11. Present Address of Registrant: Bancroft Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 26 1958 | 12. Signature of Notary: Christina Hatch | | 13. Notary Commission expires: Nov 1, 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record--Blessing | By whom issued and signed: Chesterfield Ward, Idaho Stake, LDS Church | Date Issued: 5-5-57 | Date Orig. Entry: July 6, 1902 |
| | Date of Birth: May 19, 1902 | Birth Place: Bannock Co. Hatch, Idaho | Full Name of Mother: Rachel Johnson | Name of Father: Alma Hogan |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Beneficial Life Ins. Co. of Utah | Date Issued: 12-4-39 | Date Orig. Entry: Nov. 25, 1939 |
| | Date of Birth: May 19, 1902 | Birth Place: Hacth, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #192195 | Date Issued: | Date Orig. Entry: child born June 30, 1931 |
| | Date of Birth: age 29 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. L. Brown | Evidence reviewed by: Nancy Richards | Date Filed: Oct. 29, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 25-[illegible]

1. Registrant's Name at Birth

2. Date of Birth (month) (day) (year)

3. Place of Birth (county)

4. Sex

5. Place of Birth (city or town)

6. Father's Full Name

7. Place of Birth (state or country)

8. Mother's Maiden Name

9. Place of Birth (state or country)

10. Occupation of Mother

11. Place of Birth (state or country)

12. Occupation of Father

13. Place of Birth (state or country)

14. Occupation of Registrant

15. Signature of Registrant

16. Relationship of Registrant

17. Present Address of Registrant

18. Mailing Address

19. Signature of Informant

20. Relationship of Informant

21. Present Address of Informant

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930. Date Filed

931. Signature of Registrar

932. Date Filed

933. Signature of Registrar

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998. Date Filed

999. Signature of Registrar

1000. Date Filed

236-202-040-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-877

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: EDITH MILDRED BLOOM | | | 2. Date Of Birth (month) (day) (year): NOV. 2nd 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: MULLAN SHOSHONE | b. City or Town of Birth: MULLAN - IDAHO |
| **FATHER** | 6. Full Name of Father: BARNAHARD JOHNSON BLOOM | | | 7. State or Country of Father's Birth: SWEDEN |
| **MOTHER** | 8. Full Maiden Name of Mother: ANNA PETERSON | | | 9. State or Country of Mother's Birth: SWEDEN |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edith Bloom Moore | | 11. Present Address of Registrant: 2456 Alki Ave - Seattle 16, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 10/13 19 58 | 12. Signature of Notary: E. G. Reing Notary Public in and for the State of Washington, residing at Seattle | | 13. Notary Commission expires: 1/15 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 24, 1936 |
| | Date of Birth: Nov. 2, 1902 / Birth Place: Shoshone Co. Mullan, Idaho | Full Name of Mother: Anna Peterson | Name of Father: Barnhard Johnson Bloom | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Sun Life Assurance Co. of Canada, Montreal | Date Issued: 6-9-37 | Date Orig. Entry: May 28, 1937 |
| | Date of Birth: Nov. 2, 1902 / Birth Place: Mullan, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Record | By whom issued and signed: St. Luke's Hospital Spokane, Washington | Date Issued: 10-24-58 | Date Orig. Entry: May 19, 1929 |
| | Date of Birth: age 26 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | nr Nancy Richards | Nov. 3, 1958 |

FORM BH 56067

NOV 3 1992

849-213-839-683

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-898
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Olivia Alice Hurt | | 2. Date of Birth (month) May (day) 13 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Moscow |
| **FATHER** | 6. Full Name of Father: Leonidas Bascom Hurt | | 7. State or Country of Father's Birth: Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Cassie Williams | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Olivia Alice Hurt Stewart | 11. Present Address of Registrant: 1130 East Main St. Cottage Grove, Oregon | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on October 22 1958 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires 11-25 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (born 8-4-1884) Affidavit by half-brother | By whom issued and signed: Ollie R. Hurt | Date Issued: 10-20-58 | Date Orig. Entry: |
| Class* B | Date of Birth: May 13, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: Emma Cassie Williams | Name of Father: Leonidas Bascom Hurt | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: College of Idaho Caldwell, Idaho | Date Issued: 4-14-53 | Date Orig. Entry: Sept. 27, 1937 |
| Class B | Date of Birth: May 13, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Idaho Mutual Benefit Assoc. | Date Issued: 11-3-41 | Date Orig. Entry: Oct. 25, 1941 |
| Class B | Date of Birth: May 13, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Nov. 12, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Leonides Basco Pure

Emma Cassie Williams

Missouri

Missouri

766-223-006-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 58-926

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** Emma Gertrude Powell | | | **2. Date Of Birth** (month) (day) (year) July 23, 1902 |
| | **3. Color or Race** White | **4. Sex** female | **5. Place of Birth** a. County Bingham | b. City or Town of Birth Blackfoot |
| **FATHER** | **6. Full Name of Father** George Augustus Powell | | | **7. State or Country of Father's Birth** Missouri |
| **MOTHER** | **8. Full Maiden Name of Mother** Anne Victoria Wicks | | | **9. State or Country of Mother's Birth** New Jersey |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** Emma G. Knodle | | **11. Present Address of Registrant** R#2 Burley Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on October 21 1958 | **12. Signature of Notary** Hazel L. Hurlbert. | | **13. Notary Commission Expires** Sept. 28 1960 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** Affidavit by Father | **By whom issued and signed** George A. Powell | **Date Issued** August 15, 1952 | **Date Orig. Entry** |
| | **Date of Birth** July 23, 1902 | **Birth Place** Blackfoot, Idaho | **Full Name of Mother** Anne Victoria Wicks | **Name of Father** George Augustus Powell |
| **SUPPORTING RECORD 2.** | **Type of Document** Own child's birth certificate Photostatic copy | **By whom issued and signed** Dept. of Public Health, California | **Date Issued** | **Date Orig. Entry** child born Jan. 31, 1939 |
| | **Date of Birth** Age 36 | **Birth Place** Idaho | **Full Name of Mother** ----- | **Name of Father** ----- |
| **SUPPORTING RECORD 3.** | **Type of Document** Insurance Policy | **By whom issued and signed** Royal Neighbors of America | **Date Issued** | **Date Orig. Entry** February 11, 1942 |
| | **Date of Birth** July 23, 1902 | **Birth Place** Blackfoot, Idaho | **Full Name of Mother** Anna V. Powell | **Name of Father** --- |

**QUALIFYING INFORMATION**

Baptisimal certificate--Emma Gertrude, Child of George Powell and Annie Powell, born at Blackfoot, Idaho, was baptized August 13, 1903 by T. H. Martin, Pastor.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|---|---|---|
| **State Registrar** W.W. Benson | **Evidence reviewed by** ses Sharon E. Skaggs | **Date Filed** Nov. 21, 1958 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child (full name at birth) | | 2. Sex | 3. Date of birth |
| [illegible] George Jewell | | male | July 22, 1872 |
| 4. Place of birth (County) | | 5. Place of birth (City or town) | |
| Bingham | | Blackfoot | |
| 6. Name of father | | 7. State or country of father's birth | |
| George Augustus Jewell | | Missouri | |
| 8. Maiden name of mother | | 9. State or country of mother's birth | |
| Victoria Wicks | | New Jersey | |
| 10. Father's address at birth of child | | | |
| [illegible] | | | |
| 11. Signature of informant | | 12. Signature of notary | 13. Notary commission expires |
| [illegible] | | [illegible] | [illegible] |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Affidavit of record 1 | Name of witness (Under oath or affirmation) | | Date filed |
| | [illegible] by Idaho | George A. Jewell | July 22, 1872 |
| Date of birth | Place of birth (City or town) | Full name of father | Maiden name of mother |
| July 22, 1872 | Blackfoot, Idaho | Anne Victoria Wicks | George A. Jewell |
| Affidavit of record 2 | Name of witness (Under oath or affirmation) | By whom issued and signature | Date issued |
| Form 2 - Delayed birth certificate issued by Bureau of Vital Statistics, Department of Public Health, State of Idaho | | Beth M. Public Health, | July 12, 1943 |
| Date of birth | Place of birth (City or town) | Full name of father | Maiden name of father |
| | Idaho | ----- | ----- |
| Certificate 3 | Name of witness | By whom issued and signature | Date issued |
| | Insurance Policy | Royal Highlanders of America | February [illegible] 1942 |
| Date of birth | Place of birth (City or town) | Full name of father | Maiden name of father |
| July 22, 1872 | Blackfoot, Idaho | Anna T. [illegible] | --- |

CERTIFICATION

Form 1 certificate--Anna Jerrendy, Public of George Jewell are single Bundle, Property Blackfoot, Idaho, was registered August 12, 1943 by [illegible] Jerrendy, Registrar.

Signature of registrar: I hereby certify that my office is in possession of the Division of Vital Statistics for the [illegible] and that a search of the [illegible] which substantiates the facts as set forth in the [illegible] attached.

| | | |
|---|---|---|
| State Registrar | Signature received by | Date filed |
| W. Jensen | Reg. Marion E. Scogge | Nov. 20, 1942 |

355-122-031-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-978

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leroy Peter Lenz | | 2. Date Of Birth (month) 2 (day) 22 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: M | 5. Place of Birth a. County: NEZ PERCE now Lewis | b. City or Town of Birth: Ilo now Craigmont |
| **FATHER** | 6. Full Name of Father: Elmer Richard Lenz | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Carrie Gertrude Lenz | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leroy Peter Lenz | 11. Present Address of Registrant: Craigmont, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 2, 1958 | 12. Signature of Notary: [signature] | 13. Notary Commission expires October 17, 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: E. R. Lenz | Date Issued: 9-9-58 | Date Orig. Entry: |
| | Date of Birth: Feb. 22, 1902 / Birth Place: Ilo (now Craigmont) Lewis Co., Idaho | Full Name of Mother: Carrie Gertrude Lenz Lenz | Name of Father: E. R. Lenz | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: New World Life Ins. Co. | Date Issued: 9-26-34 | Date Orig. Entry: Sept. 14, 1934 |
| | Date of Birth: Feb. 22, 1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #118926 | Date Issued: | Date Orig. Entry: child born Jan. 2, 1924 |
| | Date of Birth: age 21 / Birth Place: Ilo, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: Dec. 10, 1958 | |

FORM BH 56067

DEC 1 0 1958

466-218-009-194

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1004

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margaret Helen Moody | | | 2. Date of Birth (month) (day) (year): December 18, 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County | b. City or Town of Birth: Granite |
| **FATHER** | 6. Full Name of Father: Charles Moody | | | 7. State or Country of Father's Birth: Indiana |
| **MOTHER** | 8. Full Maiden Name of Mother: Christine Borthwick Armstrong | | | 9. State or Country of Mother's Birth: Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Margaret Helen LaFrante | | 11. Present Address of Registrant: PO Box 35, Elk Grove, Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 4th 1958 | 12. Signature of Notary: Nellie B. Pearson | | 13. Notary Commission expires: August 6th 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: June 20, 1942 |
| | Date of Birth: Dec. 18, 1902 | Birth Place: Granite, Idaho | Full Name of Mother: Christine Borthwick Armstrong | Name of Father: Charles Moody |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Dept. of Public Health Tacoma, Washington | Date Issued: 2-2-45 | Date Orig. Entry: child born Dec. 22, 1928 |
| | Date of Birth: age 26 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Photostatic copy-Bible Record | By whom issued and signed: original viewed by Nellie B. Parson, Notary Public | Date Issued: 12-5-58 | Date Orig. Entry: |
| | Date of Birth: Dec. 18, 192 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Jameson | Evidence reviewed by: nr Nancy Richards | Date Filed: Dec. 22, 1958 |

FORM BH 56067

DEC 2 6

296-213-005-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-1011

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Daisy Kathryn Brown | | | 2. Date of Birth (month) September (day) 13 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Benewah | b. City or Town of Birth: Emida |
| **FATHER** | 6. Full Name of Father: Elwood Barnett Brown | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Catherine Fink | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Daisy Fritch | | 11. Present Address of Registrant: Nezperce, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August 20 19 58 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires 2/25/61 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Record | By whom issued and signed: Lewis County Clerk of Dist. Court, Nezperce, Idaho | Date Issued: 7-31-58 | Date Orig. Entry: Oct. 13, 1915 |
| | Date of Birth: age 13 | Birth Place: — | Full Name of Mother: — | Name of Father: E. B. Brown |
| **SUPPORTING RECORD 2.** | Type of Document (born 8-11-1889): Affidavit by sister | By whom issued and signed: Anna E. Fedder | Date Issued: 9-6-58 | Date Orig. Entry: |
| | Date of Birth: Sept. 13, 1902 | Birth Place: Emida, Idaho | Full Name of Mother: Sarah Catherine Brown | Name of Father: Elwood Barnett Brown |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 12-5-58 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: age 17 | Birth Place: Idaho | Full Name of Mother: Sarah F. Brown | Name of Father: Elwood B. Brown |
| **QUALIFYING INFORMATION** | Lodge Record, Eureka Rebekah Lodge #57, Nezperce, Idaho: age 18 as of Oct. 5, 1920. | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Jameson | Evidence reviewed by: nr Nancy Richards | Date Filed: Dec. 26, 1958 |

FORM BH 56067

DEC 29 1990

851-231-030-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-1022

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Yearian | | | 2. Date of Birth (month) 12 (day) 31 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Junction Lemhi | b. City or Town of Birth: Junction, Idaho |
| **FATHER** | 6. Full Name of Father: Gilbert F. Yearian | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Lula M. House | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth Yearian Thielmeyer | | 11. Present Address of Registrant: 65 Bridge Road, Hillsborough, Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 17 1958 | 12. Signature of Notary: Cly D. S. West Jr. | | 13. Notary Commission expires: November 16 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by cousin(12 yrs. older), Bertha Hays McCall | By whom issued and signed: | Date issued: 8-6-58 | Date Orig. Entry: |
| | Date of Birth: Dec. 31, 1902 | Birth Place: Junction, Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: California (Dist. #4101, Reg. #308) | Date issued: | Date Orig. Entry: child born June 15, 1940 |
| | Date of Birth: age 37 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date issued: | Date Orig. Entry: Jan. 31, 1953 |
| | Date of Birth: Dec. 31, 1902 | Birth Place: Lemhi Co. Junction, Idaho | Full Name of Mother: Lulu Matilda House | Name of Father: Gilbert Finch Yearian |
| **QUALIFYING INFORMATION** | Voting Registration Record, San Mateo County, Calif.; 9-6-40: registered on Feb. 28, 1939; birthplace-Idaho. Marriage Record, San Benito Co., Calif.; 12;3-58: age 25 as of June 24, 1928; native of Idaho. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: nr Nancy Richards | | Date Filed: Dec. 29, 1958 |

FORM BH 56067

DEC 29 1958

249-219-035-955

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De58-1025
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mabel Delusia Smith | | 2. Date of Birth (month) March (day) 19 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Nezperce b. City or Town of Birth: Southwick |
| **FATHER** | 6. Full Name of Father: Dallas Smith | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Carrie Ella Reeves | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Delusia Smith (Mabel D. Powers) | 11. Present Address of Registrant: 1336 Magnolia, Oakdale Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 28 February 19 57 | 12. Signature of Notary: Betty J. Bright | 13. Notary Commission expires: 11-6 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (18 yrs. senior): Affidavit by Cousin | By whom issued and signed: Candice M. Baker | Date Issued: 9-24-54 | Date Orig. Entry: |
| Class* B | Date of Birth: Mar. 19, 1902 / Birth Place: Southwick, Nez Perce Co., Ida. | Full Name of Mother: Carrie Ella Reeves | Name of Father: Dallas Smith | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Washington #335 | Date Issued: 9-23-42 | Date Orig. Entry: child born May 22, 1923 |
| Class B | Date of Birth: age 21 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record (photostat) | By whom issued and signed: original viewed by Notary Public David Q. Vordermark; Shasta Co., Calif. | Date Issued: 12-20-58 | Date Orig. Entry: obviously old |
| Class B | Date of Birth: March 19, 1902 / Birth Place: Southwick, Idaho | Full Name of Mother: Carrie Ella Reeves | Name of Father: Dallas Smith | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D W Ranson | Evidence reviewed by: ss nr Nancy Richards | Date Filed: Dec. 29, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

## STATE OF IDAHO

DEC 20 1966

| | | |
|---|---|---|
| CHILD'S NAME (Person whose birth is being registered) | 2. Place of birth | 3. Date of birth (month) (day) (year) |
| 4. Sex | 5. Place of birth | 6. City or town of birth |
| FATHER | 7. Full name of father | 8. State or Country of Father's birth |
| MOTHER | 9. Maiden name of mother | 10. State or Country of Mother's birth |
| AFFIDAVIT | 11. Signature of Registrant | 12. Present Address of Registrant |
| | 13. Signature of Notary | 14. Notary Commission expires |
| SUPPORTING RECORD 1. | Date of birth Birth Place | Full Name of Mother |
| | Date issued | Date Orig. Entry |
| SUPPORTING RECORD 2. | Date of birth Birth Place | Full Name of Mother |
| | Date issued | Date Orig. Entry |
| SUPPORTING RECORD 3. | Date of birth Birth Place | Full Name of Mother |
| | Date issued | Date Orig. Entry |
| REGISTRAR'S CERTIFICATION | | |
| | Date Filed | |

533-127-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-008

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Fred Willis Ellis | | | 2. Date of Birth (month) 10 (day) 27 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Lago, Idaho |
| **FATHER** | 6. Full Name of Father: Frank Erwin Ellis | | | 7. State or Country of Father's Birth: Perrysvill, Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Collins | | | 9. State or Country of Mother's Birth: Lago, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Fred Willis Ellis | | 11. Present Address of Registrant: 525 East Dillon, Pocatello Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 29, 1958 | 12. Signature of Notary: D H Carlson | | 13. Notary Commission expires June 1, 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own Child's Birth Certificate | | By whom issued and signed: on file Vital Statistics #112092 | Date Issued: | Date Orig. Entry: child born June 6, 1923 |
| | Date of Birth: Age 20 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | | By whom issued and signed: 1st Presbyterian Church Soda Springs, Idaho | Date Issued: 12-15-58 | Date Orig. Entry: Baptized 3-27-1921 |
| | Date of Birth: October 27, 1902 | Birth Place: Lego, Idaho | Full Name of Mother: Elizabeth Collins Ellis | Name of Father: Frank Ellis | |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy Affidavit for Marriage License | | By whom issued and signed: Sarah Devaney, Co. Recorder Bannock County, Idaho | Date Issued: 12-18-1958 | Date Orig. Entry: November 18, 1922 |
| | Date of Birth: Age 20 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Joyce B. Foltz | Date Filed: January 7, 1959 |

FORM BH 56067

1 copy paid

[redacted]

Fred Willis Ellis

Male

Bannock

Iago, Idaho

Perryville, Missouri

Iago, Idaho

Frank Irvin Ellis

Elizabeth Collins

52E Best Pilot, Boegtelle Idaho

June 1,

Iago, Idaho

Elizabeth Collins Ellis

Iago, Idaho

12-18-1948

12-18-1948

December 16, 1948

January 7, 1949

719-223-006-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-036

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Gertrude Garlick | | | 2. Date of Birth (month) July (day) 23, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Blackfoot |
| **FATHER** | 6. Full Name of Father: Bert Elihu Garlick | | | 7. State or Country of Father's Birth: Grand Rapids, Michigan |
| **MOTHER** | 8. Full Maiden Name of Mother: Katie May Kirnan | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Gertrude Garlick | | 11. Present Address of Registrant: Caldwell Idaho #2 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 12 1959 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: on file Vital Statistics Idaho #155953 | Date Issued: | Date Orig. Entry: Child born 11-9-1927 |
| | Date of Birth: Age 25 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 2.** | Type of Document: Affadavit by Mother | By whom issued and signed: Katie May Garlick | Date Issued: Dec. 18 1958 | Date Orig. Entry: |
| | Date of Birth: July 23, 1902 | Birth Place: Blackfoot, Bingham Idaho | Full Name of Mother: co Katie May Garlick | Name of Father: Bert Elihu Garlick |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding Membership in Charity Rebekah Lodge No 75 | By whom issued and signed: Mrs. Marion Bee Mitchell Recording Secretary, Wilder, Ida | Date Issued: January 23, 1959 | Date Orig. Entry: initiated Aug 4, 1920 |
| | Date of Birth: Age 18 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- |
| **QUALIFYING INFORMATION** | Certificate of Petition for Degree, Order of the Eastern Star, dated Sept 13, 1945 gives place of birth as Blackfoot, Idaho | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | ses Sharon E. Skaggs | Jan 26, 1959 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Given name at birth: Gladys Gertrude Garlick | | 2. Date of birth: July 23, 1922 |
| | 3. Sex: White / Female | 4. Place of birth: Blackfoot, Bingham | 5. City or town of birth: Blackfoot |
| FATHER | 6. Full name of father: Fort Elihu Garlick | | 7. State or country of father's birth: Grand Rapids, Michigan |
| MOTHER | 8. Maiden name of mother: Katie May Kirman | | 9. State or country of mother's birth: Illinois |
| AFFIDAVIT | 10. Affidavit attached: Yes | 11. Signature of affiant: | 12. Affiant's address: |
| NOTARY | 13. Signature of notary: | | 14. Notary Commission expires: |

DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|
| SUPPORTING RECORD A | Own child's birth certificate on file Vital Statistics Idaho #15393 | | Date of birth: Child born 11-9-1922 |
| SUPPORTING RECORD B | Affidavit by Mother July 23, 1922 Blackfoot, Bingham Co Idaho | Katie May Garlick | Date of affidavit: Dec. 15 1928 |
| SUPPORTING RECORD C | — | — | — |
| OTHER INFORMATION | Certificate of Delayed Birth for Gladys Gertrude Garlick, dated July 2, 1949 Given place of birth as Blackfoot, Idaho | | |
| CERTIFICATION | I hereby certify that no other birth record in this office has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing certificate. | | |
| | State Registrar: | Evidence reviewed by: See | Date filed: Jan 26, 1949 |

JAN 26 1949

236-229-019-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-054

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Gertrude Stoddard | | | 2. Date Of Birth (month) (day) (year): June 29, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Custer Co. | b. City or Town of Birth: Grouse, Idaho |
| **FATHER** | 6. Full Name of Father: John Franklin Stoddard | | | 7. State or Country of Father's Birth: California |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Taylor | | | 9. State or Country of Mother's Birth: North Carolina |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys S. Hansen | | 11. Present Address of Registrant: Aberdeen, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 14, 1959 | 12. Signature of Notary: O D Becker | | 13. Notary Commission expires: Nov. 6, 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother (born-1880) | By whom issued and signed: J. W. Stoddard | Date Issued: 3-29-57 | Date Orig. Entry: |
| | Date of Birth: June 29, 1902 | Birth Place: Grouse, Idaho | Full Name of Mother: Mary Ann Taylor Stoddard | Name of Father: John Franklin Stoddard |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: Bankers Life Co. | Date Issued: | Date Orig. Entry: Dec. 28, 1945 |
| | Date of Birth: June 29, 1902 | Birth Place: Grouse, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #126544 | Date Issued: | Date Orig. Entry: child born Nov. 18, 1924 |
| | Date of Birth: age 22 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W L Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Jan. 29, 1959 |

FORM BH 56067

1 copy paid

FEB 5 1968

235-211-040-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-062

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Doris Bonita Stephens | | | 2. Date of Birth (month) August (day) 11 (year) 1902 |
| | 3. Color or Race: Cau. | 4. Sex: F. | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Kellogg |
| **FATHER** | 6. Full Name of Father: Thomas Jefferson Stephens | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Mattie Amelia Sweet | | | 9. State or Country of Mother's Birth: New York |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Doris Bonita Calvert | | 11. Present Address of Registrant: Kingston, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 20 1959 | 12. Signature of Notary: W. Loebsch / Doris Bonita Calvert | | 13. Notary Commission expires: Jan. 29 1961 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement by attending physician | By whom issued and signed: T. R. Mason, M.D. | Date Issued: 1-12-57 | Date Orig. Entry: |
| | Date of Birth: Aug. 11, 1902 | Birth Place: Kellogg, Idaho | Full Name of Mother: Mrs. Mattie Amelia Stephens | Name of Father: Thomas Jefferson Stephens |
| **SUPPORTING RECORD 2.** | Type of Document: Application for Social Security Account Number | By whom issued and signed: Treasury Department | Date Issued: | Date Orig. Entry: Sept. 13, 1944 |
| | Date of Birth: Aug. 11, 1902 | Birth Place: Shoshone County Kellogg, Idaho | Full Name of Mother: Mattie Amilia Sweet | Name of Father: Thomas Jefferson Stephens |
| **SUPPORTING RECORD 3.** | Type of Document: School record | By whom issued and signed: Kootenai County Board of Education, Coeur d'Alene, Ida. | Date Issued: 3-25-57 | Date Orig. Entry: Sept. 1916 |
| | Date of Birth: age 14 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. U. Bergen | Evidence reviewed by: nr Nancy Richards | Date Filed: Jan. 30, 1959 |

FORM BH 56067

JAN 30

231-705 022-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-096
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: STANLEY CHARLES BLATTNER | | | 2. Date of Birth (month) SEPT. (day) 5 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: HOWE, FREMONT COUNTY | b. City or Town of Birth: HOWE, IDAHO |
| **FATHER** | 6. Full Name of Father: HENRY BLATTNER | | | 7. State or Country of Father's Birth: SWITZERLAND |
| **MOTHER** | 8. Full Maiden Name of Mother: CAROLINE ELIZA JONES | | | 9. State or Country of Mother's Birth: SALT LAKE CITY, UT. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Stanley C Blattner | | 11. Present Address of Registrant: ARCO, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 6 1959 | 12. Signature of Notary: Edna H. Mefford | | 13. Notary Commission expires: Oct 15 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record--Certificate | By whom issued and signed: IDS Church Salt Lake City, Utah | Date Issued: 2-3-54 | Date Orig. Entry: July 7, 1912 |
| Class* B | Date of Birth: Sept. 5, 1902 / Birth Place: Howe, Idaho | Full Name of Mother: Caroline E. Jones | Name of Father: Henry Blattner | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Oct. 17, 1939 |
| Class B | Date of Birth: Sept. 5, 1902 / Birth Place: Howe, Idaho | Full Name of Mother: Caroline E. Jones | Name of Father: Henry Blattner | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #163437 | Date Issued: | Date Orig. Entry: child born June 29, 1928 |
| Class B | Date of Birth: age 25 / Birth Place: Howe, Idaho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Feb. 6, 1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 6

799-224-028-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-106

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ethel May Price | | | 2. Date of Birth (month) May (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho - Kootenai | b. City or Town of Birth: Coeur d'Alene Idaho |
| **FATHER** | 6. Full Name of Father: Lewis Price | | | 7. State or Country of Father's Birth: Indiana (Eden) |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie Manning | | | 9. State or Country of Mother's Birth: Iowa - (Desmoines) |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ethel M Rabus | | 11. Present Address of Registrant: 4509 Bagley Ave Seattle 3 (WASH) |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 27, 1958 | 12. Signature of Notary: John Raymond | | 13. Notary Commission expires: Jan 21, 1961 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother (14 years older) | By whom issued and signed: Arthur A. Price | Date Issued: 3-13-58 | Date Orig. Entry: |
| | Date of Birth: May 24, 1902 / Birth Place: Coeur d'Alene, Ida. | Full Name of Mother: Minnie Manning | Name of Father: Lewis Price | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: July 14, 1941 |
| | Date of Birth: May 24, 1902 / Birth Place: Kootenai Co. Coeur d'Alene, Idaho | Full Name of Mother: Minnie Manning | Name of Father: Louis Price | |
| **SUPPORTING RECORD 3.** | Type of Document: Family Record | By whom issued and signed: viewed by Bureau of Vital Statistics | Date Issued: 1-12-59 | Date Orig. Entry: old record |
| | Date of Birth: May 24, 1902 / Birth Place: --- | Full Name of Mother: Minnie Manning | Name of Father: Lewis Price | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Jensen | Evidence reviewed by: Nancy Richards mr | Date Filed: Feb. 11, 1959 |

FORM BH 56067

FEB 11 1959

249-106-025-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-144

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Harry Ellsworth Smith | | | 2. Date Of Birth (month) May (day) 6 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Kendrick |
| **FATHER** | 6. Full Name of Father: Amos Carver Smith | | | 7. State or Country of Father's Birth: United States of America |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Ariel Allen | | | 9. State or Country of Mother's Birth: Butte, Nebraska |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harry E. Smith | | 11. Present Address of Registrant: 7 Rotary Apts. Grover Hotel Portland |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 13 1956 | 12. Signature of Notary: Simon Levin | | 13. Notary Commission expires: November 14 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (present at birth): Affidavit by mother's sister, | By whom issued and signed: age 73, Elva Cluphf | Date Issued: 2-17-58 | Date Orig. Entry: |
| | Date of Birth: May 6, 1902 | Birth Place: Kendrick, Idaho | Full Name of Mother: Emily Ariel Allen | Name of Father: Amos Carver Smith |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 4-30-58 | Date Orig. Entry: April 15,1910 |
| | Date of Birth: age 7 | Birth Place: Idaho | Full Name of Mother: Emily A. Smith | Name of Father: Amos C. Smith |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Record | By whom issued and signed: American Bohemian Yearly Beneficial Assoc.; Philadelphia, Penna. | Date Issued: 9-29-58 | Date Orig. Entry: Oct. 1947 |
| | Date of Birth: May 6, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Feb. 20, 1959 |

FORM BH 56067

FEB 20 1959

258-213-010-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-171

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Selma Helena Seyfert | | | 2. Date of Birth (month) March (day) 13 (year) 1902 |
| | 3. Color or Race: Caucasian | 4. Sex: F | 5. Place of Birth a. County: Bonneville | b. City or Town of Birth: Idaho Falls, Idaho |
| **FATHER** | 6. Full Name of Father: John D. Seyfert | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Lena Funke | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Selma Helena Seyfert Johnson | | 11. Present Address of Registrant: 1290 Taylor Ave, Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 17 1959 | 12. Signature of Notary: Robert T Cover | | 13. Notary Commission expires: March 4 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Baptismal Certificate | By whom issued and signed: Ev. Pastor | Date Issued: | Date Orig. Entry: May 25, 1902 |
| | Date of Birth: March 13, 1902 | Birth Place: --- | Full Name of Mother: Lina Funke | Name of Father: John D. Seyfert |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: Security State Life Ins. Co. of Idaho | Date Issued: | Date Orig. Entry: Jan. 3, 1944 |
| | Date of Birth: March 13, 1902 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #166998 | Date Issued: | Date Orig. Entry: child born Dec. 18, 1928 |
| | Date of Birth: age 26 | Birth Place: Idaho Falls, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | Church Record, First Presbyterian Church, Idaho Falls, Ida.; 2-13-59: record of May 2, 1920: born in Idaho Falls, Idaho on March 13, 1902. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D W Benson | Evidence reviewed by: Nancy Richards | | Date Filed: Feb. 26, 1959 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1959

| | |
|---|---|
| 1. Name of child | Selma Helena Seyfert |
| 2. Date of birth | March 13, 1902 |
| 3. Place of birth (county) | Bonneville |
| 4. City or town of birth | Idaho Falls, Idaho |
| 5. Sex | F |
| 6. Full name of father | John D. Seyfert |
| 7. State or country of father's birth | Germany |
| 8. Full maiden name of mother | Lena Funke |
| 9. State or country of mother's birth | Missouri |
| 10. Signature of registrant | |
| 11. Present address of registrant | 1900 Taylor Ave. Idaho Falls, Idaho |
| 12. Subscribed and sworn to before me | |
| 13. Signature of Notary | |
| 14. Notary Commission expires | |

SECTION - DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Name of applicant | | Date received | Date corr. sent |
| Type of document | By whom issued and signed | Date issued | Date corr. sent |
| Place of birth (city) | Full name of father | Date issued | Date corr. sent |
| Place of death (city) | Full name of father | Date issued | Date corr. sent |

Image Index, Vital Records Division, Idaho Falls, Idaho, 2-13-79: Recording of

1900: Born in Idaho Falls, Idaho on March 13, 1902.

Certification: I hereby certify that on prior birth certificate has been found in the Division of Vital Statistics for this registrant. The one that accompanies this affidavit has been given, which substantiates the facts as set forth in the foregoing statement.

| | | |
|---|---|---|
| Date Registered | Evidence reviewed by | Date Filed |
| | | Feb. 25, 1959 |

553-126-021-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-177

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Howard Nelson | | | 2. Date of Birth (month) Sept. (day) 26 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Weston (Oneida) Franklin | b. City or Town of Birth: Weston |
| **FATHER** | 6. Full Name of Father: Carl James Nelson | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Almira Fredrickson | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Howard Nelson | | 11. Present Address of Registrant: North Fork, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan-17 1959 | 12. Signature of Notary: Josh Cook | | 13. Notary Commission expires: September 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Idaho Mutual Benefit Assoc. | Date Issued: 1-19-46 | Date Orig. Entry: Jan. 14, 1946 |
| | Date of Birth: Sept. 26, 1902 / Birth Place: Weston, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #199752 | Date Issued: | Date Orig. Entry: child born Feb. 11, 1932 |
| | Date of Birth: age 29 / Birth Place: Weston, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: (age 74) Affidavit by mother's sister | By whom issued and signed: Clarice Fredrickson Anderson | Date Issued: 2-14-59 | Date Orig. Entry: |
| | Date of Birth: Sept. 26, 1902 / Birth Place: Weston, Idaho | Full Name of Mother: Almira Fredrickson Nelson | Name of Father: Carl James Nelson | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: March 2, 1959 |

FORM BH 56067

MAR 2 1980

459-108004-972

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-191

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Roland Ambrose Merrill | | | 2. Date of Birth (month) December (day) 8, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Bennington |
| **FATHER** | 6. Full Name of Father: Ambrose Dunn Merrill | | | 7. State or Country of Father's Birth: Idaho - Bear Lake County |
| **MOTHER** | 8. Full Maiden Name of Mother: Estella Ipsen | | | 9. State or Country of Mother's Birth: Utah - Box Elder County |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Roland A. Merrill | | 11. Present Address of Registrant: 515 East Walnut, Pocatello, Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 4 - 2 - 1958 | 12. Signature of Notary: Leon Turrell | | 13. Notary Commission expires: July 11, 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 24, 1936 |
| | Date of Birth: Dec. 8, 1902 / Birth Place: Bear Lake Co. Bennington, Idaho | Full Name of Mother: Estella Ipsen | Name of Father: Ambrose Dunn Merrill | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: Oregon Mutual Life Ins. Co. (now Standard Ins. Co.; Portland) | Date Issued: copy 4-9-58 | Date Orig. Entry: Nov. 15, 1931 |
| | Date of Birth: Dec. 8, 1902 / Birth Place: Bennington, Idaho | Full Name of Mother: — | Name of Father: — | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Estella Ipsen Merrill | Date Issued: 3-20-58 | Date Orig. Entry: |
| | Date of Birth: Dec. 8, 1902 / Birth Place: (not stated) | Full Name of Mother: Estella Ipsen Merrill (born-Utah) | Name of Father: Ambrose Dunn Merrill (born-Idaho) | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | | Date Filed: March 4, 1959 |

FORM BH 56067 [illegible]

MAR 4 1959

239-229-037-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-221
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ethel Mary Strode – | | 2. Date of Birth (month) October (day) 29 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Silver City, ~~XXXXXXX~~ Owyhee County | b. City or Town of Birth: Silver City Idaho |
| **FATHER** | 6. Full Name of Father: Harvey John Strode | | 7. State or Country of Father's Birth: Boise Idaho – | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ellen Teresa Lane | | 9. State or Country of Mother's Birth: County Limerick Ireland. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ethel Mary Strode Now Ethel Mary Johnson | 11. Present Address of Registrant: 1518 San Joaquin Ave. Richmond Cal. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 7th 1957 | 12. Signature of Notary: Henry B. Street | 13. Notary Commission expires: July 7th 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Dec. 24, 1943 |
| Class* B | Date of Birth: Oct. 29, 1902 | Birth Place: Ada Co. Silver City, Idaho | Full Name of Mother: Mary Lane | Name of Father: Harvery John Strode | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | | By whom issued and signed: California #7289 | Date Issued: | Date Orig. Entry: child born Dec. 10, 1932 |
| Class B | Date of Birth: age 30 | Birth Place: Silver City, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism | | By whom issued and signed: R. C. Church of St. Paul Nampa, Idaho | Date Issued: 1-30-59 | Date Orig. Entry: Nov. 30, 1902 |
| Class A | Date of Birth: Oct. 29, 1902 | Birth Place: Silver City, Idaho | Full Name of Mother: Maria Josephine Angela Lane | Name of Father: Harvey Strode | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: March 12, 1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0067

MAR 12 1935

238-217-001-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 59-225

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Josephine Schreiber | | | 2. Date of Birth (month) December (day) 17 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Boise, Ada County, Idaho | b. City or Town of Birth: Boise, Ada County, Idaho |
| **FATHER** | 6. Full Name of Father: Adolph Fidel Schreiber | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Josephine Winifred McMahon | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Josephine Schreiber Palmer | | 11. Present Address of Registrant: 2713 Inverness Way, Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 13 19 59 | 12. Signature of Notary: James H. Hawley | | 13. Notary Commission expires: March 20 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Social Security Account Number #556-48-8599 | By whom issued and signed: Treasury Department | Date Issued: | Date Orig. Entry: July 17, 1953 |
| | Date of Birth: December 17 1902 | Birth Place: Boise, Ada Co., Idaho | Full Name of Mother: Josephine Winifred McMahon | Name of Father: Adolph Fidel Schreiber |
| **SUPPORTING RECORD 2.** | Type of Document: Photostatic copy of Family Records | By whom issued and signed: | Date Issued: | Date Orig. Entry: Obviously old |
| | Date of Birth: Dec. 17, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Josephine McMahon | Name of Father: Adolph Schreiber |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics, Idaho #205324 | Date Issued: | Date Orig. Entry: Child born 8/15/1932 |
| | Date of Birth: Age 29 | Birth Place: Boise, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W.W. Benson | Evidence reviewed by: Sharon E. Skaggs | Date Filed: March 13,1959 |

FORM BH 56067

MAR 16 1959

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | |
|---|---|
| 1. Name of person for whom birth is recorded<br>Mary Josephine Schember | 2. Date of birth<br>Seven December 17 1902 |
| 3. Place of birth (City, county, state)<br>Boise, Ada County, Idaho | 4. City or town of birth<br>Boise, Ada County, Idaho |
| 5. Name of father<br>Adolph Tidal Schember | 6. State or country of father's birth<br>(Germany) |
| 7. Maiden name of mother<br>Josephine Winifred McMahon | 8. State or country of mother's birth<br>Idaho |
| 9. Name and address of applicant<br>Mary Josephine McMahon Schember | 10. Signature of applicant<br>[illegible] |
| 11. Notary Commission expires<br>[illegible] | 12. Signature of notary<br>[illegible] |

**SUPPORTING AFFIDAVIT**

| | |
|---|---|
| 13. Name of document<br>Photostatic copy of Family Records | 14. Date of document<br>Dec. 17, 1902 |
| 15. Place of document<br>Boise, Idaho | 16. Name of maker<br>Josephine McMahon |
| 17. Name of father<br>Adolph Schember | 18. Date of birth<br>Obviously old |
| 19. Name of mother<br>Josephine McMahon | 20. Date issued<br>[illegible] |
| 21. Name of father<br>Adolph Tidal Schember | 22. Date of birth<br>[illegible] |

**DO NOT WRITE BELOW THIS LINE**

| | |
|---|---|
| 23. Name of document<br>Own child's birth certificate | 24. Date of document<br>Dec. 17, 1902 |
| 25. Place of document<br>Boise, Idaho | 26. Name of maker<br>Josephine McMahon |
| 27. Name of father<br>--- | 28. Date of birth<br>Child born 8/15/1922 |

| | |
|---|---|
| 29. Name of document<br>Application for social security account number A550-48-8520 | 30. Date of document<br>December 17, 1959 |
| 31. Place of document<br>Boise, Ada Co., Idaho | 32. Name of maker<br>Josephine Winifred McMahon |
| 33. Name of father<br>Adolph Schember | 34. Date of birth<br>[illegible] |

I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the delayed certificate.

| | | |
|---|---|---|
| Registrar<br>[illegible] W. Bennion | Evidence reviewed by<br>Marion E. Skaggs | Date filed<br>March 13, 1959 |

384-106-025-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-234

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CECIL SAMUEL CHURCH | | | 2. Date Of Birth (month) June (day) 6 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Grangeville, Idaho | b. City or Town of Birth: Grangeville |
| **FATHER** | 6. Full Name of Father: Henry F. Church | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Rella M. Gill | | | 9. State or Country of Mother's Birth: Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cecil Samuel Church | | 11. Present Address of Registrant: Rt. 1, Box 256, Corning, California. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 9 1959 | 12. Signature of Notary: D. Bradshaw | | 13. Notary Commission expires: Sept 15 1959 |

Notary Public, for and in the County of Tehama, State of California.

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Rella M. Church | Date Issued: 2-28-59 | Date Orig. Entry: |
| | Date of Birth: June 6, 1902 | Birth Place: Grangeville, Idaho | Full Name of Mother: Rella M. Gill Church | Name of Father: Henry Floyd Church |
| **SUPPORTING RECORD 2.** | Type of Document: Statement re: Birth Notice (named as son) | By whom issued and signed: Idaho County Free Press, Grangeville, Idaho | Date Issued: 2-28-59 | Date Orig. Entry: published July 10, 1902 |
| | Date of Birth: June 6, 1902 | Birth Place: near Grangeville, Idaho | Full Name of Mother: --- | Name of Father: H. F. Church |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record--Photostat | By whom issued and signed: original viewed by Notary Public Paul Eimers; Grangeville, Ida. | Date Issued: 3-2-59 | Date Orig. Entry: old record |
| | Date of Birth: June 6, 1902 | Birth Place: --- | Full Name of Mother: Rella Church | Name of Father: Floyd Church |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D W Benson | Evidence reviewed by: Nancy Richards | Date Filed: March 17, 1959 |

FORM BH 56067

MAR 17 1959

349-230-022-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. ~~D59-235~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Henrietta Curr | | | 2. Date of Birth (month) (day) (year): August 30 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Chester | b. City or Town of Birth: Fremont |
| **FATHER** | 6. Full Name of Father: Otis Sherman Curr | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Hannah Hill | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Henrietta Housley | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 6, 1959 | 12. Signature of Notary: Lane Pickles | | 13. Notary Commission expires: April 21, 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record--Baptism | By whom issued and signed: St. Anthony Third Ward, Yellowstone Stake, LDS Church | Date Issued: 10-19-56 | Date Orig. Entry: Sept. 6, 1919 |
| Class* B | Date of Birth: Aug. 30, 1902 / Birth Place: Fremont Co. Chester, Idaho | Full Name of Mother: Hannah Hill | Name of Father: Otis Curr | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Oct. 31, 1942 |
| Class B | Date of Birth: Aug. 30, 1902 / Birth Place: Fremont Co. Chester, Idaho | Full Name of Mother: Hannah Hill | Name of Father: Otis Sherman Curr | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt, age 75 | By whom issued and signed: Alice Hill Curr | Date Issued: 3-3-59 | Date Orig. Entry: |
| Class B | Date of Birth: Aug. 30, 1902 / Birth Place: Chester, Idaho | Full Name of Mother: Hannah Hill Curr | Name of Father: Otis Sherman Curr | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Nancy Richards | March 17, 1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

# CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 16 1950 P.M.

1. Child's Name (If born in hospital, give street address or location)

2. Sex

3. Date of Birth

4. Place of Birth (County)

5. City or Town of Birth

6. Mother's Full Name at Birth

7. Father's Full Name

8. State or Country of Mother's Birth

9. Mother's Maiden Name or Maiden Name of Wife

10. State or Country of Father's Birth

11. I hereby certify that I attended the birth of the child named above on the date stated above.

12. Signature of Attendant

13. Address of Attendant

14. Attended and sworn to before me on

15. Signature of Notary

16. Notary Commission Expires

17. Date Filed

18. Registrar

19. Date Issued

20. Date Corr. Entry

21. Type of Document

22. Date of Birth Place

23. Full Name of Mother

24. By whom issued and signed

25. Date Issued

26. Name of Father

27. Date Corr. Entry

28. Type of Document

29. Date of Birth Place

30. Full Name of Mother

31. By whom issued and signed

32. Date Issued

33. Name of Father

34. Date Corr. Entry

35. I hereby certify that an original birth certificate has been found in the Division of Vital Statistics for this person, and that duplicate (this) certificate has been received, which substantiates the facts as set forth in the attached affidavit.

36. Signature of Registrar

37. Children received by

38. Date Filed

39. Signature of Registrar

40. Date Filed

Items 1 through 15 are to be completed before the attending physician or midwife leaves the premises.

Items 1 through 40 are to be completed before the registrar issues a birth certificate.

245-222-006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-247

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: RUTH SUNDQUIST | | | 2. Date of Birth (month) July (day) 22 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Bingham County Idaho | b. City or Town of Birth: Firth |
| **FATHER** | 6. Full Name of Father: Hans Gustaf Sundquist | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Hulda Anderson | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth S. Johnson | | 11. Present Address of Registrant: 153 May Avenue, Monrovia, Cal. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 3 1959 | 12. Signature of Notary: Fernande M. Lecakes | | 13. Notary Commission expires: My Commission Expires July 7, 1962 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by relative, age 70 (neighbor at birth) | By whom issued and signed: Eric Sundquist | Date Issued: 3-6-59 | Date Orig. Entry: |
| | Date of Birth: July 22, 1902 | Birth Place: Firth, Idaho | Full Name of Mother: Hulda Anderson | Name of Father: Hans Gustaf Sundquist |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Bingham County, Idaho | Date Issued: | Date Orig. Entry: Nov. 22, 1923 |
| | Date of Birth: age 21 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Oct. 28, 1944 |
| | Date of Birth: July 22, 1902 | Birth Place: Bingham Co. Firth, Idaho | Full Name of Mother: Hulda Anderson | Name of Father: Hans Gustaf Sundquist |
| **QUALIFYING INFORMATION** | own child's birth certificate, Idaho #126626; child born 9-22-24: born-Firth, Ida. age 22. Photostatic copy of Bible Record, original viewed by V. F. Wootton, Notary Public of Blackfoot, Idaho; record obviously old: born July 22, 1902; parents-Hans G. and Hulda Sundquist. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | | Date Filed: March 20, 1959 |

1 copy paid

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 20 1958

2. Date of birth: July 22, 1902

7. State or Country of Parent's Birth: Sweden

9. State or Country of Mother's Birth: Sweden

11. Present Address of Reg. Person: 153 May Avenue, Monrovia, Calif.

Date Issued

Date Reg. Entry

Date Issued

Date Reg. Entry

Date Issued

Date Reg. Entry

Date Issued

Date Reg. Entry

Date Filed

256205-001-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-256
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alda Oldra Knox | | 2. Date of Birth (month) October (day) 5 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise, Idaho |
| **FATHER** | 6. Full Name of Father: Charles Bruce Knox | | 7. State or Country of Father's Birth: Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Clara Myrtle Lansing | | 9. State or Country of Mother's Birth: Kansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alda Knox Krause | 11. Present Address of Registrant: Yellow Spring Rd. Paoli Penn | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 11th 1959 | 12. Signature of Notary: John J. Hawley | 13. Notary Commission expires: Notary Public, Tredyffrin Twp., Chester Co. My Commission Expires February 2, 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: March 13, 1937 |
| Class* B | Date of Birth: Oct. 5, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Clara Myrtle Lansing | Name of Father: Charles Bruce Knox | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by parents | | By whom issued and signed: Clara M. Knox and Charles B. Knox | Date Issued: 7-12-56 | Date Orig. Entry: |
| Class B | Date of Birth: Oct. 5, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Clara M. Knox | Name of Father: Charles Bruce Knox | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | | By whom issued and signed: Baltimore City Health Dept. #E 54232 | Date Issued: 12-11-57 | Date Orig. Entry: child born Aug. 21, 1936 |
| Class B | Date of Birth: age 33 | Birth Place: Boise, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D W Benson | Evidence reviewed by: Nancy Richards | Date Filed: March 20, 1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 5 1989

493-207-022-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-284

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eunice Miller | | | 2. Date of Birth (month) (day) (year): January 7 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont Co. | b. City or Town of Birth: Parker, Idaho |
| **FATHER** | 6. Full Name of Father: Arnold Daniel Miller | | | 7. State or Country of Father's Birth: St. George, Iron Co., Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Effie Secrist | | | 9. State or Country of Mother's Birth: Farmington, Davis Co., Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Eunice Miller Minear | 11. Present Address of Registrant: Route #2 St. Anthony, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 18 19 59 | | 12. Signature of Notary: Margaret S. Mosier | 13. Notary Commission expires: July 31 19 62 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #183867 | Date Issued: | Date Orig. Entry: child born July 24, 1930 |
| | Date of Birth: age 28 | Birth Place: Parker, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Fremont Co., Idaho | Date Issued: 2-28-59 | Date Orig. Entry: Sept. 1908 |
| | Date of Birth: age 6 | Birth Place: --- | Full Name of Mother: Effie A. Miller | Name of Father: Arnold D. Miller, Jr. |
| **SUPPORTING RECORD 3.** | Type of Document: (age 67) Affidavit by 2nd cousin | By whom issued and signed: Ida M. Miller | Date Issued: 3-18-59 | Date Orig. Entry: |
| | Date of Birth: Jan. 7, 1902 | Birth Place: Fremont Co. Parker, Idaho | Full Name of Mother: Effie A. Secrist | Name of Father: Arnold Daniel Miller, Jr. |
| **QUALIFYING INFORMATION** | Church Record, Baptism; Parker Ward, Yellowstone Stake, LDS Church; 3-22-59: born Jan. (day not shown) 1902, at Parker, Fremont Co., Idaho; parents-Arnold D. Miller, Jr. & Effie Secrist. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: mr Nancy Richards | | Date Filed: March 27, 1959 |

FORM BH 56067

MAR 30 1959

168-278-010-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-290

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Wanda Johnson | | | 2. Date of Birth (month) October (day) 18 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bonneville | b. City or Town of Birth: Idaho Falls, Idaho |
| **FATHER** | 6. Full Name of Father: Hyrum Walter Johnson | | | 7. State or Country of Father's Birth: Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Caroline (Carlia) Bedell Hansen | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Wanda Johnson Willes | | 11. Present Address of Registrant: Dubois, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 24 19 59 | 12. Signature of Notary: B. H. Thomas, Clerk of the Dist. Court Clark County, Idaho | | 13. ~~Notary Commission Expires~~ By [illegible] Deputy |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #180289 | Date Issued: | Date Orig. Entry: child born March 4, 1930 |
| | Date of Birth: age 27 | Birth Place: Idaho Falls, Ida. | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record--Baptism | By whom issued and signed: LDS Church Rigby Ward, Rigby, Idaho | Date Issued: 8-16-11 | Date Orig. Entry: Aug. 5, 1911 |
| | Date of Birth: Oct. 18, 1902 | Birth Place: Idaho Falls, Idaho | Full Name of Mother: Carlia B. Hansen | Name of Father: Hyrum W. Johnson |
| **SUPPORTING RECORD 3.** | Type of Document: (present at birth) Affidavit by mother's sister, | By whom issued and signed: age 76, Hansenia Hansen Burr | Date Issued: 3-13-59 | Date Orig. Entry: |
| | Date of Birth: Oct. 18, 1902 | Birth Place: Bonneville Co. Idaho Falls, Idaho | Full Name of Mother: Caroline (Carlia) Bodell Hansen | Name of Father: Hyrum Walter Johnson |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: Nancy Richards nr | Date Filed: March 30, 1959 |

FORM BH 56067

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MAR 30 1969

693-205-031-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-331

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Addie Girdrude Wickersham | | 2. Date of Birth (month) 8 (day) 5 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nezperce Idaho - Lewis | b. City or Town of Birth: Nezperce Idaho. |
| **FATHER** | 6. Full Name of Father: Isaac Edwin Wickersham | | 7. State or Country of Father's Birth: Ottowa Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret (Maggie) Jameson | | 9. State or Country of Mother's Birth: Bentonville Arkansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Addie G (Wickersham) Francis | 11. Present Address of Registrant: 1233 - 8th Clarkston Wn. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Mar 31 1959 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Jan 31 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: July 2, 1937 |
| | Date of Birth: Aug. 5, 1902 / Birth Place: Lewis Co. Nezperce, Idaho | Full Name of Mother: Margaret Jameson | Name of Father: Isaac Edwin Wickersham | |
| **SUPPORTING RECORD 2.** | Type of Document: (age 78) Affidavit by mother's brother, | By whom issued and signed: Henry Jameson | Date Issued: 3-30-59 | Date Orig. Entry: |
| | Date of Birth: Aug. 5, 1902 / Birth Place: Nez Perce, Idaho | Full Name of Mother: Maggie (Margaret) Jameson/ Wickersham | Name of Father: Isaac Edwin Wickersham | |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Certificate of own child's birth | By whom issued and signed: White Hospital Lewiston, Idaho | Date Issued: | Date Orig. Entry: child born Nov. 20, 1934 |
| | Date of Birth: Aug. 5, 1902 / Birth Place: Nez Perce, Idqho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Nancy Richards | April 20, 1959 |

FORM BH 56067

1 copy fd

APR 20 1959

389-112-003-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Alvin Theodore Christofferson November 12 1902

State File No. De59-335

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alvin Theodore Christofferson | | | 2. Date of Birth (month) November (day) 12 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Pocatello |
| **FATHER** | 6. Full Name of Father: Albert Martin Christofferson | | | 7. State or Country of Father's Birth: Norway |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Ann Davis | | | 9. State or Country of Mother's Birth: Pennsylvania |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alvin Theodore Christofferson | | 11. Present Address of Registrant: 716 Jefferson Pocatello Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 4-7 1959 | 12. Signature of Notary: John H. Cook | | 13. Notary Commission expires: Aug. 23 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by uncle (born 1-15-1884) | By whom issued and signed: Chris Christofferson | Date Issued: 4-7-59 | Date Orig. Entry: |
| | Date of Birth: Nov. 12, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Sarah Ann Davis Christofferson | Name of Father: Albert Martin Christofferson | |
| **SUPPORTING RECORD 2.** | Type of Document: Honorable Discharge | By whom issued and signed: U. S. Marine Corps | Date Issued: 5-18-25 | Date Orig. Entry: May 24, 1922 |
| | Date of Birth: Nov. 12, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #150832 | Date Issued: | Date Orig. Entry: child born March 12, 1927 |
| | Date of Birth: age 24 / Birth Place: Pocatello, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: April 20, 1959 |

FORM BH 56067

APR 20 1959

219-216-043-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 59-357
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lora Barker | | | 2. Date of Birth (month) (day) (year): Aug 16 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Valley | b. City or Town of Birth: Roseberry |
| **FATHER** | 6. Full Name of Father: William Thomas Jesse Barker | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Amy Boydston | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lora Barker Lora Ward | | 11. Present Address of Registrant: Boise Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 4 1959 | 12. Signature of Notary: Bernard F. Hutton | | 13. Notary Commission expires: 1-28- 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Amy Barker | Date Issued: April 4, 1959 | Date Orig. Entry: |
| Class* | Date of Birth: August 16, 1902 / Birth Place: Roseberry, Valley Co, Idaho | Full Name of Mother: Amy Barker | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics, #118525 | Date Issued: | Date Orig. Entry: Child born Nov. 4, 1923 |
| Class | Date of Birth: Age 21 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record | By whom issued and signed: | Date Issued: | Date Orig. Entry: Obviously old |
| Class | Date of Birth: August 16, 1902 / Birth Place: Boise Co. | Full Name of Mother: Amy Barker | Name of Father: Will T.J. Barker | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W.W. Benson | Evidence reviewed by: Sharon E. Skaggs | Date Filed: April 23,1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 24 1959

279-121-020-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-372

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOE JAMES SPRAGUE | | 2. Date of Birth (month) 11 (day) 21 (year) 1902 | |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: MT. HOME-IDAHO ELMORE | b. City or Town of Birth: MT. HOME, IDAHO |
| **FATHER** | 6. Full Name of Father: FRANK JOSEPH SPRAGUE | | 7. State or Country of Father's Birth: BOISE IDAHO | |
| **MOTHER** | 8. Full Maiden Name of Mother: ALICE FRANCES BUTLER | | 9. State or Country of Mother's Birth: SEDALIA, MO | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joe James Sprague | 11. Present Address of Registrant: Bellevue 2, Washington 5052-49-½ AVE. S.W. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on the 28th day Nov. 1958 | 12. Signature of Notary: Neil M. Wahl | 13. Notary Commission expires: May-1- 1959 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father's sister (age 82, present at birth) | By whom issued and signed: Stella J. Jones | Date Issued: 1-21-59 | Date Orig. Entry: |
| | Date of Birth: Nov. 21, 1902 | Birth Place: Elmore Co. Mountain Home, Ida. | Full Name of Mother (born-Mo.): Alice Francis Butler | Name of Father (born-Idaho): Frank Joseph Sprague |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Dec. 4, 1936 |
| | Date of Birth: Nov. 21, 1902 | Birth Place: Mt. Home, Idaho | Full Name of Mother: Alice Butler | Name of Father: Frank Sprague |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Service Record | By whom issued and signed: Employment Supt., Puget Sound Naval Shipyard, Bremerton, Wash. | Date Issued: 3-6-59 | Date Orig. Entry: Oct. 21, 1940 |
| | Date of Birth: Nov. 21, 1902 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: D W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: April 27, 1959 |

FORM BH 56067

APR 27 1969

FEB 8 1965

795-227-026-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-375

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dora Green | | | 2. Date of Birth (month) Sept (day) 27 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Fremont now Jefferson | b. City or Town of Birth: Menan |
| **FATHER** | 6. Full Name of Father: Oscar William Green | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Christena Jane Poole | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dora Green Jensen | | 11. Present Address of Registrant: 241 Idaho Ave. Rigby, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept 18th 1958 | 12. Signature of Notary: George M. Ferman | | 13. Notary Commission expires: Jan 12 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (born 9-10-1889) Affidavit by sister | By whom issued and signed: Floette G. Peterson | Date Issued: 9-18-58 | Date Orig. Entry: |
| | Date of Birth: Sept. 27, 1902 / Birth Place: Fremont Co. Menan, Idaho | Full Name of Mother: Christena Jane Poole | Name of Father: Oscar W. Green | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Salt Lake County, Utah | Date Issued: 2-25-59 | Date Orig. Entry: March 6, 1929 |
| | Date of Birth: age 26 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Blessing | By whom issued and signed: Rigby 2nd Ward, E. Rigby Stake LDS Church | Date Issued: 9-27-02 | Date Orig. Entry: Sept. 27, 1902 |
| | Date of Birth: Sept. 27, 1902 / Birth Place: Jefferson Co. Menan, Idaho | Full Name of Mother: Christina J. Poole | Name of Father: Oscar W. Green | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D. W. Benson | Evidence reviewed by: Nancy Richards nr | | Date Filed: April 27, 1959 |

FORM BH 56067

APR 27 1950

# CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child | | 2. Date of birth (month) (day) (year) | |
| 3. Sex | 4. Place of birth | 5. County | |
| 6. City or town of birth | | | |
| 7. Mother's maiden name | | 8. State or country of mother's birth | |
| 9. Father's name | | 10. State or country of father's birth | |
| 11. Mother's maiden name | | 12. Father's occupation | |
| 13. Attendant | 14. Date signed | 15. Signature of attendant | |
| 16. Informant | | 17. Mother's address | |
| 18. Signature of informant | | 19. Mother's address | |
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395-227-006-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-419
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vera Lettie Lingren | | | 2. Date of Birth (month) (day) (year): September 27 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth: a. County: Bingham, Idaho Falls, Idaho | b. City or Town of Birth: Idaho Falls Sweden |
| **FATHER** | 6. Full Name of Father: John Lingren | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Lettie Wilson. | | | 9. State or Country of Mother's Birth: |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vera Lettie Lingren Price | | 11. Present Address of Registrant: 640 I. St. Idaho Falls Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 1 1959 | 12. Signature of Notary: Clara F Jenkins | | 13. Notary Commission expires: March 17 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by neighbor at time of birth (born 6-24-1889) | | By whom issued and signed: Lillian Tobin | Date Issued: 4-30-59 | Date Orig. Entry: |
| Class* B | Date of Birth: Sept. 27, 1902 | Birth Place: Bingham Co. Idaho Falls, Idaho | Full Name of Mother: Sarah Lettie Wilson | Name of Father: John Lingren | |
| **SUPPORTING RECORD 2.** | Type of Document: Hospital Record | | By whom issued and signed: Idaho Falls L.D.S. Hospital Idaho Falls, Idaho | Date Issued: | Date Orig. Entry: Nov. 6, 1923 |
| Class B | Date of Birth: Sept. 27, 1902 | Birth Place: Idaho Falls, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | | By whom issued and signed: Idaho #245904 | Date Issued: | Date Orig. Entry: child born July 24, 1936 |
| Class B | Date of Birth: age 33 | Birth Place: Idaho Falls, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | Date Filed: May 15, 1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 15 1968

719-202-025-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-450

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lottie Parry | | | 2. Date of Birth (month) (day) (year): September 2, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Co. | b. City or Town of Birth: Kooskia, Idaho |
| **FATHER** | 6. Full Name of Father: William Parry | | | 7. State or Country of Father's Birth: Boston Massachusetts |
| **MOTHER** | 8. Full Maiden Name of Mother: Maude May Hovey | | | 9. State or Country of Mother's Birth: Ledgerwood, So. Dakota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Lottie Walde. | | 11. Present Address of Registrant: Bagley, Minnesota |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 15th 1959 | 12. Signature of Notary: John O. Hanson Notary Public Clearwater County, Minn. | | 13. Notary Commission expires: My term expires Dec. 31st 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: U. S. Federal Census Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 3-25-59 | Date Orig. Entry: April 15, 1910 |
| | Date of Birth: age 7 / Birth Place: Idaho | Full Name of Mother: Maude Parry | Name of Father: William E. Parry | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Becker Co., Detroit Lakes, Minnesota | Date Issued: 4-1-59 | Date Orig. Entry: child born April 10, 1924 |
| | Date of Birth: age 21 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Record | By whom issued and signed: Clearwater Co. Memorial Hosp. Bagley, Minnesota | Date Issued: 5-11-59 | Date Orig. Entry: July 12, 1953 |
| | Date of Birth: Sept. 2, 1902 / Birth Place: Kooskia, Idaho | Full Name of Mother: Maude Hovey | Name of Father: William E. Parry | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: May 25, 1959 |

FORM BH 56067

MAY 25 1959

SEP 26 1967

DEC 10 1969

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of Child | | 2. Date of Birth (month) (day) (year) | |
| | | September 2, 1922 | |
| 3. Sex | 4. Place of Birth | 5. County | 6. Town or City |
| Female | | Ada Co. | Boise, Idaho |
| 7. Full Name of Father | | 8. Place or Country of Father's Birth | |
| [illegible] Perry | | | |
| 9. Maiden Name of Mother | | 10. Place or Country of Mother's Birth | |
| [illegible] Perry | | Hollywood, Co. Dakota | |
| I hereby certify that the above data are true to the best of my knowledge and belief. | 12. Signature of Registrant | 13. Present Address of Registrant | |
| | | Fairfax, Minnesota | |
| Witness my hand and seal this 27 day of [illegible] | 14. Signature of Witness | 15. Expiry Commission expires | |

## APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Search of Records | Type of Document | By whom issued and signed | Date issued / Date expiry |
| | Delayed Birth Record | U. S. Bureau of the Census | 3-25-59 / April 15, 1970 |
| Search of Records | Type of Document | By whom issued and signed | Date issued / Date expiry |
| | Delayed birth certificate | Boise Co., Idaho, Probate Judge, Minnesota | 4-3-59 / April 20, 1970 |
| Search of Records | Type of Document | By whom issued and signed | Date issued / Date expiry |
| | Hospital record | Director Co. Hospital Board, Fairfax, Minnesota | 5-11-59 / July 20, 1959 |

| | | | |
|---|---|---|---|
| Search of Records | Date of Birth | Birth Place | Full name of Mother |
| | Aug 21, 1922 | Idaho | Maude Perry |
| Search of Records | Date of Birth | Birth Place | Full name of Mother |
| | --- | Idaho | --- |
| Search of Records | Date of Birth | Birth Place | Full name of Father |
| | Sept. 2, 1922 | Boise, Idaho | William C. Perry |

Certification of Information

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|---|---|---|
| Date Registrar | Evidence reviewed by | Date Filed |
| | Henry Edwards | May 25, 1959 |

318-215-043-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-480

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruby Opal Taylor | | | 2. Date Of Birth (month) August (day) 15, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Valley Co. | b. City or Town of Birth: McCall, Idaho |
| **FATHER** | 6. Full Name of Father: John Anderson Taylor | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Melcena Medora Hammond | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruby Opal Taylor Higgs | | 11. Present Address of Registrant: 6310 - 9th Ave. Sacramento, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 28th, 1959. | 12. Signature of Notary: Robert A. Schiffer, Notary Public in and for the County of Sacramento, State of California | | 13. Notary Commission expires: My commission expires October 15, 1962, 19 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: March 30, 1937 |
| | Date of Birth: Aug. 15, 1902 / Birth Place: McCall, Idaho | Full Name of Mother: Medora Hammond | Name of Father: John Andres Taylor | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: California #1817 | Date Issued: 3-10-59 | Date Orig. Entry: child born Nov. 19, 1930 |
| | Date of Birth: age 28 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister, age 64 | By whom issued and signed: Sunbeam T. Hardin | Date Issued: 5-23-57 | Date Orig. Entry: |
| | Date of Birth: Aug. 15, 1902 / Birth Place: McCall, Idaho | Full Name of Mother: Melcena Medora Taylor | Name of Father: John Anderson Taylor | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards nr | | Date Filed: June 3, 1959 |

FORM BH 56067

1 copy mailed

JUN 4 1959

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

| | | |
|---|---|---|
| 1. Registrant's full name at birth | | 2. Date of birth (month) (day) (year) |
| | | McCall, Idaho |
| 3. Place of birth (county) | | 4. City or town of birth |
| Valley Co. | | McCall, Idaho |
| FATHER: Name of father | | 5. State or country of father's birth |
| | | Idaho |
| MOTHER: Maiden name of mother | | 6. State or country of mother's birth |
| | | Illinois |
| AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant |
| | | [illegible] |
| Subscribed and sworn to before me on | 12. Signature of Notary | 13. Notary Commission expires |
| 19 | | |

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1: | Type of Document | By whom issued and signed | Date Issued / Date Offic. Entry |
| | Social Security Record | Treasury Dept. | March 30, 1957 |
| | Name at birth | Full Name of Mother | Name of Father |
| | Tom Tozz | Madora Tomsett | |
| SUPPORTING RECORD 2: | Type of Document | By whom issued and signed | Date Issued / Date Offic. Entry |
| | Our Quality is an Quality | California State | 3-27-57 |
| | Date of Birth / Birth Place | Full Name of Mother | Name of Father |
| | Boise, Idaho | — | — |
| SUPPORTING RECORD 3: | Type of Document | By whom issued and signed | Date Issued / Date Offic. Entry |
| | Driver's License | Thomas E. Lundin | 3-27-57 |
| | Date of Birth / Birth Place | Full Name of Mother | Name of Father |
| | [illegible], Idaho | Madora Madora Tomsett | Tom Madora Tomsett |

SUPPORTING AFFIDAVITS:

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that some secondary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

| | | |
|---|---|---|
| Signature of Registrar (Seal) | Evidence reviewed by | Date filed |
| | Mary Shaw | June 3, 1959 |

Form 40 Revised

391-106-029-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-489

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Don Prentice Crawford | | 2. Date of Birth (month) Feb. (day) 6 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Moscow Idaho |
| **FATHER** | 6. Full Name of Father: Cecil Gilbert Crawford | | 7. State or Country of Father's Birth: Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Fannie Gertrude Burr | | 9. State or Country of Mother's Birth: Nebraska | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Don P. Crawford | 11. Present Address of Registrant: 1313 Laveta Terrace Los Angeles, 26, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 27th 1959 | 12. Signature of Notary: Mary A. McLann | 13. Notary Commission expires: December 5 1960 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Sept. 29, 1939 |
| | Date of Birth: Feb. 6, 1902 | Birth Place: Latah Co. Moscow, Idaho | Full Name of Mother: Fannie Gertrue Burr | Name of Father: Cecil Gilbert Crawford |
| **SUPPORTING RECORD 2.** | Type of Document: Employment Application | By whom issued and signed: Los Angeles-First National Trust & Savings Bank | Date Issued: | Date Orig. Entry: Oct. 1, 1929 |
| | Date of Birth: Feb. 6, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: — | Name of Father: C. G. Crawford |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: New York Life Ins. Co. | Date Issued: 4-1-25 | Date Orig. Entry: March 6, 1925 |
| | Date of Birth: Feb. 6, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: — | Name of Father: — |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | Date Filed: June 5, 1959 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 5 1959

| | |
|---|---|
| 1. Name of child: Gordon Franklin Crawford | 2. Date of birth: Feb. 6 1902 |
| 3. Place of birth: County: Latah | City or town of birth: Moscow Idaho |
| FATHER: 5. Full name of father: Cecil Gilbert Crawford | 6. State or country of father's birth: Kansas |
| MOTHER: 7. Maiden name of mother: Ida Gertrude Burr | 8. State or country of mother's birth: Nebraska |
| AFFIDAVIT: I hereby certify that the statements made in this application are true and that the person named in the application and affidavit. | 9. Present address of registrant: 1323 Javete Terrace Los Angeles, Calif. |
| NOTARY: Subscribed and sworn to before me on | 10. Signature of registrant: |
| | 11. Notary Public |
| | 12. Notary Public, State of Idaho |
| | 13. Water Commission approval |

DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1: Type of document: Social Security Record | Date issued: | Name of issuing agency: Treasury Dept. | Date filed: |
| SUPPORTING RECORD 2: Type of document: Employment Application | Date issued: | By whom issued and where: Los Angeles-Metro Postal Station | Date filed: |
| SUPPORTING RECORD 3: Type of document: Insurance Policy | Date issued: 1-1-25 | By whom issued and where: Mutual Life Ins. Co. | Date filed: March 6, 1925 |
| Date of birth: 1902 | Place of birth: Moscow, Idaho | Name of mother: --- | Name of father: --- |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been received, which substantiates the facts as set forth in the attached statement.

| | | |
|---|---|---|
| Signature: | Evidence required by: Lamar Robards | Date filed: June 5, 1959 |

345-24-007-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 59-495

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edith Irene Cunningham | | | 2. Date of Birth (month) (day) (year): August 24 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Blaine | b. City or Town of Birth: Picabo |
| **FATHER** | 6. Full Name of Father: Van Cunningham | | | 7. State or Country of Father's Birth: Bates County, Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth White | | | 9. State or Country of Mother's Birth: Eureka, Nevada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edith Wingerd | | 11. Present Address of Registrant: 1209 Cleveland |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 28 1959 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1960 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt--Age 83 | By whom issued and signed: Mrs. Minnie A. Baldwin | Date Issued: March 21, 1959 | Date Orig. Entry: |
| | Date of Birth: August 24, 1902 | Birth Place: Picabo, Idaho | Full Name of Mother: Elizabeth Cunningham | Name of Father: Van Cunningham |
| **SUPPORTING RECORD 2.** | Type of Document: Bible Record | By whom issued and signed: | Date Issued: | Date Orig. Entry: about 1933 |
| | Date of Birth: Aug. 24, 1902 | Birth Place: Picabo, Idaho | Full Name of Mother: Lizzie Cunningham | Name of Father: Van Cunningham |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding school record | By whom issued and signed: Paul F. Dempsey, Supt. of Blaine County Sch. Dist. #61 | Date Issued: | Date Orig. Entry: September 1920 |
| | Date of Birth: Age 18 | Birth Place: -- | Full Name of Mother: -- | Name of Father: Van Cunningham |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W.W. Benson | Evidence reviewed by: ses Sharon E. Skaggs | Date Filed: June 9, 1959 |

FORM BH 56067

JUN 10 1980

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Registrant's full name at birth<br>Edith Irene Dunham | | 2. Date of birth (month) August (day) 24 (year) 1902 | |
| 3. Color or race<br>White | 4. Sex<br>Female | 5. Place of birth (county)<br>Blaine | (city or town of birth)<br>Ketchum |
| 6. Full name of father<br>Van Cunningham | | | 7. State or country of father's birth<br>Bates County, Missouri |
| 8. Full maiden name of mother<br>Elizabeth Dunham | | | 9. State or country of mother's birth<br>Sarpeka, Nevada |
| 10. I hereby certify that the statements made in this application are true to the best of my knowledge and belief. | | 11. Signature of applicant | 12. Former name of applicant |
| 13. Subscribed and sworn to before me on | | 14. Signature of Notary | 15. Notary commission expires |

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Affidavit by Juror--Age 65 | | | |
| Date of birth and place<br>August 24, 1902<br>Ketchum, Idaho | Full name of mother<br>Elizabeth Cunningham | Name of father<br>Van Cunningham | Date issued<br>March 21, 1950 |
| Type of document<br>Bible Record | | | Date issued<br>about 1922 |
| Date of birth and place<br>1902 Ketchum, Idaho | Full name of mother<br>Elizabeth Cunningham | Name of father<br>Van Cunningham | Date issued<br>September 1920 |
| Type of document<br>Late and regarding school record | | | |
| Date of birth and place<br>Age 16 -- | Full name of mother<br>-- | Name of father<br>Van Cunningham | |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been review, which substantiates the facts as set forth in the above abstract.

| | | |
|---|---|---|
| State Registrar<br>M. Benson | Evidence reviewed by<br>ses Sharon E. Skaggs | Date filed<br>June 5, 1959 |

791208-028-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-549

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Frances Grace Gray | | | 2. Date of Birth (month) October (day) 8 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Harrison, Idaho Kootenai | b. City or Town of Birth: Harrison, Idaho |
| **FATHER** | 6. Full Name of Father: William Gray | | | 7. State or Country of Father's Birth: Toronto-Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Fisher | | | 9. State or Country of Mother's Birth: Harrville, Michigan |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Frances G. Blankenship | 11. Present Address of Registrant: R# 2 Box 95-Pullman, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 26 1958 | | 12. Signature of Notary: Annabelle Schmidt | 13. Notary Commission expires: Dec 15 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (born 1-25-1890): Affidavit by sister | By whom issued and signed: Rachel Gray Rosebaugh | Date Issued: 4-29-59 | Date Orig. Entry: |
| | Date of Birth: Oct. 8, 1902 / Birth Place: Kootenai Co. Harrison, Idaho | Full Name of Mother: Martha Fisher Gray | Name of Father: William Gray | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #178780 | Date Issued: | Date Orig. Entry: child born Aug. 10, 1929 |
| | Date of Birth: age 26 / Birth Place: Harrison, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Employment record | By whom issued and signed: Empire Department Store Pullman, Washington | Date Issued: 6-11-59 | Date Orig. Entry: June 4, 1952 |
| | Date of Birth: Oct. 8, 1902 / Birth Place: Harrison, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards nr | Date Filed: June 25, 1959 |

FORM BH 56067

1 copy paid

JUN 25 1956

893-201-029-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-568

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Pearl Frances Hill | | | 2. Date of Birth (month) July (day) 1, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah Co. | b. City or Town of Birth: near Kendrick, Idaho |
| **FATHER** | 6. Full Name of Father: George Elmer Hill | | | 7. State or Country of Father's Birth: Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Ella Teresse Van Horn | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Pearl Frances McCloskey | | 11. Present Address of Registrant: 414 - 10th Ave. Havre, Montana |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 25 1959 | 12. Signature of Notary: Lorraine O'Connor | | 13. Notary Commission expires: Jan. 16 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Ella Teresse Hill | Date Issued: 5-27-59 | Date Orig. Entry: |
| | Date of Birth: July 1, 1902 / Birth Place: near Kendrick, Idaho | Full Name of Mother: Ella Teresse Hill | Name of Father: George Elmer Hill | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: Royal Neighbors of America | Date Issued: | Date Orig. Entry: Dec. 11, 1925 |
| | Date of Birth: July 1, 1902 / Birth Place: Kendrick, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Hospitalization Record | By whom issued and signed: Sacred Heart Hospital Havre, Montana | Date Issued: 6-26-59 | Date Orig. Entry: Nov. 29, 1944 |
| (age 42) | Date of Birth: July 1, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: July 6, 1959 |

FORM BH 56067

2 copies paid

JUL 6 1959

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME (Person whose birth is being recorded) | 1. Full name of child: Harry Thomas Hill | 2. Date of birth (month, day, year): July 1, 1909 | |
| | 3. Place of birth: Boise | 4. Sex: Female | 5. County: Ada |
| | 6. City or town of birth: Boise, Idaho | | |
| FATHER | 7. Full name of father: George Elmer Hill | 8. State or Country of Father's Birth: Oregon | |
| MOTHER | 9. Maiden name of Mother: Georgia Von Hoon | 10. State or Country of Mother's Birth: Iowa | |
| AFFIDAVIT | I (We) swear upon oath that the above facts are true to the knowledge and belief. | 11. Signature of Registrant | 12. Reason: Address of Registrant: Box - 3[illegible] Boise, Oregon. |
| AFFIDAVIT (cont.) | I am sworn to before me on | 13. Signature of Notary | 14. Notary Commission expires |

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document: Certificate of Marriage | By whom issued and signed: Ada County, Idaho | Date issued: Dec. 1, 1909 |
| | Date of Birth: July 1, 1909 | Birth Place: Boise | Full Name of Mother: --- | Name of Father: --- |
| SUPPORTING RECORD 2. | Type of Document: Hospital Admission Record | By whom issued and signed: Sacred Heart Hospital, Boise, Idaho | Date issued: 6-26-59 |
| | Date of Birth: July 1, 1909 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this individual and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|---|---|---|
| Signature: | Evidence reviewed by: Nancy Hodgkins | Date filed: July 6, 1959 |

Form 24 REV

819-228-016-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-571
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: NAOMA HARPER | | | 2. Date of Birth (month) (day) (year): August 28 1902 |
| | 3. Color or Race: WHITE | 4. Sex | 5. Place of Birth a. County: CASSIA | b. City or Town of Birth: OAKLEY IDAHO |
| **FATHER** | 6. Full Name of Father: WILLIAM TAYLOR HARPER | | | 7. State or Country of Father's Birth: Box Elder Co., Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: FANNIE ROSANNA LOVELAND | | | 9. State or Country of Mother's Birth: BOX ELDER CO UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: NAOMA HARPER [illegible] | | 11. Present Address of Registrant: [illegible] |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 18 1959 | 12. Signature of Notary: B A Mahurt | | 13. Notary Commission expires: 3/12 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Cassia Stake, Oakley Ward LDS Church | Date Issued: 12-19-56 | Date Orig. Entry: Nov. 2, 1902 |
| Class* A | Date of Birth: Aug. 28, 1902 / Birth Place: Cassia Co. Oakley, Idaho | Full Name of Mother: Fannie Loveland | Name of Father: William T. Harper | |
| **SUPPORTING RECORD 2.** | Type of Document: Newspaper Clipping | By whom issued and signed: Newspaper at Oakley, Idaho | Date Issued: 11-26-48 published | Date Orig. Entry: Nov. 26, 1948 |
| Class B | Date of Birth: Aug. 28, 1902 / Birth Place: Cassia Co. Oakley, Idaho | Full Name of Mother: Fannie Loveland | Name of Father: William T. Harper | |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Dec. 2, 1936 |
| Class B | Date of Birth: Aug. 28, 1902 / Birth Place: Oakley, Idaho | Full Name of Mother: Fannie Rosiana Loveland | Name of Father: William Taylor Harper | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: mr Nancy Richards | | Date Filed: July 6, 1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

JUL 6

255-207-035-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-580

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MARY BLANCHE SEEHORN | | | 2. Date Of Birth (month) 11 (day) 7 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Nezperce, now Lewis | b. City or Town of Birth: Mohler Idaho |
| **FATHER** | 6. Full Name of Father: Joseph Newton Seehorn | | | 7. State or Country of Father's Birth: Tennessee |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Louise Carson | | | 9. State or Country of Mother's Birth: Tennessee |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Blanche Seehorn Anderson | | 11. Present Address of Registrant: Craigmont, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 30 19 59 | 12. Signature of Notary: Robert D. Strom | | 13. Notary Commission expires: October 17 19 60 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt (27 yrs. older) | By whom issued and signed: Blanche Marrow | Date Issued: 6-15-59 | Date Orig. Entry: |
| | Date of Birth: Nov. 7, 1902 | Birth Place: Nezperce, now Lewis Co. Mohler, Idaho | Full Name of Mother: Sarah Louise Carson | Name of Father: Joseph Newton Seehorn |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Equitable Life Assurance Society | Date Issued: 12-16-24 | Date Orig. Entry: Nov. 21, 1924 |
| | Date of Birth: Nov. 7, 1902 | Birth Place: Lewis Co. Mohler, Idaho | Full Name of Mother: Lucy Seehorn | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Bible record | By whom issued and signed: original viewed by Bureau of Vital Statistics | Date Issued: 7-10-59 | Date Orig. Entry: old record |
| | Date of Birth: Nov. 7, 1902 | Birth Place: --- | Full Name of Mother: Sarah Louise Carson | Name of Father: J. N. Seehorn |

**QUALIFYING INFORMATION**: own child's birth certificate, Idaho #290734: age 37 as of Feb. 4, 1940; birthplace-Mohler, Idaho.

**REGISTRAR'S CERTIFICATION** (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Jameson | Nancy Richards | July 10, 1959 |

FORM BH 56067

JUL 10 [illegible]

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

**NAME OF CHILD**

1. Name of child (if any) [illegible]

**DATE OF BIRTH**

2. Date of birth (month) (day) (year) 11 7 1902

**PLACE OF BIRTH**

3. City or town of birth [illegible]

4. County of birth Bonneville County

5. State or country of birth Idaho

**MOTHER**

6. Maiden name of mother Jessie Jeppsen

7. State or country of mother's birth Tennessee

**FATHER**

8. Name of father Frank Louise Carson

9. State or country of father's birth Tennessee

**CERTIFICATION**

10. Date of certification 12 12 49

11. Signature of certifying official [illegible]

12. Title of certifying official Director Bureau

13. Seal of issuing office

**SUPPORTING EVIDENCE**

14. Kind of evidence (if any, other) Insurance Policy

15. Date issued 5-12-39

16. Name of issuer Equitable Life Insurance Co.

17. Place issued Boise, Idaho

18. Name of insured Frank Louis Carson

19. Date of birth 12-10-[illegible]

20. Name of father Frank Louis Carson

21. Name of mother Jessie Jeppsen

**SUPPORTING RECORD 2**

22. Kind of record Public record

23. Date issued 1-10-[illegible]

24. Name of issuer Ethel Vincent Carson

25. Place issued Boise, Idaho

26. Name of father Frank Louis Carson

27. Name of mother Jessie Jeppsen

**QUALIFYING INFORMATION**

Our child's birth certificate, Idaho Central: was 27 as of Feb. 4, 1902; birthplace Moulder, Idaho.

**CERTIFICATION**

I hereby certify that on file with the Division of Vital Statistics for this registration and that the information contained in this record, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Delayed registrar

Date filed

Mary Hinderaker

July 10, 1950

275-202-021-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-604

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Aileen Mae Spencer | | | 2. Date Of Birth (month) September (day) 2, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County | b. City or Town of Birth: Franklin, Idaho |
| **FATHER** | 6. Full Name of Father: Allen Octavius Spencer | | | 7. State or Country of Father's Birth: Alabama |
| **MOTHER** | 8. Full Maiden Name of Mother: Harriet Elizabeth Mills | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Aileen Mae McAlson | | 11. Present Address of Registrant: So. Robert St. So.St.Paul, Minn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on October 10 19 58 | 12. Signature of Notary: Roger L. Ginkel | | 13. Notary Commission expires ROGER L. GINKEL Notary Public, Dakota County, Minn. ~~My Commission Expires Oct. 2, 1958~~ 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Harriet E. Loomis (now) | Date Issued: 10-24-58 | Date Orig. Entry: |
| | Date of Birth: Sept. 2, 1902 / Birth Place: Franklin, Idaho | Full Name of Mother: Harriet Elizabeth Spencer | Name of Father: Allen O. Spencer | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 11, 1942 |
| | Date of Birth: Sept. 2, 1902 / Birth Place: Franklin, Idaho | Full Name of Mother: Harriett Elizabeth Mills | Name of Father: Allen Octavius Spencer | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Iowa #498 | Date Issued: 5-15-59 | Date Orig. Entry: child born July 24, 1919 |
| | Date of Birth: age 16 / Birth Place: Franklin, Idaho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Nancy Richards | | Date Filed: July 21, 1959 |

FORM BH 56067

2 copies pd.

JUL 21

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Place of Birth: County | 2. Date of Birth: Month (Day) Year | |
| | 3. Sex: Female | 4. Place of Birth: County | |
| FATHER | 5. Name of Father: Leo Jerome Gessner | 6. State or Country of Father's Birth: Idaho | |
| MOTHER | 7. Maiden Name of Mother: Harriet Elizabeth Mills | 8. State or Country of Mother's Birth: Iowa | |
| AFFIDAVIT | 9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant: Box, Robert St. Co. St. Zip |
| | 12. Relationship and name to birth of person | 13. Signature of Notary | 14. Notary Public Seal: NOTARY PUBLIC STATE OF IDAHO Ada County, Idaho My Commission Expires Dec. 2, 1969 |
| | 15. Number of Sworn Affidavits | | |
| | 16. Date Issued | 17. Date Rec'd. Sent | |
| | 18. Number of Sworn Affidavits | 19. Signature of Registrar | |
| | 20. Date Issued | 21. Date Rec'd. Sent | |
| | 22. Number of Sworn Affidavits | 23. Signature of Registrar | |
| | 24. Date Issued | 25. Date Rec'd. Sent | |
| | 26. Number of Sworn Affidavits | 27. Signature of Registrar | |
| |

319-107-033-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-631

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rudolph Christian Larsen | | | 2. Date of Birth (month) (day) (year): March 7 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Madison | b. City or Town of Birth: Independence Precinct |
| **FATHER** | 6. Full Name of Father: Louis Larsen | | | 7. State or Country of Father's Birth: Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Marie Louise Petersen | | | 9. State or Country of Mother's Birth: Denmark |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Rudolph Christian Larsen | | 11. Present Address of Registrant: Route 1, Rexburg, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 14, 1959 | 12. Signature of Notary: Lay W. Sigby | | 13. Notary Commission expires: January 26 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record---Baptism | By whom issued and signed: Independence Ward LDS Church | Date Issued: 8-8-10 | Date Orig. Entry: Aug. 6, 1910 |
| | Date of Birth: March 7, 1902 | Birth Place: Independence, Ida. | Full Name of Mother: Mariah L. Peterson | Name of Father: Louis Larson |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother, age 72 | By whom issued and signed: Peter Larsen | Date Issued: 7-14-59 | Date Orig. Entry: |
| | Date of Birth: March 7, 1902 | Birth Place: Independence Precinct Madison Co., Idaho | Full Name of Mother: Mariah Louise Petersen | Name of Father: Louis Larsen |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: Idaho #295724 | Date Issued: | Date Orig. Entry: child born June 22, 1940 |
| | Date of Birth: age 38 | Birth Place: Independence, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Nancy Richards | Aug. 3, 1959 |

FORM BH 56067

2 copies pd receipt 11974

AUG 3 1969

JUN 2 1969

SEP 23 1969

313-223-025-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-671

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Della Louise Calder | | 2. Date Of Birth (month) (day) (year): Jan 23, 1902 | |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Clearwater, Idaho | b. City or Town of Birth: Clearwater, IDAHO |
| **FATHER** | 6. Full Name of Father: Samuel Trahern Calder (TRAHERN) | | 7. State or Country of Father's Birth: Canada | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hager Brown | | 9. State or Country of Mother's Birth: Minnesota | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Della L. Yenney | 11. Present Address of Registrant: E 720 Baldwin | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 11 19 59 | 12. Signature of Notary: John L O'Connor | 13. Notary Commission expires: Oct 6 19 59 | |

**APPLICANT — DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father, age 87 | By whom issued and signed: Samuel Trahern Calder | Date Issued: 7-14-59 | Date Orig. Entry: |
| | Date of Birth: Jan. 23, 1902 / Birth Place: Clearwater, Idaho | Full Name of Mother: Hager Brown Calder | Name of Father: Samuel Trahern Calder | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: June 9, 1943 |
| | Date of Birth: Jan. 23, 1902 / Birth Place: Idaho Co. Clearwater, Idaho | Full Name of Mother: Hagar Brown | Name of Father: Samuel T. Calder | |
| **SUPPORTING RECORD 3.** | Type of Document: Employment Record | By whom issued and signed: Armour and Company Spokane, Washington | Date Issued: 7-1-59 | Date Orig. Entry: June 8, 1943 |
| | Date of Birth: Jan. 23, 1902 / Birth Place: U.S.A. | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | Date Filed: Aug. 13, 1959 |

FORM BH 56067

1 copy paid Receipt 11824

AUG 14 1950

219208-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-732

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eunice Grace Baird | | 2. Date of Birth (month) 10 (day) 8 (year) 1902 | |
| | 3. Color or Race: White US | 4. Sex: Female | 5. Place of Birth a. County: Franklin | b. City or Town of Birth: Mink Creek |
| **FATHER** | 6. Full Name of Father: William Delacy Baird | | 7. State or Country of Father's Birth: Brigham City, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Charlotte Alvina Keller | | 9. State or Country of Mother's Birth: Mantua, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eunice B Oliverson | 11. Present Address of Registrant: Franklin, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 7, 19 59 | 12. Signature of Notary: Ted Larson | 13. Notary Commission expires: May 12, 19 62 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record--Blessing | By whom issued and signed: IDS Church Salt Lake City, Utah | Date Issued: 7-16-59 | Date Orig. Entry: Jan. 4, 1903 |
| | Date of Birth: Oct. 8, 1902 / Birth Place: Minkcreek, Idaho | Full Name of Mother: Charlotte Alvina Keller | Name of Father: William Delacy Baird | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: June 21, 1937 |
| | Date of Birth: Oct. 8, 1902 / Birth Place: Bannock Co. Mink Creek, Idaho | Full Name of Mother: Charlotte Elvina Keller | Name of Father: William Delacy Baird | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Beneficial Protective Assoc. | Date Issued: 10-28-46 | Date Orig. Entry: Oct. 25, 1946 |
| | Date of Birth: Oct. 8, 1902 / Birth Place: Idaho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | Marriage Record, Cache County, Utah; 12-15-53: age 19 as of Oct. 12, 1921. | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | Date Filed: Sept. 3, 1959 |

FORM BH 56067

SEP 3

Insurance policy

Issued at Pocatello, Idaho

Insured Pocatello Living Estate

Beneficiary Treasury Dept.

Amount $ 1000

Date issued Jan. 5, 1923

Date filed 7-16-59

Date of Insurance Jan. 5, 1923

Date of Death Oct. 25, 1959

Insurance policy issued by Pocatello Living Estate, Pocatello, Idaho, was in as of Oct. 12, 1971.

Date filed Sept. 2, 1959

238-20210 23-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-740

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth (nee) Minnie Opal Schiller | | 2. Date Of Birth (month) Sept. (day) 2 (year) 1902 | |
| | 3. Color or Race W | 4. Sex F | 5. Place of Birth a. County Gem | b. City or Town of Birth Emmett |
| **FATHER** | 6. Full Name of Father Paul Schiller | | 7. State or Country of Father's Birth Emperor of Germany. | |
| **MOTHER** | 8. Full Maiden Name of Mother MINERVA KELLY | | 9. State or Country of Mother's Birth Big Stone Gape Virginia | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant Minnie Opal Schiller MINNIE OPAL LEE | 11. Present Address of Registrant Emmett, Idaho 124 MURRAY AVE | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 29, 1959 | 12. Signature of Notary Harold E. Brown | 13. Notary Commission expires May 16, 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document Social Security Record | By whom issued and signed Treasury Dept. | Date Issued | Date Orig. Entry June 10, 1948 |
| | Date of Birth Sept. 2, 1902 | Birth Place Gem Co. Emmett, Idaho | Full Name of Mother Minerva Kelly | Name of Father Paul Schiller |
| **SUPPORTING RECORD 2.** | Type of Document Affidavit by neighbor at time of birth, age 80, Wm. Womack | By whom issued and signed | Date Issued 8-26-59 | Date Orig. Entry |
| | Date of Birth Sept. 2, 1902 | Birth Place 2 miles S.W. of Emmett in Gem County, Idaho | Full Name of Mother Minerva Schiller | Name of Father Paul Schiller |
| **SUPPORTING RECORD 3.** | Type of Document Marriage Record | By whom issued and signed Payette County, Idaho | Date Issued 8-4-59 | Date Orig. Entry Sept. 26, 1936 |
| | Date of Birth age 34 | Birth Place --- | Full Name of Mother --- | Name of Father --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar W W Benson | Evidence reviewed by Nancy Richards | Date Filed Sept. 4, 1959 |

FORM BH 56067

JUN 12 1964

54321-025-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-866

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Lauritz Edlefsen, Jr. | | | 2. Date Of Birth (month) 11 (day) 21 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Preston |
| **FATHER** | 6. Full Name of Father: James Lauritz Edlefsen | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Lettie Thatcher | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James L. Edlefsen Jr. | | 11. Present Address of Registrant: Dover 1202 Longmont. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 27 1959 | 12. Signature of Notary: Hazel L. Hurlbut | | 13. Notary Commission expires: Sept. 28 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Employment record from Morrison Knudsen Co. Boise, Idaho photostat of | By whom issued and signed: Morrison- Knudsen Co. | Date Issued: -- | Date Orig. Entry: May 15, 1928 |
| | Date of Birth: Nov. 21, 1902 | Birth Place: Preston, Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 2.** | Type of Document: Statement from Bishop of LDS Church. re. church records | By whom issued and signed: J. Harold Rich, Bishop LDS Church | Date Issued: April 21, 1941 | Date Orig. Entry: -- |
| | Date of Birth: Nov. 21, 1902 | Birth Place: Preston, Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: Photostat of application form Social Security account No. | By whom issued and signed: -- | Date Issued: -- | Date Orig. Entry: Dec. 18, 1936 |
| | Date of Birth: Nov. 21, 1902 | Birth Place: Preston, Idaho | Full Name of Mother: Lettie Thatcher | Name of Father: James Lauritz Edlefsen |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Lois Ayers | Date Filed: October 27, 1959 |

FORM BH 56067

OCT 28 1964

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| REGISTRANT (Person whose birth is being registered) | 1. Registrant's full name at birth: James Laurice Eklersen, Jr. | | 2. Date of birth (month) May (day) 21 (year) 1902 |
| | 3. Color or race: White | 4. Sex: Male | 5. Place of birth (county): Idaho |
| | | | 6. City or town of birth: Preston |
| FATHER | 7. Full name of father: James Laurice Eklersen | | 7. State or country of father's birth: Idaho |
| MOTHER | 8. Full maiden name of mother: Letitie Thatcher | | 9. State or country of mother's birth: Utah |
| AFFIDAVIT | I hereby certify that the statements made herein are true to the best of my knowledge and belief. | 10. Signature of Registrant: | 11. Present address of Registrant: |
| NOTARY CERTIFICATION | Subscribed and sworn to before me on | 12. Signature of Notary: | 13. Notary Commission expires: |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1. | Type of record: Photostat of baptismal record from Mormon Church, Rexburg, Idaho. Date of first entry: Nov. 21, 1902 Place of first entry: Preston, Idaho | By whom issued and signed: Morrison- Knudsen Co. | Date issued: -- Date first entry: May 15, 1928 |
| | | Full name of mother: -- | Name of father: -- |
| SUPPORTING RECORD 2. | Type of record: Statement from Bishop of LDS Church, re. church records Date of first entry: Nov. 21, 1902 Place of first entry: Preston, Idaho | By whom issued and signed: 1. Harold Rich, Bishop LDS Church | Date issued: April 21, 1961 Date first entry: -- |
| | | Full name of mother: -- | Name of father: -- |
| SUPPORTING RECORD 3. | Type of record: Photostat of application from Social Security Account No. Date of first entry: Nov. 21, 1902 Place of first entry: Preston, Idaho | By whom issued and signed: -- | Date issued: -- Date first entry: Dec. 18, 1936 |
| | | Full name of mother: Letitie Thatcher | Name of father: James Laurice Eklersen |
| SUPPORTING EVIDENCE | | | |

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found on the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

| Registrar's Signature | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Lois Ayers | October 27, 1965 |

= 41-228-021-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-876

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hattie Beatrice ~~Collier~~ Maughan | | | 2. Date of Birth (month) Oct (day) 28 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Weston Ida. Franklin | b. City or Town of Birth: Weston |
| **FATHER** | 6. Full Name of Father: John D. Maughan | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Agnes Olsen | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hattie Beatrice Collier | | 11. Present Address of Registrant: 1272 Second Street Chehalis, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 14 19 59 | 12. Signature of Notary: Gene C Ingles | | 13. Notary Commission expires: Dec 30 19 62 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: May 16, 1942 |
| | Date of Birth: Oct. 28, 1902 / Birth Place: Weston, Idaho | Full Name of Mother: Agnes Olsen | Name of Father: John Maughan | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Washington #277 | Date Issued: 10-22-56 | Date Orig. Entry: child born July 22, 1938 |
| | Date of Birth: age 35 / Birth Place: Weston, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister, age 74 | By whom issued and signed: Sarah M. Nelsen | Date Issued: 5-17-58 | Date Orig. Entry: |
| | Date of Birth: Oct. 28, 1902 / Birth Place: Weston, Idaho | Full Name of Mother: Agnes Olsen | Name of Father: John D. Maughan | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Nancy Richards | Oct. 29, 1959 |

FORM BH 56067

OCT 29 1959

# DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

| | |
|---|---|
| 1. Name of child | Faline Hughes |
| 2. Sex | Female |
| 3. Date of birth | Oct 28 1902 |
| 4. Place of birth | Boston Ida. Franklin |
| 5. County of birth | Boston |
| 6. Name of father | John D. Hughes |
| 7. State or country of father's birth | Utah |
| 8. Maiden name of mother | Agnes Olsen |
| 9. State or country of mother's birth | Utah |
| 10. Occupation of mother | Housewife |
| 11. Occupation of father | Farmer |
| 12. Residence of mother | Boston, Idaho |
| 13. Residence of father | Boston, Idaho |
| 14. Date of marriage | Oct 14 1902 |
| 15. Place of marriage | Boston, Idaho |
| 16. Date of death | Dec 30 1959 |
| 17. Place of death | Seattle, Washington |
| 18. Name of informant | Joseph M. Nelson |
| 19. Relationship to child | Son |
| 20. Date filed | Oct 29 1959 |
| 21. Place filed | Seattle, Washington |
| 22. Signature of registrar | Harry Charlie |
| 23. Date of registration | Oct 29 1959 |

785118-009-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-878

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Laurence Hawkins Phelps | | | 2. Date of Birth (month) December (day) 18, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bonner Co. | b. City or Town of Birth: Hope, Idaho |
| **FATHER** | 6. Full Name of Father: George Washington Phelps | | | 7. State or Country of Father's Birth: Texas |
| **MOTHER** | 8. Full Maiden Name of Mother: Ada May Trowbridge | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Laurence H. Phelps | | 11. Present Address of Registrant: 5657 Walter Ave. Hammond, Indiana |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 3 1959 | 12. Signature of Notary: Norma L Rosenwinkel | | 13. Notary Commission expires: 10-10 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Ada May Trowbridge Phelps | Date Issued: 7-6-59 | Date Orig. Entry: |
| | Date of Birth: Dec. 18, 1902 / Birth Place: Hope, Idaho | Full Name of Mother: Ada May Trowbridge Phelps | Name of Father: George Washington Phelps | |
| **SUPPORTING RECORD 2.** | Type of Document: Honorable Discharge Record | By whom issued and signed: U. S. Army | Date Issued: discharged 5-28-45 | Date Orig. Entry: inducted Oct. 19, 1942 |
| | Date of Birth: Dec. 18, 1902 / Birth Place: Hope, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Baptismal Certificate | By whom issued and signed: Freda Hallberg, Church Clerk First Christian Church | Date Issued: | Date Orig. Entry: April 20, 1930 |
| | Date of Birth: Dec. 18, 1902 / Birth Place: Hope, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards nr | | Date Filed: Oct. 30, 1959 |

FORM BH 56067

OCT 30 1900

964-228-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-886

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alta Fern Romrell | | 2. Date of Birth (month) June (day) 28 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Wilford (P.O. address-St. Anthony) |
| **FATHER** | 6. Full Name of Father: Alfred Romrell | | 7. State or Country of Father's Birth: Ogden, Weber Co. Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alba Burbank | | 9. State or Country of Mother's Birth: Deweyville, Boxelder Co, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alta Fern Stewart | 11. Present Address of Registrant: West Glacier, Mont. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept 14 1957 | 12. Signature of Notary: David Lundgren | 13. Notary Commission expires: NOTARY PUBLIC for the State of Montana Residing at West Glacier, Montana 19 My Commission Expires October 29, 1958 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Wilford Ward, Yellowstone Stake, LDS Church (Neldon Potter) | Date Issued: | Date Orig. Entry: Sept. 7, 1902 |
| | Date of Birth: June 28, 1902 | Birth Place: Fremont Co. Wilford, Idaho | Full Name of Mother: Alba Burbank | Name of Father: Alfred Romrell |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by father | By whom issued and signed: Alfred Romrell | Date Issued: 8-15-57 | Date Orig. Entry: |
| | Date of Birth: June 28, 1902 | Birth Place: Fremont Co. Wilford, Idaho | Full Name of Mother: Alba Burbank | Name of Father: Alfred Romrell |
| **SUPPORTING RECORD 3.** | Type of Document: School Record | By whom issued and signed: Wilford School Dist. #14 Fremont Co., Idaho | Date Issued: 10-7-59 | Date Orig. Entry: Nov. 1920 |
| | Date of Birth: age 18 | Birth Place: --- | Full Name of Mother: Alba Romrell | Name of Father: Alfred Romrell |
| **QUALIFYING INFORMATION** | own child's birth certificate, Idaho #294126; age 37 as of Oct. 27, 1939; born- St. Anthony, Idaho. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: D W Benson | Evidence reviewed by: Nancy Richards | | Date Filed: Nov. 2, 1959 |

FORM BH 56067

NOV 2 1959

ORIGINAL CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Name of child: Alice Kornell

Sex: F

Date of birth: [illegible] 13, [illegible]

Place of birth: ---

Name of father: Alice Kornell

Name of mother: Alice Kornell

Date filed: Nov. 2, 1959

Signature of registrar: Mary Jackson

767-213-003-388

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-895

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: VIVIAN POPPLETON | | | 2. Date Of Birth (month) July (day) 13 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Pocatello, Bannock, Idaho | b. City or Town of Birth: Pocatello |
| **FATHER** | 6. Full Name of Father: Edward Poppleton | | | 7. State or Country of Father's Birth: Cache Valley, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: MAMIE THYBERG | | | 9. State or Country of Mother's Birth: Cache Valley, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vivian Poppleton Smith | | 11. Present Address of Registrant: 3241 Childs Avenue, Ogden, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 29th day of Aug. 19 1959 | 12. Signature of Notary: Ella O. Fowler | | 13. Notary Commission expires: Feb. 25 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record--Baptism | By whom issued and signed: Ogden First Ward, Weber Stake LDS Church | Date Issued: 12-10-50 | Date Orig. Entry: Dec. 10, 1950 |
| | Date of Birth: July 13, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Minnie Shyberg | Name of Father: Edward Poppleton | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt, age 73 | By whom issued and signed: Martha J. Thyberg | Date Issued: 10-21-59 | Date Orig. Entry: |
| | Date of Birth: July 13, 1902 / Birth Place: Bannock Co. Pocatello, Idaho | Full Name of Mother: Mamie Thyberg | Name of Father: Edward Poppleton | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Penn Mutual Life Ins. Co. of Philadelphia | Date Issued: 8-2-24 | Date Orig. Entry: July 25, 1924 |
| | Date of Birth: July 13, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | Marriage Record, Weber County, Utah; 8-31-59: age 19 as of June 24, 1922. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | | Date Filed: Nov. 4, 1959 |

FORM BH 56067

NOV 4 1959

743-122-022-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-896

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Orrin David Pulley | | | 2. Date Of Birth (month) May (day) 22 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Fremont, Idaho | b. City or Town of Birth: Egin Idaho |
| **FATHER** | 6. Full Name of Father: David Morgan Pulley | | | 7. State or Country of Father's Birth: Malad, Oneida, Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Ann Bowden | | | 9. State or Country of Mother's Birth: Almy, Uinta, Wyoming |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Orrin David Pulley | | 11. Present Address of Registrant: St. Anthony Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 17 1959 | 12. Signature of Notary: Robert A Barclay | | 13. Notary Commission expires: June 16 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Egin Ward, Yellowstone Stake LDS Church | Date Issued: 8-14-30 | Date Orig. Entry: Aug. 2, 1930 |
| | Date of Birth: May 22, 1902 / Birth Place: Fremont Co. Egin, Idaho | Full Name of Mother: Elizabetah Smith | Name of Father: David M. Pulley | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #121184 | Date Issued: | Date Orig. Entry: child born Feb. 9, 1924 |
| | Date of Birth: age 21 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 25, 1938 |
| | Date of Birth: May 22, 1902 / Birth Place: Egin, Idaho | Full Name of Mother: Elizabeth Smith | Name of Father: David M. Pulley | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Nov. 4, 1959 |

FORM BH 56067

NOV 4 - 1950

493-102-044-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-900

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elbert Alonzo Mitchell | | | 2. Date of Birth (month) (day) (year): April 2 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Weiser Washington | b. City or Town of Birth: Weiser |
| **FATHER** | 6. Full Name of Father: Alonzo Currey Mitchell | | | 7. State or Country of Father's Birth: Oregon Lane county |
| **MOTHER** | 8. Full Maiden Name of Mother: Olive Jefferies | | | 9. State or Country of Mother's Birth: Idaho, Washington County |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elbert Alonzo Mitchell | | 11. Present Address of Registrant: Ephrata Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 26 1959 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: June 7 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date issued: | Date Orig. Entry: Dec. 29, 1944 |
| | Date of Birth: April 2, 1902 / Birth Place: Washington Co. Weiser, Idaho | Full Name of Mother: Olive Jefferies | Name of Father: Alonzo Currey Mitchell | |
| **SUPPORTING RECORD 2.** | Type of Document: (age 88) Affidavit by neighbor at time of birth | By whom issued and signed: Fannie M. Smith | Date issued: 10-5-59 | Date Orig. Entry: |
| | Date of Birth: April 2, 1902 / Birth Place: Weiser, Idaho | Full Name of Mother: Olive Jefferies Mitchell | Name of Father: Alonzo Currey Mitchell | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #276213 | Date issued: | Date Orig. Entry: child born Jan. 28, 1939 |
| | Date of Birth: age 36 / Birth Place: Weiser, Idaho | Full Name of Mother: — | Name of Father: — | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | Date Filed: Nov. 4, 1959 |

FORM BH 56067

NOV 4 NOV

715-219-031-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-921

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Mable Gavin | | | 2. Date of Birth (month) (day) (year): February 19, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fletcher, Idaho | b. City or Town of Birth: Fletcher, Idaho |
| **FATHER** | 6. Full Name of Father: Duncan Gavin | | | 7. State or Country of Father's Birth: Prince Edward Island Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Minerva Theresa Staples | | | 9. State or Country of Mother's Birth: Millbrook Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys M. Gavin | | 11. Present Address of Registrant: 24433 Central, Loma Linda Cal. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 28 1959 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: July 26 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Minerva Staples Gavin | Date Issued: 9-30-59 | Date Orig. Entry: |
| | Date of Birth: Feb. 19, 1902 / Birth Place: Fletcher, Idaho | Full Name of Mother: Minerva Theresa Staples | Name of Father: Duncan Harry Gavin | |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 10-9-59 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: age 17 / Birth Place: Idaho | Full Name of Mother: Minerva T. Gavin | Name of Father: Duncan H. Gavin | |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: June 24, 1941 |
| | Date of Birth: Feb. 19, 1902 / Birth Place: Fletcher, Idaho | Full Name of Mother: Minerva Theresa Staples | Name of Father: Duncan Harry Gavin | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | Date Filed: Nov. 12, 1959 |

FORM BH 56067

NOV 17 1959

282-119-003-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-925

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ellis A. Bybee | | | 2. Date Of Birth (month) March (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Pocatello Idaho |
| **FATHER** | 6. Full Name of Father: Joseph Absalom Bybee | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Catherine Emeline Richardson | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ellis A. Bybee | | 11. Present Address of Registrant: 397 Warren, Pocatello, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on November 3, 19 59 | 12. Signature of Notary: D. H. Carlson | | 13. Notary Commission expires June 1, 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Blessing Record | By whom issued and signed: Joseph Cooper, Patriarch Pocatello, Idaho | Date Issued: | Date Orig. Entry: Oct. 10, 1937 |
| | Date of Birth: March 19, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Catherine Richardson Bybee | Name of Father: Joseph Absalom Bybee | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: (born June 22, 1887) Sidney E. Aldous | Date Issued: 11-3-59 | Date Orig. Entry: |
| | Date of Birth: March 19, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Catherine Emeline Richardson | Name of Father: Joseph Absalom Bybee | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Bybee Idaho #187778 | Date Issued: | Date Orig. Entry: child born Jan. 9, 1931 |
| | Date of Birth: age 28 / Birth Place: Pocatello, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |

**QUALIFYING INFORMATION**

Family record, original viewed by Bureau of Vital Statistics on 11-13-59; apparently old record: born March 19, 1902 at Pocatello, Bannock Co., Idaho; parents--Joseph Absalom Bybee and Catherine Emeline Richardson.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Nancy Richards | Nov. 13, 1959 |

FORM BH 56067

One Copy paid - 16295

NOV 13 1959

# DELAYED CERTIFICATE OF DEATH
## STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Place of death (County) | 2. City or town | 3. Usual residence (State) | 4. Length of residence (In this place) |
| | | | |
| 5. Sex | 6. Color or race | 7. Date of death (Month, day, year) | 8. Age (If under 1 year, months, days, hours) |
| | | | |
| 9. Date of birth (Month, day, year) | 10. Age (Last birthday) | 11. Marital status (Married, widowed, divorced, never married) | 12. Birthplace (State or country) |
| | | | |
| 13. Name of father | 14. Birthplace of father (State or country) | 15. Maiden name of mother | 16. Birthplace of mother (State or country) |
| | | | |
| 17. Informant | 18. Address of informant | | |
| | | | |
| 19. I hereby certify that I attended the deceased from [illegible] to [illegible] and last saw the deceased alive on [illegible] | 20. Signature of attendant | 21. Address | 22. Date signed |
| | | | |
| 23. Cause of death: (a) Immediate cause | (b) Antecedent cause | (c) Underlying cause | 24. Approximate interval between onset and death |
| | | | |
| 25. Was operation performed for any condition in items 23 or 24? | 26. Was autopsy performed? | 27. Were findings considered in determining cause of death? | |
| | | | |
| 28. Place of injury (Specify whether home, farm, factory, street, office building, etc.) | 29. Did injury occur while at work? | 30. Injury occurred while (Specify whether driver, passenger, pedestrian, etc.) | 31. Date of injury |
| | | | |
| 32. Injury caused by (Specify whether accident, suicide, homicide, etc.) | 33. Injury caused by (Specify whether accident, suicide, homicide, etc.) | 34. Injury caused by (Specify whether accident, suicide, homicide, etc.) | 35. Injury caused by (Specify whether accident, suicide, homicide, etc.) |
| | | | |
| 36. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 37. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 38. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 39. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 40. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 41. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 42. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 43. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 44. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 45. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 46. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 47. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 48. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 49. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 50. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 51. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 52. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 53. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 54. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 55. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 56. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 57. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 58. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 59. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 60. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 61. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 62. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 63. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 64. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 65. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 66. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 67. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
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| 68. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 69. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 70. Place of death (Specify whether home, farm, factory, street, office building, etc.) | 71. Place of death (Specify whether home, farm, factory, street, office building, etc.) |
| | | | |
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769-104-016-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-926

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charles William Parke | | 2. Date of Birth (month) (day) (year): March 4 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Cassia; b. City or Town of Birth: Conant (Now Malta) |
| **FATHER** | 6. Full Name of Father: Joseph Lamoni Parke | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Malliot | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles Parke | 11. Present Address of Registrant: 1062 5th St. Elko, Nevada |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 3 1959 | 12. Signature of Notary: Gladys Parke | 13. Notary Commission expires: July 30 1961 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Copy of Appication for Social Security Account Number | By whom issued and signed: Treasury Department | Date Issued: | Date Orig. Entry: 12-21-50 |
| | Date of Birth: March 4, 1901 | Birth Place: Malta, Cassia Co. Idaho | Full Name of Mother: Mary Malloit | Name of Father: J.L. Parke |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Neighbor at time of this birth, born in 1882 | By whom issued and signed: Jessie Wheyland | Date Issued: Dec. 22, 1958 | Date Orig. Entry: |
| | Date of Birth: March 4, 1902 | Birth Place: Conant, Cassia Co. Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: record of employment with U.S. Dept. of Agriculture | By whom issued and signed: Plant Pest Control Div. at Elko, Nevada | Date Issued: Nov. 5, 1959 | Date Orig. Entry: began work in 1953 |
| | Date of Birth: March 4, 1902 | Birth Place: Conant, Idaho | Full Name of Mother: -- | Name of Father: -- |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: ses Lois Ayers | Date Filed: Nov. 13, 1959 |

FORM BH 56067

NOV 13 1959

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493-09-028-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-942

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: VASCO NICHOLS MILLER | | 2. Date Of Birth (month) 12 (day) 9 (year) 1902 | |
| | 3. Color or Race: WHITE | 4. Sex: M | 5. Place of Birth a. County (Kootenai Co.) COEUR D'ALENE | b. City or Town of Birth: Coeur d'Alene, Idaho |
| **FATHER** | 6. Full Name of Father: MATHIAS MILLER | | 7. State or Country of Father's Birth: WASHINGTON | |
| **MOTHER** | 8. Full Maiden Name of Mother: EUNICE GRACE NICHOLS | | 9. State or Country of Mother's Birth: CONNECUT | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vasco N Miller | 11. Present Address of Registrant: Route 3 Newport Wash | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 30 19 59 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: May 17 19 63 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Social Security--Carrier Employee Registration Applic. | By whom issued and signed: (Government form) | Date Issued: | Date Orig. Entry: Jan. 6, 1937 |
| | Date of Birth: Dec. 9, 1902 | Birth Place: Kootenai Co. Coeur d'Alene, Idaho | Full Name of Mother: Eunice Grace Nichols | Name of Father: Mathias Miller |
| **SUPPORTING RECORD 2.** | Type of Document: (born-1881) Affidavit by mother | By whom issued and signed: Eunice G. Miller | Date Issued: 10-30-59 | Date Orig. Entry: |
| | Date of Birth: Dec. 9, 1902 | Birth Place: Kootenai Co. Coeur d'Alene, Ida. | Full Name of Mother: Eunice G. Miller | Name of Father: Mathias Miller |
| **SUPPORTING RECORD 3.** | Type of Document: Designation or Change of Beneficiary form | By whom issued and signed: Railroad Retirement Board | Date Issued: | Date Orig. Entry: April 11, 1939 |
| | Date of Birth: Dec. 9, 1902 | Birth Place: --- | Full Name of Mother: Eunice Grace Nichols Miller | Name of Father: --- |
| **QUALIFYING INFORMATION** | M. V. Operator's License, State of Wash. #589456; expir. date--July 31, 1949; born--Dec. 9, 1902. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | | Date Filed: Nov. 18, 1959 |

FORM BH 56067

NOV 18 1959

352-131-006-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-985
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charles Raymond Leslie | | 2. Date of Birth (month) July (day) 31 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Blackfoot |
| **FATHER** | 6. Full Name of Father: Frederick Henry Leslie | | 7. State or Country of Father's Birth: New York | |
| **MOTHER** | 8. Full Maiden Name of Mother: Maud Keeney | | 9. State or Country of Mother's Birth: Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles R. Leslie | 11. Present Address of Registrant: 149 Stonecrest Drive San Francisco 27, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 26 1959 | 12. Signature of Notary: Edna Jager | 13. Notary Commission expires: June 5 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: School Record | By whom issued and signed: Bingham County, Blackfoot, Ida. | Date Issued: 8-18-54 | Date Orig. Entry: census of 1914-15 sch. yr. |
| Class* | Date of Birth: age 12 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: Travelers Ins. Co., Hartford, Conn. | Date Issued: | Date Orig. Entry: June 23, 1925 |
| Class | Date of Birth: July 31, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 27, 1936 |
| Class | Date of Birth: July 31, 1902 / Birth Place: Bingham Co. Blackfoot, Idaho | Full Name of Mother: Maude Keeney | Name of Father: Frederick Henry Leslie | |
| **QUALIFYING INFORMATION** | Baptismal Certificate (copy); Sept. 7, 1902 record; St. Paul's Church, Blackfoot, Ida.: parents--Frederick Henry Leslie and Maude Leslie. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: nr Nancy Richards | Date Filed: Dec. 1, 1959 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 two copies paid

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Nov. 1, 1999

165-229-007-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De59-999

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jessie Joy Jones | | | 2. Date Of Birth (month) May (day) 29 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Idaho Blaine | b. City or Town of Birth: Stanton |
| **FATHER** | 6. Full Name of Father: Theodore Charles Jones | | | 7. State or Country of Father's Birth: Iowa, Marion Co. Knoxville |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida Priscilla Jones | | | 9. State or Country of Mother's Birth: Iowa, Van Buren |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: J. Joy Sutton | | 11. Present Address of Registrant: Bloomfield Mont. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 8 1959 | 12. Signature of Notary: Gordon W. Russell | | 13. Notary Commission expires: March 9 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: #2993 License Certified copy Marriage | | By whom issued and signed: Clerk of Dist. Court Co. of Dawson, Montana | Date Issued: October 23, 1959 | Date Orig. Entry: License issued June 26, 1923 |
| | Date of Birth: Age 21 | Birth Place: Stanton, Idaho | Full Name of Mother: Ida Jones | Name of Father: Theodore C. Jones | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Aunt, Age 81 | | By whom issued and signed: Mrs. Elsie Jones | Date Issued: Oct. 28, 1959 | Date Orig. Entry: Oct 28, 1959 |
| | Date of Birth: May 29, 1902 | Birth Place: Stanton, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy Voting Registration | | By whom issued and signed: Gordon W. Russell, Recorder Co. Dawson, Montana | Date Issued: Oct 23, 1959 | Date Orig. Entry: December 17, 1937 |
| | Date of Birth: Age 35 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **QUALIFYING INFORMATION** | Certified photostatic copy of Family Register, original viewed by Gordon W. Russell, Notary Public, Glendive Montana. | | | | |
| | Date of Birth May 29, 1902, Idaho, Father: Theodore Charles Jones Mother: Ida Priscilla Jones - | | | | |

| | | | |
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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Joyce B. Foltz | Date Filed: Dec 14, 1959 |

FORM BH 56067 12-3-59

DEC 14 1959

STATE CHAMPION
Bureau of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 1963-[illegible]

| | | |
|---|---|---|
| 1. Name of child (if any) | 2. Full name as given at birth | 3. Date of birth (month, day, year) |
| 4. Place of birth (City or town) | 5. County of birth | 6. City or town of birth |
| 7. Sex | 8. Full name of father | 9. State or country of father's birth |
| 10. Full maiden name of mother | 11. State or country of mother's birth | |
| 12. I hereby declare upon oath that the foregoing statements are true to the best of my knowledge and belief. | 13. Signature of declarant | 14. Present address of declarant |
| 15. Subscribed and sworn to before me on | 16. Signature of notary | 17. Notary Commission expires |
| 18. | | |

**AFFIDAVIT — IN ALL CASES THIS LINE**

| | | | |
|---|---|---|---|
| Type of document: Copy of Certificate of Birth | Date of birth: Birth place: Jan. 29, 1902 Stanton, Idaho | By whom issued and signature: Mrs. Claire Cross | Date issued: Oct. 28, 1962 |
| | Full name of father: -- | Full name of mother: -- | Date orig. entry: Oct. 28, 1962 |

**SUPPORTING RECORD 1**

| | | | |
|---|---|---|---|
| Type of document: Certificate of Delay Filing Registration | Date of birth: Birth place: Age 50 Idaho | By whom issued and signature: Gordon W. Russell, Recorder Bryson, Idaho | Date issued: Dec. 28, 1959 |
| | Full name of father: -- | Full name of mother: -- | Date orig. entry: December 27, 1927 |

**SUPPORTING RECORD 2**

| | | | |
|---|---|---|---|
| Type of document: Affidavit by Aunt, Age 61 | Date of birth: Birth place: Jan. 29, 1902 Stanton, Idaho | By whom issued and signature: Mrs. Claire Cross | Date issued: Oct. 28, 1962 |
| | Full name of father: -- | Full name of mother: -- | Date orig. entry: Oct. 28, 1962 |

**SUPPORTING RECORD 3**

| | | | |
|---|---|---|---|
| Type of document: Certificate of Delay Filing Registration | Date of birth: Birth place: Age 50 Idaho | By whom issued and signature: Gordon W. Russell, Recorder Bryson, Idaho | Date issued: Dec. 28, 1959 |
| | Full name of father: -- | Full name of mother: -- | Date orig. entry: December 27, 1927 |

**REMARKS**

Type written photostatic copy of Family Register, and final viewed by Gordon W. Russell, Recorder, Twin Falls, Idaho, Jan. 29, 1902.

Date of Birth: Jan. 29, 1902, Idaho, Mother: Madonna Charles Jones
Father: Joe Friedrich Jones -

**DECLARATION**

I hereby certify that on prior birth certificates has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the delayed certificate.

| | | |
|---|---|---|
| Name registrar: E. E. Duncan | Examiner reviewed by: Jerome A. Hite | Date filed: Dec 14, 1959 |

Form 12-3-59

319-217-026-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-041

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|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALICE LOVINA LARSON | | | 2. Date of Birth (month) (day) (year): MAR. 17 1902 |
| | 3. Color or Race: WHITE | 4. Sex: F. | 5. Place of Birth a. County: JEFFERSON | b. City or Town of Birth: Market Lake-- now--ROBERTS - IDAHO |
| **FATHER** | 6. Full Name of Father: HANS MARTIN LARSON | | | 7. State or Country of Father's Birth: ESLOF SWEDEN |
| **MOTHER** | 8. Full Maiden Name of Mother: KRISTINA ELIZABETH SVENSSON | | | 9. State or Country of Mother's Birth: LANDSKRONA, SWEDEN (Sweden) |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Lovina Larson Anderson | | 11. Present Address of Registrant: 344-S-13th CORVALLIS, ORE. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 9 1960 | 12. Signature of Notary: LeLoren Keshe | | 13. Notary Commission expires: Aug. 28 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: Bingham Stake, Lewisville Ward, LDS Church | Date issued: 10-20-59 | Date Orig. Entry: Sept. 7, 1902 |
| | Date of Birth: March 17, 1902 / Birth Place: Market Lake, Idaho | Full Name of Mother: Kristina E. Svensen | Name of Father: Hans Larson | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister (born 10-19-1888) | By whom issued and signed: Hilda Larson Foster | Date issued: 12-8-59 | Date Orig. Entry: |
| | Date of Birth: March 17, 1902 / Birth Place: Market Lake, now Roberts, Idaho | Full Name of Mother: Christine Elisabeth Swenson Larson | Name of Father: Hans Martin Larson | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Beneficial Life Ins. Co. | Date issued: 4-27-44 | Date Orig. Entry: Apr. 19, 1944 |
| | Date of Birth: March 17, 1902 / Birth Place: Roberts, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Nancy Richards | Jan. 15, 1960 |

FORM BH 56067

JAN 15 1980

431-120-022-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-064

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|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Stephen Lester McArthur | | | 2. Date of Birth (month) (day) (year): September 20, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont Co. | b. City or Town of Birth (P.O. address): Wilford, Idaho St. Anthony) |
| **FATHER** | 6. Full Name of Father: Joseph Stephen McArthur | | | 7. State or Country of Father's Birth: Cache County, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Charlotte Moore | | | 9. State or Country of Mother's Birth: Morgan, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Stephen Lester McArthur | | 11. Present Address of Registrant: c/o Western Union Tel Co. Logan, Utah (98 So. 2nd East Hyde Park, Utah) |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: JANUARY 21, 19 60 | 12. Signature of Notary: Betty Davis | | 13. Notary Commission Expires: 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 28, 1936 |
| | Date of Birth: Sept. 20, 1902 / Birth Place: Fremont Co. St. Anthony, Idaho | Full Name of Mother: Charlotte Moore McArthur | Name of Father: Joseph Stephen McArthur | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record-Blessing | By whom issued and signed: LDS Church Salt Lake City, Utah | Date Issued: 12-14-59 | Date Orig. Entry: Oct. 10, 1902 |
| | Date of Birth: Sept. 20, 1902 / Birth Place: Fremont Co. Wilford, Idaho | Full Name of Mother: Charlotte Moore | Name of Father: Joseph S. McArthur | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by relative, age 84 | By whom issued and signed: Danford McArthur Bickmore | Date Issued: 12-10-59 | Date Orig. Entry: |
| | Date of Birth: year-1902 / Birth Place: Fremont Co. Wilford, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | nr Nancy Richards | Jan. 27, 1960 |

FORM BH 56067

2 copies paid

JAN 2 9 1987

512-107-022-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-093

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Weldon Andrew Nash | | | 2. Date Of Birth (month) (day) (year): August 7 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Rexburg |
| **FATHER** | 6. Full Name of Father: Andrew Bartlett Nash | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Oveda Hansen | | | 9. State or Country of Mother's Birth: Norway |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Weldon A. Nash | | 11. Present Address of Registrant: 206 So. 2E. Preston |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 2 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 2/6/61 19 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record-Certificate | By whom issued and signed: Fremont Stake, Rexburg 1st Ward, LDS Church | Date Issued: 11-17-59 | Date Orig. Entry: Nov. 2, 1902 |
| | Date of Birth: Aug. 7, 1902 / Birth Place: Fremont Co. Rexburg, Idaho | Full Name of Mother: Oveda Hansen | Name of Father: Andrew B. Nash | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Dec. 8, 1936 |
| | Date of Birth: Aug. 7, 1902 / Birth Place: Rexburg, Idaho | Full Name of Mother: Hulda Oveda Hansen | Name of Father: Andrew Bartlett Nash | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #318153 | Date Issued: | Date Orig. Entry: child born July 30, 1941 |
| | Date of Birth: age 38 / Birth Place: Rexburg, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barron | Nancy Richards | Feb. 3, 1960 |

FORM BH 56067 one copy paid #17226 11-2-59

FEB 3 1960

FEB 7 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Given name at birth | 2. Date of birth (month) (day) (year) | |
| Legal name when birth is being registered | 3. Color or race | 4. Sex | 5. Place of birth (county) |
| FATHER | 6. Full name of father | 7. State or Country of father's birth | |
| MOTHER | 8. Maiden name of mother | 9. State or Country of mother's birth | |
| AFFIDAVIT | I/We swear/affirm that the data set forth are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Fraudulent Affidavit of Registrant |
| NOTARY | Sworn and subscribed to before me on | 12. Signature of Notary | 13. Notary Commission expires |
| SUPPORTING RECORD 1. | Type of document: Certificate of Baptism | Date issued: Feb. 2, 1960 | Date filed: Feb. 3, 1960 |
| | Date of event: Birth Place: Rexburg, Idaho | Full name of mother: Nuida Grella Hansen | Name of father: Anthony D. Black |
| SUPPORTING RECORD 2. | Type of document: Certificate of Baptism | Date issued: May 20, 1960 | Date filed: May 20, 1960 |
| | Date of event: June 30 Birth Place: Rexburg, Idaho | Full name of mother: --- | Name of father: --- |
| REMARKS (Continued) | | | |
| CERTIFICATION | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit. | | |
| | Signature of Registrar | Evidence reviewed or: Lacey Richards | Date filed: May 25 1960 |

Form No. 9080 One copy paid #1226 11-2-59

381-102-003-394

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-154
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Richard Alvin Chance | | 2. Date Of Birth (month) Feb. (day) 2 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho Bannock | b. City or Town of Birth: Pocatello |
| **FATHER** | 6. Full Name of Father: Alvin Charlton Chance | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Cora E. Truex | | 9. State or Country of Mother's Birth: Kansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Richard Alvin Chance | 11. Present Address of Registrant: 3127 E. Artesia Long Beach, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 12 19 60 | 12. Signature of Notary: Ollie J. Atkinson | 13. Notary Commission expires October 5 19 61 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mrs. Cora Davis | Date Issued: 2-5-60 | Date Orig. Entry: |
| Class* | Date of Birth: Feb. 2, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Cora E. Chance | Name of Father: Alvin Charlton Chance | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: No. American Life Ins. Co. of Chicago | Date Issued: | Date Orig. Entry: June 3, 1937 |
| Class | Date of Birth: Feb. 2, 1902 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Los Angeles Co. Recorder, California #615 | Date Issued: 11-18-53 | Date Orig. Entry: child born Aug. 26, 1935 |
| Class | Date of Birth: age 33 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Nancy Richards | Date Filed: Feb. 23, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 23 1960

295-118-004-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-168

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOHN RICHARD BRENNAN | | | 2. Date of Birth (month) JULY (day) 18 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: M | 5. Place of Birth a. County: MONTPELIER BEAR LAKE | b. City or Town of Birth: MONTPELIER |
| **FATHER** | 6. Full Name of Father: JOHN RICHARD BRENNAN | | | 7. State or Country of Father's Birth: NEW YORK |
| **MOTHER** | 8. Full Maiden Name of Mother: BARBARA EDWARDS | | | 9. State or Country of Mother's Birth: WYOMING |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John R Brennan | | 11. Present Address of Registrant: 3804 So. Gandy SPOKANE WASH |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 23 1960 | 12. Signature of Notary: Wm M Geraughty | | 13. Notary Commission expires: June 5 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Hospital Record | By whom issued and signed: Sacred Heart Hospital Spokane, Washington | Date Issued: 2-16-60 | Date Orig. Entry: Jan. 8, 1953 |
| | Date of Birth: July 18, 1902 / Birth Place: Idaho | Full Name of Mother: Barbara Edwards | Name of Father: John R. Brennan, Sr. | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Union Central Life Ins. Co. | Date Issued: 5-14-37 | Date Orig. Entry: April 30, 1937 |
| | Date of Birth: July 18, 1902 / Birth Place: Bear Lake Co. Montpelier, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Physicians Casualty Assoc. of America | Date Issued: 6-8-49 | Date Orig. Entry: June 8, 1949 |
| | Date of Birth: July 18, 1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W M Benson | Evidence reviewed by: Nancy Richards | | Date Filed: Feb. 26, 1960 |

FORM BH 56067

2-8-60 1 copy paid

FEB 26 1960

364-212-031-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-184

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: DAISY M. LOMAX | | | 2. Date of Birth (month) Dec. (day) 12 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Lewis b. City or Town of Birth: Kamiah, Idaho | Kamiah, Idaho |
| **FATHER** | 6. Full Name of Father: Rufus M. Lomax | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Ann Johnson, | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Daisy M. Hunewald | | 11. Present Address of Registrant: Nezperce, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February, 8, 19 60 | 12. Signature of Notary: G C Pennell | | 13. Notary Commission expires: May, 24, 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (10 yrs. older): Affidavit by sister | By whom issued and signed: Eliza Estella Wanemaker | Date Issued: 2-15-60 | Date Orig. Entry: |
| | Date of Birth: Dec. 12, 1902 | Birth Place: Kamiah, Idaho | Full Name of Mother: Julia Ann Johnson | Name of Father: Rufus M. Lomax |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #237309 | Date Issued: | Date Orig. Entry: child born July 16, 1935 |
| | Date of Birth: age 32 | Birth Place: Kamiah, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Election Registration record | By whom issued and signed: Lewis Co. Recorder, Nezperce, Ida. | Date Issued: 4-17-59 | Date Orig. Entry: June 5, 1926 |
| | Date of Birth: age 23 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | Bible record, photostat; original viewed by Notary Public G. C. Pennell; Nezperce, Ida.; on Feb. 24, 1960: born on Dec. 12, 1902; parents-R. M. Lomax and Julia A. Johnson. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Nancy Richards | | Date Filed: March 3, 1960 |

FORM BH 56067

MAR 3 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

**PERSONAL**

1. Name (first, middle, last) at birth: DAISY M. LOMAX
2. Sex: Female
3. Place of birth: County: Kankakee, Illinois
4. Date of birth: (month) Dec. (day) 12 (year) 1902
5. Place of birth: Kankakee, Idaho

**FATHER**

6. Full name of father: Arthur M. Lomax
7. State or Country of father's birth: Illinois

**MOTHER**

8. Full maiden name of mother: Julia Ann Jackson
9. State or Country of mother's birth: Missouri

**AFFIDAVIT**

Affiant swears under penalty of perjury that the above statements are true to the best of my knowledge and belief.

10. Signature of affiant:
11. Present address of affiant: Grangeville, Idaho

**NOTARY (seal)**

Subscribed and sworn to before me on Feb. 6, 19 60

12. Signature of N.P.:
13. Notary Commission expires: May 26, 19 63

**AFFIDAVIT REGARDING DELAYED CERTIFICATE OF BIRTH**

Affidavit by father

Date of birth: Dec. 12, 1902

Place of birth: Kankakee, Idaho

Full name of mother: Julia Ann Jackson

Date issued: 2-17-60

Date orig. entry: June 5, 1906

**DO NOT WRITE BELOW THIS LINE**

Type of document: Birth certificate

Date of birth: Dec. 12, 1902

Place of birth: Kankakee, Idaho

Full name of mother: Julia Ann Jackson

Date issued: 2-17-60

Date orig. entry: June 5, 1906

**SEARCHED BY**

Date of search: Feb. 23, 1960

Place of search: Kankakee, Idaho

Full name of father: ---

Full name of mother: ---

Date issued: 2-17-60

Date orig. entry: June 5, 1906

**CERTIFICATION**

Date of search, protocol number, filed by Notary Public: O. Kenneth Wesgerce, No. 1 on Feb. 23, 1960. Born on Dec. 12, 1902; Kankakee, Idaho. Daisy M. Lomax, mother.

**REGISTRARY CERTIFICATE**

Every reasonable search has been made in the Division of Vital Statistics for the records of birth of the person named herein and has been found, which substantiates the facts as set forth in the foregoing affidavit.

Date filed: Feb. 17, 1960

Evidence reviewed by: Nancy Stephens

Date filed: Feb. 17, 1960

485-22-001-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-217

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazel Myers | | | 2. Date of Birth (month) October (day) 22, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada County | b. City or Town of Birth: Boise City |
| **FATHER** | 6. Full Name of Father: Marion D. Myers | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Verna M. Adams | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hazel Myers McClure | | 11. Present Address of Registrant: 122 Holly Street, Caldwell, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 22 19 60. | 12. Signature of Notary: A. Elwyn Larson | | 13. Notary Commission expires: 2-24 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother's sister, age 80 | By whom issued and signed: Minnie Myers | Date Issued: 2-22-60 | Date Orig. Entry: |
| | Date of Birth: Oct. 22, 1902 | Birth Place: ---- | Full Name of Mother: Verna M. Adams Myers | Name of Father: Marion D. Myers |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Sept. 28, 1938 |
| | Date of Birth: Oct. 22, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Verna Adams | Name of Father: Marion D. Myers |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #98402 | Date Issued: | Date Orig. Entry: child born Jan. 28, 1922 |
| | Date of Birth: age 19 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Nancy Richards | March 11, 1960 |

FORM BH 56067 12-3-59

MAR 11 1980

796-117-035-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-237

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Melvin Thomas Procunier | | | 2. Date Of Birth (month) (day) (year): September 17, 1902 |
| | 3. Color or Race: white | 4. Sex: Male | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Melrose, Idaho |
| **FATHER** | 6. Full Name of Father: George Andrew Procunier | | | 7. State or Country of Father's Birth: Iowa, U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Frances Ann Stephenson | | | 9. State or Country of Mother's Birth: Ontario, Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Melvin Thomas Procunier | | 11. Present Address of Registrant: Troy, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 24 19 60 | 12. Signature of Notary: Lloyd G. Martinson | | 13. Notary Commission expires: October 5 19 63. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother, age 75 | By whom issued and signed: Frances Ann Davenport | Date Issued: 2-20-60 | Date Orig. Entry: |
| | Date of Birth: Sept. 17, 1902 / Birth Place: Nez Perce Co. Melrose, Idaho | Full Name of Mother: Frances Ann Stephenson | Name of Father: George Andrew Procunier | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: Sun Life Assurance Co. of Canada | Date Issued: | Date Orig. Entry: May 6, 1930 |
| | Date of Birth: Sept. 17, 1902 / Birth Place: Melrose, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #134043 | Date Issued: | Date Orig. Entry: child born Aug. 7, 1925 |
| | Date of Birth: last birthday age 22 / Birth Place: Melrose, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Nancy Richards | Date Filed: March 18, 1960 |

FORM BH 56067

MAR 18 1960

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

| | | | |
|---|---|---|---|
| REGISTRANT | 1. Registrant's full name at birth: Julian George Procunier | 2. Date of birth: September 17, 1902 | |
| | 3. Place of birth: Male | 4. Place of birth: Nampa Force | 5. Sex: Male |
| | 6. Full name of father: George Andrew Procunier | 7. State or country of father's birth: Iowa, U.S.A. | |
| MOTHER | 8. Maiden name of mother: Frances Ann Stephenson | 9. State or country of mother's birth: Ontario, Canada | |
| AFFIDAVIT | I hereby declare on oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me | 10. Signature of Registrant | 11. Present address of Registrant: Troy, Idaho |
| | | 12. Signature of Notary | 13. Notary Commission expires |
| SUPPORTING RECORD 1 | Type of document: Affidavit by mother, age 75 | 14. Name of witness: Frances Ann Stephenson | Date issued: 5-20-59 |
| | Date of birth: June 17, 1902 | Birth place: Nampa Force Co. Nampa, Idaho | Name of father: George Andrew Procunier |
| SUPPORTING RECORD 2 | Type of document: Marriage application | By whom issued and signed: Ada Life Assurance Co. of Canada | Date issued: May 4, 1926 |
| | Date of birth: 1902 | Birth place: Nampa, Idaho | Full name of mother: --- |
| SUPPORTING RECORD 3 | Type of document: Idaho Department of Public Welfare Birth Record | By whom issued and signed: Idaho Department of Public Welfare | Date issued: --- |
| | Date of birth: June 22, 1902 | Birth place: Nampa, Idaho | Name of father: --- |
| DOCUMENTARY EVIDENCE | The documents listed in this statement are found in the Division of Vital Statistics for this registration and are documentary evidence for the registration data with which they are concerned. | | |
| | Signature of Registrar | Evidence reviewed by: Lucy Rodenda | Date filed: March 24, 1960 |

693-202-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-302

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Tora Virgia Wilde | | | 2. Date Of Birth (month) January (day) 2 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Oneida-now Franklin | b. City or Town of Birth: MinkCreek, Idaho |
| **FATHER** | 6. Full Name of Father: Albert Alonson Wilde | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Tora Keller | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Tora Virgia Wilde | 11. Present Address of Registrant: 34 North 2nd East Preston, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 25th March 1960 | | 12. Signature of Notary: Bel Larsen | 13. Notary Commission expires May 12 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of Application for License to Marry - #62 | | By whom issued and signed: Iver L. Larsen, Clerk, County of Cache, State of Utah | Date Issued: March 23, 1960 | Date Orig. Entry: March 16, 1921 |
| | Date of Birth: January 2, 1902 | Birth Place: Mink Creek, Idaho | Full Name of Mother: Tora Keller | Name of Father: Albert A. Wilde | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | | By whom issued and signed: on file Vital Statistics Idaho #171332 | Date Issued: -- | Date Orig. Entry: child born May 20, 1929 |
| | Date of Birth: Age 27 | Birth Place: Mink Creek, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: #13062 Application for Membership Daughters of Utah Pioneers | | By whom issued and signed: Ida M. Kirkham, President Mink Creek, Idaho | Date Issued: June 30, 1940 | Date Orig. Entry: June 30, 1940 |
| | Date of Birth: Jan 2, 1902 | Birth Place: --- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Joyce B. Folts | Date Filed: April 5, 1960 |

FORM BH 56067 3-2-60

APR 6 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child (first, middle, last) | | 2. Date of birth (month, day, year) | |
| Tone Virgie Wilde | | January 2, 1902 | |
| 3. Sex: Female | 4. Color or race: White | 5. Place of birth (county): Oneida-now Franklin | 6. City or town of birth: Winkworth, Idaho |
| 7. Father's name: Albert Alonzo Wilde | | | 8. Father's birthplace: Utah |
| 9. Mother's maiden name: Tora Teller | | | 10. Mother's birthplace: Utah |
| 11. Informant: Mrs. Albert Alonzo Wilde | | 12. Relationship: Mother | 13. Present address of informant: 30 North 2nd West Preston, Idaho |
| 14. Signature and seal to affirm on: Mrs. Albert Alonzo Wilde | | 15. Signature of notary: [illegible] | 16. Notary commission expires: May 12 1962 |

AFFIDAVIT — TO BE WRITTEN BELOW THE LINE

| | | | |
|---|---|---|---|
| Affidavit: Certified copy of Application for License to Marry - #62 Bear Lake Co. Idaho Feb. 2, 1920 | By who issued and signature: Ivor L. Lawrence, Clerk, County of Oneida, State of Utah Albert A. Wilde | Date issued: March 25, 1920 | Date org. entry: March 15, 1921 |
| Affidavit: Own childs birth certificate | By who issued and signature: on file Vital Statistics Idaho #21332 | Date issued: — | Date org. entry: May 20, 1940 |
| Affidavit: Application for Membership Daughters of Utah Pioneers | By who issued and signature: Ida M. Hirsley, President Ashton Creek, Idaho | Date issued: June 30, 1910 | Date org. entry: June 20, 1940 |

| | | | |
|---|---|---|---|
| Date of birth: Jan 27 | Birth place: Ashton Creek, Idaho | Date of marriage: Jan 2, 1920 | Place of marriage: Bear Lake Co. Idaho |
| Name of father: — | Full name of mother: — | Name of father: — | Full name of mother: — |

SUPPLEMENTARY INFORMATION

| | | | |
|---|---|---|---|
| Statement: I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this individual, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement. | | | |
| Date of statement: H. N. Benson | Evidence reviewed by: Vance L. Foltz | | Date filed: April 8, 1960 |

619-122-036-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-327

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elmer Mosiah Ward. | | | 2. Date Of Birth (month) Sept. (day) 22 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Woodruff Oneida Idaho. | b. City or Town of Birth: Woodruff Oneida Co. Idaho. |
| **FATHER** | 6. Full Name of Father: Jesse Nicholas Ward. | | | 7. State or Country of Father's Birth: Snowville Box Elder Co. Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Ann Moon. | | | 9. State or Country of Mother's Birth: Farmington Davis Co. Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elmer Mosiah Ward | | 11. Present Address of Registrant: 602 N. 600 W. Malad Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 20 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 11/28 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Malad 1st Ward, Malad Stake LDS Church | Date Issued: 2-8-60 | Date Orig. Entry: May 27, 1911 |
| | Date of Birth: Sept. 22, 1902 | Birth Place: Oneida Co. Woodruff, Idaho | Full Name of Mother: Julia Moon | Name of Father: Jesse N. Ward |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #84496 | Date Issued: | Date Orig. Entry: child born Oct. 14, 1920 |
| | Date of Birth: age 18 | Birth Place: Malad, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of County Marriage Register | By whom issued and signed: W. H. Richards County Recorder, Malad, Ida | Date Issued: March 31, 1920 | Date Orig. Entry: March 31, 1920 |
| | Date of Birth: Age 17 | Birth Place: Woodruff, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Joyce B. Foltz | Date Filed: April 14, 1960 |

FORM BH 56067

1 copy paid #20930

APR 15 1960

386-208-036-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-328

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Susan Irene Thomas | | 2. Date Of Birth (month) Nov. (day) 8 (year) 1902. | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Malad Oneida Idaho. | b. City or Town of Birth: Malad Oneida Co. Idaho. |
| **FATHER** | 6. Full Name of Father: David R. Thomas. | | 7. State or Country of Father's Birth: Malad Oneida Co. Idaho. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Rheobe Ann John | | 9. State or Country of Mother's Birth: Portage, Box Elder Co. Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Susan Ward. | 11. Present Address of Registrant: x602 N. 600 W. Malad Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 20 1960 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: 11/21 1960 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Malad 1st Ward, Malad Stake LDS Church | Date Issued: 2-9-60 | Date Orig. Entry: July 6, 1913 |
| | Date of Birth: Nov. 8, 1902 | Birth Place: Oneida Co. Malad, Idaho | Full Name of Mother: Phoebe John | Name of Father: David R. Thomas |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #162297 | Date Issued: | Date Orig. Entry: child born May 21, 1928 |
| | Date of Birth: age 25 | Birth Place: Malad, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of County Marriage Register | By whom issued and signed: W. H. Richards County Recorder, Malad, Ida. | Date Issued: March 31, 1920 | Date Orig. Entry: March 31, 1920 |
| | Date of Birth: age 17 | Birth Place: Malad, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Joyce B. Foltz | Date Filed: April 14, 1960 |

FORM BH 56067

1 copy paid #20930

APR 15 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| Registrar's identification | 1. Name of child | | 2. Date of birth (month) (day) (year) |
| | 3. Sex | 4. Place of birth (county) | 5. Mother's maiden name |
| Parents | 6. Full name of father | | 7. State or country of father's birth |
| | 8. Full name of mother | | 9. State or country of mother's birth |
| Affidavit | 10. I hereby certify that the above statements are true to the best of my knowledge and belief. | 11. Signature of deponent | 12. Present address of deponent |
| Notary | 13. Subscribed and sworn to before me | 14. Signature of Notary | 15. Notary Commission expires |
| Supporting Evidence 1 | Type of document: Certificate of Marriage | By whom issued and signed: Ada County Probate Court | Date issued: 2-3-60 |
| Supporting Evidence 2 | Type of document: Ada County Probate Court | By whom issued and signed: Ada County Probate Court | Date issued: May 27, 1960 |
| Supporting Evidence 3 | Type of document: Certified copy of County Marriage Legal or Church Record | By whom issued and signed: Ada County Recorder, Boise, Idaho | Date issued: March 21, 1960 |
| Registrar's Certification | | | |

The above-named person's birth certificate has been found in the Division of Vital Statistics for this registration area. Or that documentary evidence has been reviewed, which substantiates the facts as set forth in the affidavit.

| | | |
|---|---|---|
| State Registrar | Evidence reviewed by | Date Filed |
| [illegible] | Joyce [illegible] | April 15, 1960 |

36 a-128-021-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-333

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leslie Cotterell | | | 2. Date of Birth (month) (day) (year): March 28, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Franklin | b. City or Town of Birth: Clifton |
| **FATHER** | 6. Full Name of Father: Joseph Cotterell | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Villa Cotterell | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leslie Cotterell | | 11. Present Address of Registrant: 600 Anderson Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 19 19 60 | 12. Signature of Notary: Alice Jobe Residing at St. Anthony, Idaho | | 13. Notary Commission expires: Sept. 11 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Neighbor at time of birth Age 70 | By whom issued and signed: Malinda Christensen | Date Issued: Feb 19, 1960 | Date Orig. Entry: --- |
| | Date of Birth: March 28, 1902 / Birth Place: Clifton, Idaho Franklin Co. | Full Name of Mother: Villa Cotterell | Name of Father: Joseph Cotterell | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #GN8,108,432 | By whom issued and signed: Equitable Life Assurance Society of the United States | Date Issued: June 13, 1930 | Date Orig. Entry: June 13, 1930 |
| | Date of Birth: March 28, 1902 / Birth Place: Clifton, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: Idaho #182130 | Date Issued: --- | Date Orig. Entry: child born May 23, 1930 |
| | Date of Birth: Age 28 / Birth Place: Clifton, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Joyce B. Foltz | Date Filed: April 18, 1960 |

FORM BH 56067

1 copy paid.

APR 1 8 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

File No. 5620-633

| | | |
|---|---|---|
| CHILD | 1. Full name of child (first, middle, last) Joseph Cottrell | 2. Date of birth (month, day, year) April 28, 1902 |
| | 3. Sex White Male | 4. Place of birth (county) Franklin |
| | 5. City or town of birth Preston | |
| FATHER | 6. Full name of father Joseph Cottrell | 7. State or country of father's birth Utah |
| MOTHER | 8. Full maiden name of mother Willa Cottrell | 9. State or country of mother's birth Utah |
| AFFIDAVIT | 10. Affiant's name and address Guy Anderson Boise, Idaho | 11. Relationship of affiant |
| | 12. Affiant swore to the above as true to the best of his knowledge and belief. | 13. Notary Commission expires Sept. 11, 1962 |
| | 14. Signature of affiant | 15. Date February 19, 1960 |
| | 16. Signature of notary Wm. C. Jeffery, Jr. Notary Public | |
| | 17. Date issued and signature of issuer Feb 25, 1960 Velma Christensen | 18. Date filed and signature of issuer Feb 25, 1960 |
| | 19. Date of issuance Feb 25, 1960 | 20. Date filed Feb 25, 1960 |
| | 21. Date of issuance Feb 25, 1960 | 22. Date filed Feb 25, 1960 |
| | 23. Date of issuance Feb 25, 1960 | 24. Date filed Feb 25, 1960 |
| | 25. Date of issuance Feb 25, 1960 | 26. Date filed Feb 25, 1960 |
| | 27. Date of issuance Feb 25, 1960 | 28. Date filed Feb 25, 1960 |
| | 29. Date of issuance Feb 25, 1960 | 30. Date filed Feb 25, 1960 |
| | 31. Date of issuance Feb 25, 1960 | 32. Date filed Feb 25, 1960 |
| | 33. Date of issuance Feb 25, 1960 | 34. Date filed Feb 25, 1960 |
| | 35. Date of issuance Feb 25, 1960 | 36. Date filed Feb 25, 1960 |
| | 37. Date of issuance Feb 25, 1960 | 38. Date filed Feb 25, 1960 |
| | 39. Date of issuance Feb 25, 1960 | 40. Date filed Feb 25, 1960 |
| | 41. Date of issuance Feb 25, 1960 | 42. Date filed Feb 25, 1960 |
| | 43. Date of issuance Feb 25, 1960 | 44. Date filed Feb 25, 1960 |
| | 45. Date of issuance Feb 25, 1960 | 46. Date filed Feb 25, 1960 |
| | 47. Date of issuance Feb 25, 1960 | 48. Date filed Feb 25, 1960 |
| | 49. Date of issuance Feb 25, 1960 | 50. Date filed Feb 25, 1960 |
| | 51. Date of issuance Feb 25, 1960 | 52. Date filed Feb 25, 1960 |
| | 53. Date of issuance Feb 25, 1960 | 54. Date filed Feb 25, 1960 |
| | 55. Date of issuance Feb 25, 1960 | 56. Date filed Feb 25, 1960 |
| | 57. Date of issuance Feb 25, 1960 | 58. Date filed Feb 25, 1960 |
| | 59. Date of issuance Feb 25, 1960 | 60. Date filed Feb 25, 1960 |
| | 61. Date of issuance Feb 25, 1960 | 62. Date filed Feb 25, 1960 |
| | 63. Date of issuance Feb 25, 1960 | 64. Date filed Feb 25, 1960 |
| | 65. Date of issuance Feb 25, 1960 | 66. Date filed Feb 25, 1960 |
| | 67. Date of issuance Feb 25, 1960 | 68. Date filed Feb 25, 1960 |
| | 69. Date of issuance Feb 25, 1960 | 70. Date filed Feb 25, 1960 |
| | 71. Date of issuance Feb 25, 1960 | 72. Date filed Feb 25, 1960 |
| | 73. Date of issuance Feb 25, 1960 | 74. Date filed Feb 25, 1960 |
| | 75. Date of issuance Feb 25, 1960 | 76. Date filed Feb 25, 1960 |
| | 77. Date of issuance Feb 25, 1960 | 78. Date filed Feb 25, 1960 |
| | 79. Date of issuance Feb 25, 1960 | 80. Date filed Feb 25, 1960 |
| | 81. Date of issuance Feb 25, 1960 | 82. Date filed Feb 25, 1960 |
| | 83. Date of issuance Feb 25, 1960 | 84. Date filed Feb 25, 1960 |
| | 85. Date of issuance Feb 25, 1960 | 86. Date filed Feb 25, 1960 |
| | 87. Date of issuance Feb 25, 1960 | 88. Date filed Feb 25, 1960 |
| | 89. Date of issuance Feb 25, 1960 | 90. Date filed Feb 25, 1960 |
| | 91. Date of issuance Feb 25, 1960 | 92. Date filed Feb 25, 1960 |
| | 93. Date of issuance Feb 25, 1960 | 94. Date filed Feb 25, 1960 |
| | 95. Date of issuance Feb 25, 1960 | 96. Date filed Feb 25, 1960 |
| | 97. Date of issuance Feb 25, 1960 | 98. Date filed Feb 25, 1960 |
| | 99. Date of issuance Feb 25, 1960 | 100. Date filed Feb 25, 1960 |

585-225-004-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-365

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MELBA NYE | | | 2. Date of Birth (month) Aug (day) 25 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: IDAHO Bear Lake | b. City or Town of Birth: Paris |
| **FATHER** | 6. Full Name of Father: James Smith Nye | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie E. Champneys | | | 9. State or Country of Mother's Birth: England. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Melba Nye Hepponstall | | 11. Present Address of Registrant: 204 Preston Ave Logan Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 2 1959 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: August 22 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Application for Social Security Account Number | By whom issued and signed: Treasury Department | Date Issued: --- | Date Orig. Entry: Sept 21, 1943 |
| | Date of Birth: Aug. 25, 1902 / Birth Place: Paris, Idaho Bear Lake Co. | Full Name of Mother: Minnie Elizabeth Champneys | Name of Father: James Smith Nye | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of Application for License to Marry #276 | By whom issued and signed: State of Utah, Cache Co., Iver L. Larsen, County Clerk | Date Issued: Feb 9, 1960 | Date Orig. Entry: Sept 18, 1924 |
| | Date of Birth: Aug 25, 1902 / Birth Place: Paris, Idaho | Full Name of Mother: Minnie Champneys | Name of Father: J. S. Nye | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: Idaho #132156 | Date Issued: -- | Date Orig. Entry: child born June 28, 1925 |
| | Date of Birth: age 22 / Birth Place: Paris, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Joyce B. Foltz | | Date Filed: April 25, 1960 |

FORM BH 56067

1 Copy Paid 16122

APR 26 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Dec. 2 19 59 August 22 19 60

Nannie Elizabeth Champney James Smith Bye

Aug 26, 1959 Boise, Idaho

Our child's birth certificate

Aug 22 Boise, Idaho

Idaho Nurses

Joyce L. Allen April 26, 1960

312-219-001-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-369

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Nora May ~~Ell~~ Casey | | | 2. Date of Birth (month) Jan (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Boise Idaho Ada | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: William Henry Casey | | | 7. State or Country of Father's Birth: Boulder Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Clara Maud Davisson | | | 9. State or Country of Mother's Birth: Macon Mo |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Nora May Dittman | | 11. Present Address of Registrant: 620 Liberty Rd. Boi. Ada |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 19 1960 | 12. Signature of Notary: Helen M. Smith (Notary Public Residing at Boise Idaho My Commission expires August 10, 1962) | | 13. Notary Commission expires: August 10 1962 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics #109251 | Date Issued: -- | Date Orig. Entry: child born Mar. 3, 1923 |
| | Date of Birth: age 21 / Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 2.** | Type of Document: Family record book | By whom issued and signed: -- | Date Issued: -- | Date Orig. Entry: obviously old |
| | Date of Birth: Jan. 19, 1902 / Birth Place: Boise, Idaho | Full Name of Mother: Clara Maude Casey | Name of Father: William Henry Casey | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy #1109466 | By whom issued and signed: Massachusetts Protective Association | Date Issued: -- | Date Orig. Entry: Nov. 28, 1950 |
| | Date of Birth: Jan. 19, 1902 / Birth Place: Boise, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | la Lois Ayers | April 25, 1960 |

FORM BH 56067 3-15-60

APR 27 1960

# DELAYED CERTIFICATE OF BIRTH

## STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD (Person whose birth is being registered) | 1. Legal name at birth | | 2. Sex: Male / Female; Date (month, day, year) |
| | 3. Color or race | 4. Sex | 5. Place of birth: County |
| | | | 6. City or town of birth |
| FATHER | 7. Full name of father | | 8. State or country of father's birth |
| MOTHER | 9. Full maiden name of mother | | 10. State or country of mother's birth |
| AFFIDAVIT | I hereby swear upon oath that the above statements are true to the best of my knowledge and belief. | 11. Signature of deponent | 12. Present address of deponent |
| NOTARY (Seal) | Subscribed and sworn to before me on | 13. Signature of notary | 14. Notary Commission Expires |
| SUPPORTING EVIDENCE 1 | Document | By whom issued or signed | Date filed / Date of birth |
| | Sum certificate of birth | | |
| | Type of document | By whom issued or signed | Date issued / Date filed / Date of birth |
| SUPPORTING EVIDENCE 2 | Birth record book | | |
| | Date of birth / Birth place | Full name of father | Name of father |
| | Boise, Idaho | Clara Maude Deary | William Henry Deary |
| SUPPORTING EVIDENCE 3 | Type of document | By whom issued or signed | Date issued / Date filed / Date of birth |
| | Insurance Policy #11,466 | Massachusetts Protective Association | |
| | Date of birth / Birth place | Full name of mother | Name of father |
| | Boise, Idaho | | |
| SUPPORTING EVIDENCE 4 | | | |
| DECLARATION OF CERTIFICATE (Seal) | I am satisfied that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement. | | |
| | Date filed | Evidence reviewed by | Date filed |
| | N. W. Brown | Lois Ayers | April 27, 1960 |

793-123-025-8571

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-380

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HARRY LEONARD GILL | | | 2. Date of Birth (month) MARCH (day) 23, (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: M | 5. Place of Birth a. County: NEAR GRANGEVLE IDAHO | b. City or Town of Birth: GRANGEVILLE, IDAHO |
| **FATHER** | 6. Full Name of Father: JAMES MARTIN GILL | | | 7. State or Country of Father's Birth: MISSOURI |
| **MOTHER** | 8. Full Maiden Name of Mother: MINNIE [illegible] HEATH | | | 9. State or Country of Mother's Birth: MISSOURI |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harry Leonard Gill | | 11. Present Address of Registrant: KAMIAH, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on FEB. 3, 1960 | 12. Signature of Notary: J. F. Nickens | | 13. Notary Commission expires: APRIL 1, 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Great Western Mutual Assoc. | Date Issued: 8-7-37 | Date Orig. Entry: Aug. 3, 1937 |
| | Date of Birth: March 23, 1902 | Birth Place: Grangeville, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Bible Record--photostat | By whom issued and signed: original viewed by Notary Public J. F. Nickens; Kooskia, Ida. | Date Issued: 3-1-60 | Date Orig. Entry: old record |
| | Date of Birth: March 23, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Mother-age 77 | By whom issued and signed: Minnie Emma Gill | Date Issued: April 14, 1960 | Date Orig. Entry: --- |
| | Date of Birth: March 23, 1902 | Birth Place: Grangeville, Idaho | Full Name of Mother: Minnie Emma Gill | Name of Father: James Martin Gill |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Joyce B. Foltz | Date Filed: May 9, 1960 |

FORM BH 56067 1 copy paid 1-12-60

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 9 1960

1. Registrant's Full Name at Birth
HARRY LEONARD GILL

2. Date of Birth (Month) (Day) (Year)
MARCH 23, 1909

3. Color or Race
WHITE

4. Sex
M

5. Place of Birth (County)
NEAR GRANGEVILLE, IDAHO

6. City or Town of Birth
GRANGEVILLE, IDAHO

7. Full Name of Father
JAMES MARTIN GILL

8. State or Country of Father's Birth
MISSOURI

9. Full Maiden Name of Mother
MINNIE EMMA HEATH

10. State or Country of Mother's Birth
MISSOURI

11. Present Address of Registrant
KAMIAH, IDAHO

12. I (Name) declare that the statements in this application are true to the best of my knowledge and belief.

13. Signature of Registrant

14. Signature of Notary

15. Notary Commission expires
APRIL 1, 1962

FEB. 3, 1960

Date of Issuance

Date Filed

Date Orig. Entry

Date of Birth

Place of Birth

Name of Mother

Name of Father

Type of Document

Date Issued

Date Orig. Entry

Date of Birth

Place of Birth

Full Name of Mother

Name of Father

Type of Document

Date Issued

Date Orig. Entry

Date of Birth

Place of Birth

Full Name of Mother

Name of Father

Affidavit of Information

Miscellaneous Data

Date of Birth: March 23, 1909

Place of Birth: Grangeville, Idaho

Full Name of Mother: Minnie Emma Gill

Name of Father: James Martin Gill

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this Registrant and that the records and evidence now have been reviewed which substantiates the facts as set forth in the foregoing application.

Signature of Registrar

Evidence reviewed by

Date Filed

H. W. Benson

Jesse F. Foltz

May 9, 1960

1-12-60

966-225-022-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-393

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lucy Melvina Rowley | | | 2. Date of Birth (month) (day) (year): November 25 1902 |
| | 3. Color or Race: White | 4. Sex: Fem. | 5. Place of Birth a. County: Idaho Tremont | b. City or Town of Birth: Warm River |
| **FATHER** | 6. Full Name of Father: John Thompson Rowley | | | 7. State or Country of Father's Birth: Utah Fillard Co. Fillmore |
| **MOTHER** | 8. Full Maiden Name of Mother: Lucy Melvina Golding | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lucy Melvina Rowley Wilcox | | 11. Present Address of Registrant: Rte.1- Box 631 St. Helena, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 21- 1960 | 12. Signature of Notary: Medred E. Griffith | | 13. Notary Commission expires: April 25 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Lucy Melvina Golding Rowley | Date Issued: 2-24-60 | Date Orig. Entry: |
| | Date of Birth: Nov. 25, 1902 / Birth Place: Warm River, Idaho | Full Name of Mother: Lucy Melvina Golding Rowley | Name of Father: John Thompson Rowley | |
| **SUPPORTING RECORD 2.** | Type of Document: Voting Registration Record | By whom issued and signed: Teton County, Montana | Date Issued: 3-28-38 | Date Orig. Entry: March 28, 1938 |
| | Date of Birth: age 35 / Birth Place: Idaho | Full Name of Mother: — | Name of Father: — | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy Certificate of Registry of marriage | By whom issued and signed: County Recorder, Napa County State of California | Date Issued: April 19, 1960 | Date Orig. Entry: license issued May 5, 1950 |
| | Date of Birth: age 47 / Birth Place: Idaho | Full Name of Mother: Lucy M. Golding | Name of Father: John T. Rowley | |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Joyce B. Foltz | Date Filed: May 11, 1960 |

FORM BH 56067 1 copy paid 1-15-60

MAY 11 1960

386-112-026-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-394

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Samuel Andrew Thornton | | | 2. Date of Birth (month) Apr. (day) 12 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County | b. City or Town of Birth: Menan Idaho |
| **FATHER** | 6. Full Name of Father: Chester B. Thornton | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Delita Lavina Campbell | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Samuel Andrew Thornton | | 11. Present Address of Registrant: Hagerman Idaho. Rt. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Apr 11 1960 | 12. Signature of Notary: David F. Nicholsen | | 13. Notary Commission expires: July 13 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics #217832 | Date Issued: -- | Date Orig. Entry: child born Sept. 21, 1933 |
| | Date of Birth: age 31 / Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance policy #307977 | By whom issued and signed: Service Lifeninsurance Co., Omaha, Nebraska | Date Issued: -- | Date Orig. Entry: Aug. 7, 1945 |
| | Date of Birth: April 12, 1902 / Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Sister- age 70 | By whom issued and signed: Effie L. Hedges | Date Issued: April 12, 1960 | Date Orig. Entry: --- |
| | Date of Birth: April 12, 1902 / Birth Place: Menan, Idaho | Full Name of Mother: Delita L. Thornton | Name of Father: Chester B. Thornton | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: 1a Joyce B. Foltz | | Date Filed: May 11, 1960 |

FORM BH 56067

2-16-60

MAY 19 1960

866-112-025-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-398

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charles Clarence Hood | | | 2. Date Of Birth (month) (day) (year): Jan. 12 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a County: Idaho, Idaho, | b City or Town of Birth: Grangeville, Idaho |
| **FATHER** | 6. Full Name of Father: William Clarence Hood | | | 7. State or Country of Father's Birth: Michigan |
| **MOTHER** | 8. Full Maiden Name of Mother: Lulu Violet Hood (Mays) | | | 9. State or Country of Mother's Birth: Washington |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles Clarence Hood | | 11. Present Address of Registrant: M471 Walnut Spokane Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 4-13 19 60 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 9-9 19 62 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: application for Social Security Account No. | By whom issued and signed: Treasury Department | Date Issued: --- | Date Orig. Entry: Nov 25, 1936 |
| | Date of Birth: Jan 12, 1902 / Birth Place: Grangeville, Idaho | Full Name of Mother: Lulu Violet Mays | Name of Father: William Clarence Hood | |
| **SUPPORTING RECORD 2.** | Type of Document: Application for Life Insurance Policy | By whom issued and signed: American Medical Life Co. Policy #638 | Date Issued: July 10, 1930 | Date Orig. Entry: July 10, 1930 |
| | Date of Birth: Jan 12, 1902 / Birth Place: Grangeville, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: School Record Eighth Grade Examinations | By whom issued and signed: P. M. Glanville, County Supt. Idaho County, Idaho | Date Issued: --- | Date Orig. Entry: May 1914 |
| | Date of Birth: age 12 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: bf Joyce B. Foltz | Date Filed: May 11, 1960 |

FORM BH 56067

2-11-60 one copy paid #20319

MAY 11 1960

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

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| CHILD'S NAME | 1. Name of child (If any) | 2. Date of birth (month, day, year) | |
| | 3. Place of birth (County) | 4. City or town of birth | |
| FATHER | 5. Full name of father | 6. Birthplace of father (State or country) | |
| MOTHER | 7. Full maiden name of mother | 8. Birthplace of mother (State or country) | |
| ATTESTING PERSON | 9. Attesting person has personal knowledge that the facts in this certificate are true to the best of his knowledge and belief. | 10. Signature of attesting person | 11. Present address of attesting person |
| NOTARY (Seal) | 12. Subscribed and sworn to before me on | 13. Signature of notary | 14. Notary Commission expires |
| | 15. | | |
| APPLICANT | 16. Signature of applicant for Insurance Department | | |
| | 17. Insurance Department Policy | | |
| | 18. Date of birth | 19. Place of birth | |
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464-202-001-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-405

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Wanda Ellen Dodds | | 2. Date of Birth (month) July (day) 2 (year) 1902 | |
| | 3. Color or Race | 4. Sex | 5. Place of Birth a. County | b. City or Town of Birth: Meridian |
| **FATHER** | 6. Full Name of Father: Fred Albin Dodds | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Lily May Bingman | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Wanda Ellen Mowery | 11. Present Address of Registrant: CRESCENT IOWA R.I. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 18 1958 | | 12. Signature of Notary: Mofine Moore | 13. Notary Commission expires: July 4 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics #192093 | Date Issued: -- | Date Orig. Entry: child born May 10, 1931 |
| | Date of Birth: age 28 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Susie Heffner | Date Issued: -- | Date Orig. Entry: June 11, 1958 |
| | Date of Birth: July 2, 1902 | Birth Place: Meridian, Idaho | Full Name of Mother: Lily Bingman Dodds | Name of Father: Fred A. Dodds |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Age From Marriage Record | By whom issued and signed: T. W. Stivers, Twin Falls County Auditor | Date Issued: June 15, 1959 | Date Orig. Entry: Nov. 5, 1938 |
| | Date of Birth: age 36 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Lois Ayers | May 6, 1960 |

FORM BH 56067

MAY 16 1960

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

Dede-4.5

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Full name of child | | |
| | 2. Date of birth | 3. Sex | 4. Place of birth (County) |
| FATHER | 5. Full name of father | | 6. Place of birth (State or country) |
| MOTHER | 7. Full maiden name of mother | | 8. Place of birth (State or country) |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief | | 9. Signature of informant |
| Notary (Seal) | Subscribed and sworn to before me | | 10. Signature of Notary |
| SUPPORTING RECORD | 11. Kind of document | | 12. Date issued |
| | Own child's birth certificate | (in file Vital Statistics #132793) | -- |
| SUPPORTING RECORD 2 | 13. Kind of document | | 14. Date issued |
| | Affidavit by Aunt | | -- |
| SUPPORTING RECORD 3 | 15. Kind of document | | 16. Date issued |
| | Certificate of Age From Marriage Record | | -- |
| VERIFICATION | | | |
| | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which establishes the facts as set forth in the delayed certificate. | | |
| | State Registrar | Delayed registrant's signature | Date filed |
| | W. W. Denson | Lois Ayers | May 6, 1960 |

Form No. 5002

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666-128-001-241

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-411

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Melvin Wood | | | 2. Date Of Birth (month) april (day) 28 (year) 1902. |
| | 3. Color or Race: wh | 4. Sex: M | 5. Place of Birth a. County: Ada. | b. City or Town of Birth: Star |
| **FATHER** | 6. Full Name of Father: George Nathan Wood | | | 7. State or Country of Father's Birth: Idaho. |
| **MOTHER** | 8. Full Maiden Name of Mother: Mable Dorothy Smart. | | | 9. State or Country of Mother's Birth: Nevada. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: George Melvin Wood | | 11. Present Address of Registrant: 2240 Illinois Ave. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 10 1960 | 12. Signature of Notary: Leo Neher | | 13. Notary Commission expires: Aug. 1 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Insurance Application | By whom issued and signed: American Home Benefit Assoc. | Date Issued: | Date Orig. Entry: March 8, 1945 |
| | Date of Birth: April 28, 1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Elmore County, Idaho | Date Issued: 2-12-60 | Date Orig. Entry: June 13, 1923 |
| | Date of Birth: age 21 / Birth Place: Star, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt-age 87 | By whom issued and signed: Annie Coble | Date Issued: April 23, 1960 | Date Orig. Entry: ---- |
| | Date of Birth: April 28, 1902 / Birth Place: Star, Idaho | Full Name of Mother: Mable Dorothy Smart | Name of Father: George Nathan Wood | |
| **QUALIFYING INFORMATION** | own child's birth certificate, Idaho #142946: age 24 as of June 29, 1926; born-Star, Idaho. | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Joyce B. Foltz | Date Filed: May 18, 1960 |

FORM BH 56067

2-8-60 one copy paid #20079

MAY 18 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Registration District Number | | | 2. Birth Number |
| 3. Name of child | | 4. Sex | 5. Place of birth (County) |
| 6. Date of birth (Month, day, year) | | | 7. Hour of birth |
| 8. Full name of father | | | 9. Color or race of father |
| 10. Age of father at this birth | | | 11. Birthplace of father (State or country) |
| 12. Maiden name of mother | | | 13. Color or race of mother |
| 14. Age of mother at this birth | | | 15. Birthplace of mother (State or country) |
| 16. Number of previous children of this mother | | | 17. Number of previous children still living |
| 18. Date of marriage of parents (Month, day, year) | | | 19. Place of marriage of parents (State or country) |
| 20. Signature of informant | | | 21. Address of informant |
| 22. Signature of attendant | | | 23. Address of attendant |
| 24. Date filed (Month, day, year) | | | 25. Signature of registrar |

I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

Notary Public

| | | | |
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| Name of Notary | | | Date of Expiration |
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Additional Information

Certificate for Auto-Exp 27

Date of Birth (Month, day, year) April 24, 1927

Place of Birth Boise, Idaho

Mother's Maiden Name Mabie Dobie

Mobile Forestry Camp

Certificate Number 5006

Date Issued 5-31-60

Issued by Idaho Department of Health, Vital Statistics, Boise, Idaho

Affidavit of Mother Mabie Dobie, Boise, Idaho

Affidavit of Father Jack Dobie, Boise, Idaho

Certificate

I hereby certify that no prior birth certificate has been on file in the Bureau of Vital Statistics for this registrant and that sufficient evidence has been submitted which substantiates the facts as set forth in the foregoing statement.

Date Registered

By deputy registrar of

Date Issued

May 18, 1960

Issued on behalf of

Jack N. Jones

Joyce F. Jones

Jack Jones

2-6-60 One copy paid $2.00

415-103-006-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-466

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|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Theodore Dance | | 2. Date of Birth (month) (day) (year): Jan 3 1902 | |
| | 3. Color or Race: white | 4. Sex: M | 5. Place of Birth a. County: Thomas, Bingham | b. City or Town of Birth: Thomas |
| **FATHER** | 6. Full Name of Father: Philip Dance | | 7. State or Country of Father's Birth: England | |
| **MOTHER** | 8. Full Maiden Name of Mother: Rosetta Bingham | | 9. State or Country of Mother's Birth: Weber Co. Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Theodore Dance | 11. Present Address of Registrant: Rt # 2 Blackfoot | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 4 1957 | 12. Signature of Notary: Charles O. Parkham | 13. Notary Commission expires: Dec. 6 1958 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: Thomas Ward, LDS Church | Date Issued: | Date Orig. Entry: July 3, 1910 |
| | Date of Birth: Jan. 3, 1902 / Birth Place: Bingham County Thomas, Idaho | Full Name of Mother: Rossetta Bingham | Name of Father: Philip Dance | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement re. School Record(Census Report) | By whom issued and signed: V.F.Wooton,Co.Recorder,Bingham Co. School Dist. 12 | Date Issued: April 6, 1960 | Date Orig. Entry: Census report for 1914-1915 |
| | Date of Birth: age 12 / Birth Place: --- | Full Name of Mother: --- | Name of Father: Philip Dance | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth age 74 | By whom issued and signed: Dora Anderson | Date Issued: June 1, 1960 | Date Orig. Entry: ----- |
| | Date of Birth: Jan. 3, 1902 / Birth Place: Thomas, Idaho Bingham County | Full Name of Mother: Rosetta Bingham Dance | Name of Father: Philip Dance | |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Penny Patterson | Date Filed: June 2, 1960 |

FORM BH 56067

JUN 3 1960

342-126-022-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-488
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CHARLES EDWIN CUSICK. | | | 2. Date Of Birth (month) MARCH (day) 26th; (year) 1902 |
| | 3. Color or Race: WHITE. | 4. Sex: MALE. | 5. Place of Birth: Family home. a. County: Fremont. | b. City or Town of Birth: Chester. |
| **FATHER** | 6. Full Name of Father: Oscar Hiram Cusick | | | 7. State or Country of Father's Birth: Attica, Lapeer County, Michigan. |
| **MOTHER** | 8. Full Maiden Name of Mother: Susan Miller | | | 9. State or Country of Mother's Birth: Chester, Dodge County, Wisconsin. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles Edwin Cusick | | 11. Present Address of Registrant: 715 W. 3rd North Street, St. Anthony, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 23 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission Expires: Jan 30 1964 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: notarized photocopy of page from family Bible | By whom issued and signed: LaMonte Bauer, Fremont Co. recorder | Date Issued: May, 1960 | Date Orig. Entry: obviously old |
| Class* | Date of Birth: March 26, 1902 / Birth Place: Chester, Idaho | Full Name of Mother: Susan Miller. | Name of Father: Oscar Hiram Cusick | |
| **SUPPORTING RECORD 2.** | Type of Document: Fremont County, Idaho school census records | By whom issued and signed: La Monte Bauer | Date Issued: April 22, 1960 | Date Orig. Entry: school census 1918-1919 |
| Class | Date of Birth: age 16 / Birth Place: --- | Full Name of Mother: ---- | Name of Father: Oscar H. Cusick | |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school records | By whom issued and signed: South Fremont High School Virgil Powell, Principal | Date Issued: April 28, 1960 | Date Orig. Entry: entered Sept. 1916 |
| Class | Date of Birth: March 26, 1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny Patterson | Date Filed: June 6, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

## STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

**Registration District** | **1. Registrant's Full Name at Birth** | **2. Date of Birth (Month, Day, Year)**

Person whose birth is being registered)

**2. Color or Race** | **4. Sex** | **5. Place of Birth (County, City, Town)** | **6. Date of Birth (Month, Day, Year)**

Male | Boise, Idaho | June 3, 1924

**7. Full Name of Father** | **8. State or Country of Father's Birth**

Oscar Hans Quisel | Switzerland

**9. Maiden Name of Mother** | **10. State or Country of Mother's Birth**

Susan Miller | Oregon, Lassen County, Indian Agency

**11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.**

**Signature of Registrant** | **Present Address of Registrant**

Rt. 2, Box 1234, Boise, Idaho

**Notary Seal** | **Subscribed and sworn to before me on** | **12. Signature of Notary** | **13. Notary Public for Idaho**

**19** _____

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

**Supporting Record 1.** | **Type of Document** | **By whom issued and signed** | **Date Issued** | **Date Orig. Entry Entered**

Photocopy of Birth Certificate | Idaho State Department of Public Health, Boise, Idaho | June 7, 1962 | June 7, 1962

**Date of Birth** | **Birth Place** | **Full Name of Mother** | **Name of Father**

June 3, 1924 | Boise, Idaho | Susan Miller | Oscar H. Quisel

**Supporting Record 2.** | **Type of Document** | **By whom issued and signed** | **Date Issued** | **Date Orig. Entry Entered**

Department of Public Health, Boise, Idaho | Idaho Department of Public Health, Boise, Idaho | April 24, 1962 | April 24, 1962

**Date of Birth** | **Birth Place** | **Full Name of Mother** | **Name of Father**

March 3, 1924 | Boise, Idaho | Susan Miller | Oscar H. Quisel

**Supporting Record 3.**

**Registrar's Certification** | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

**State Registrar** | **Evidence reviewed by** | **Date Filed**

Jane D. Johnson | Philip T. Robinson | June 3, 20[illegible]

Class A accepts birth date and name of parents the registrant's family at least Class B accepts birth date and name of one parent (or family history) but are at least 7 years old.

Date Qn. [illegible]

893-119-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. de60-508

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mathew Warren Hill | | | 2. Date of Birth (month) Oct. (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Malad Cy., Ida. Oneida | b. City or Town of Birth: Malad City, Idaho |
| **FATHER** | 6. Full Name of Father: William Hill | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Phoebe Jones | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Warren Hill | | 11. Present Address of Registrant: Malad City, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 24 1960 | 12. Signature of Notary: Jas. B. Jones | | 13. Notary Commission expires: Nov. 20 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Dept. | Date Issued: | Date Orig. Entry: Nov. 18, 1942 |
| | Date of Birth: Oct. 19, 1902 / Birth Place: Oneida Co. Malad, Idaho | Full Name of Mother: Pheobe Jones | Name of Father: William Hill | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Application | By whom issued and signed: National Public Service Ins. Co. | Date Issued: | Date Orig. Entry: Jan. 14, 1948 |
| | Date of Birth: Oct. 19, 1902 / Birth Place: Malad, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by friend of family at time of birth | By whom issued and signed: Mary Ann Duncan | Date Issued: May 31, 1960 | Date Orig. Entry: --- |
| | Date of Birth: Oct. 19, 1902 / Birth Place: Malad, Idaho | Full Name of Mother: Phoebe Jones | Name of Father: Wm. Hill | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: nr Penny Patterson | Date Filed: June 10, 1960 |

FORM BH 56067

JUN 13 1969

815-713-025-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-509
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Norma Eugena Hanson | | 2. Date of Birth (month) April (day) 13 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Grangeville Idaho | b. City or Town of Birth: Grangeville, Idaho County, Idaho |
| **FATHER** | 6. Full Name of Father: John Henry Hanson | | 7. State or Country of Father's Birth: Brooklyn, New York | |
| **MOTHER** | 8. Full Maiden Name of Mother: Nancy Sophia Holbrook | | 9. State or Country of Mother's Birth: The Dalles, Oregon | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Norma E Hanson Palmer | 11. Present Address of Registrant: 1505 4th Street, Clarkston, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Mar 3 1960 | 12. Signature of Notary: Theodore H Little | 13. Notary Commission expires: Jan 8 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Federal Gensus Record | By whom issued and signed: U. S. Bureau of the Census | Date Issued: 5-17-54 | Date Orig. Entry: April 15, 1910 |
| Class* | Date of Birth: age 8 / Birth Place: Idaho | Full Name of Mother: Nannie S. Hanson | Name of Father: John H. Hanson | |
| **SUPPORTING RECORD 2.** | Type of Document: School Record | By whom issued and signed: Asotin Co. School Supt. Asotin, Washington | Date Issued: 4-16-54 | Date Orig. Entry: year 1919 |
| Class | Date of Birth: April 13, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: J. H. Hanson | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by friend of family at time of birth | By whom issued and signed: Ida Mae Reed | Date Issued: June 1, 1960 | Date Orig. Entry: --- |
| Class | Date of Birth: April 1902 / Birth Place: Grangeville, Idaho | Full Name of Mother: --- | Name of Father: --- | |

**QUALIFYING INFORMATION**

Bible record, photostat; original viewed by Notary Public Theodore H. Little; Clarkston, Wash., on 3-10-60: original very old: born April 13, 1902; parents--John H. Hanson and Nancy S. Holbrook.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | mr Penny Patterson | June 10, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy paid

JUN 13 1960

**REGISTRANT**

1. Registrant's full name at birth
Jorgen Julius Hanson

2. Date of birth
April 15 1902

3. Sex
Male

4. Place of birth
Pocatello Idaho

**FATHER**

5. Full name of father
John Henry Hanson

6. State or country of father's birth
Sweden

**MOTHER**

7. Full maiden name of mother
Maria Martina Johnson

8. State or country of mother's birth
Ida Dalton, Denmark

**AFFIDAVIT**

I hereby declare some data that the above statements are true to the best of my knowledge and belief.

9. Signature of registrant

10. Present address of registrant
Pocatello, Bannock County, Idaho

**NOTARY**

Subscribed and sworn to before me on

12. Signature of notary

13. Notary Commission expires

**SERVICE RECORD**

Applicant — DO NOT WRITE BELOW THIS LINE

Date issued
5-27-41

Date of b. Entry
April 27, 1941

Branch of service
Coast Guard

Birth place

14. Signature of the Examiner

Full name of Notary
John H. Hanson

**SUPPORTING RECORD 3-**

Date of Document
School Record

Date of birth

Birth place
---

By whom issued and signature
Bancroft Co. Judicial Court.
Bancroft, Nebraska

Date issued
4-26-41

Date entry
1940

Name of Father
J. H. Hanson

Date of Death
---

Birth place
---

Full name of Mother
---

By whom issued and signature
---

Date issued
---

Date entry
---

Name of Father
---

**QUALIFICATION INFORMATION**

The record, photostatic original filed in Public Health Service, Idaho Department of Health on 2-20-42: evidence very old. Born April 15, 1902 in Nebraska—John H. Hanson and Mary Johnson.

**REGISTRAR'S RULINGS**

I hereby certify that no prior birth certificate has been issued in the division of vital statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

Date filed

Evidence reviewed by

Birth Registrar
J. H. Hanson

245-225-004-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-521

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Edna Bunn | | | 2. Date Of Birth (month) Mar. (day) 25 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Lanark, Bear Lake | b. City or Town of Birth: Lanark |
| **FATHER** | 6. Full Name of Father: John Aaron Bunn | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Francis Sleight | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edna Bunn Clark | | 11. Present Address of Registrant: Moreland, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 9, 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Blackfoot, Idaho Sept. 26 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism #21 | By whom issued and signed: L.D.S.Church, Lanark Ward David Brown, Clerk | Date Issued: May 28, 1910 | Date Orig. Entry: baptized May 22, 1910 |
| | Date of Birth: March 25 1902 / Birth Place: Lanark, Idaho Bear Lake County | Full Name of Mother: Mary F. Sleight | Name of Father: John A. Bunn | |
| **SUPPORTING RECORD 2.** | Type of Document: Patriarchal Blessing | By whom issued and signed: Thomas Sleight, Patriarch | Date Issued: Dec 2, 1916 | Date Orig. Entry: Dec. 2, 1916 |
| | Date of Birth: March 25, 1902 / Birth Place: Lanark, Idaho Bear Lake County | Full Name of Mother: Mary Frances Sleight | Name of Father: John Aaron Bunn | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by uncle age 83 | By whom issued and signed: Elmer Wilcox | Date Issued: May 6,1960 | Date Orig. Entry: --- |
| | Date of Birth: March 25, 1902 / Birth Place: Lanark, Idaho Bear Lake Co. | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | bf Penny Patterson | June 15, 1960 |

FORM BH 56067

5-4-60 one copy paid #01789

JUL 11 1967

JUN 15 1969

256-122-014-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-536

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Roy Golden Knox | | | 2. Date Of Birth (month) March (day) 22 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Emmett |
| **FATHER** | 6. Full Name of Father: Clayton Bengamin Knox | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie Alice Knouse | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Roy Golden Knox | | 11. Present Address of Registrant: Route 1, Emmett, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 16 June 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: July 21 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement from Lodge concerning record. | By whom issued and signed: Butte Lodge No 37, AF & AM Emmett, Idaho | Date Issued: June 16, 1960 | Date Orig. Entry: Oct. 5, 1946 |
| | Date of Birth: March 22, 1902 / Birth Place: -- | Full Name of Mother: Minnie Alice Knox | Name of Father: Clayton B. Knox | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Aunt | By whom issued and signed: Ella Knox Parrish | Date Issued: June 16, 1960 | Date Orig. Entry: June 16, 1960 |
| | Date of Birth: March 22, 1902 / Birth Place: Emmett, Idaho | Full Name of Mother: Minnie Alice Knox | Name of Father: Clayton Benjamin Knox | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics #267270 | Date Issued: -- | Date Orig. Entry: child born May 15, 1938 |
| | Date of Birth: age 36 / Birth Place: Emmett, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Lois Ayers | June 16, 1960 |

FORM BH 56067

JUN 17 1960

| | | | |
|---|---|---|---|
| Statement from lodge concerning record. | Butte Lodge No 32, AF & AM Emmett, Idaho | | June 16, 1960 |
| Affidavit by Aunt | Kile Knox Parrish | | June 16, 1960 |
| Own child's birth certificate | Vinnie Alice Knox On file Vital Statistics 26727D | | Clayton Benjamin Knox Date issued: -- Name of Father: child born May 13, 1932 |
| Age 36 | Emmett, Idaho | -- | -- |

168-216-020-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-563

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Amanda Leone Johnson | | | 2. Date Of Birth (month) (day) (year): November 16, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Elmore | b. City or Town of Birth: Mountain Home |
| **FATHER** | 6. Full Name of Father: John Nelson Johnson | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Amanda Caroline Howard | | | 9. State or Country of Mother's Birth: Martinsville, Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leone A. Guthrie | | 11. Present Address of Registrant: R.D. #1 Maple Valley, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 23 1960 | 12. Signature of Notary: Shirley L. McMurtrey | | 13. Notary Commission expires: 4/12 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Brother | By whom issued and signed: Henry B. Johnson | Date Issued: -- | Date Orig. Entry: June 23, 1960 |
| | Date of Birth: Nov. 16, 1902 / Birth Place: Mt. Home, Elmore Co., Idaho | Full Name of Mother: Amanda Caroline Howard | Name of Father: John Nelson Johnson | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics #110781 | Date Issued: -- | Date Orig. Entry: child born April 10, 1923 |
| | Date of Birth: age 20 / Birth Place: Mt. Home, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding hospital record | By whom issued and signed: St. Luke's Hospital, Boise, Idaho | Date Issued: June 23, 1960 | Date Orig. Entry: June 17, 1940 |
| | Date of Birth: November 1902 / Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Lois Ayers | June 23, 1960 |

FORM BH 56067

JUN 24 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | |
|---|---|---|
| 1. Registrant's full name at birth: Amanda Leone Johnson | | 2. Date of birth: November 16, 1902 |
| 3. Place of birth: Ada | 4. Sex: Female | 5. Place of birth: Idaho |
| | | 6. City or town of birth: Mountain Home |
| 7. Full name of father: John Nelson Johnson | | 8. State or country of father's birth: Missouri |
| 9. Full maiden name of mother: Amanda Caroline Howard | | 10. State or country of mother's birth: Martinsville, Indiana |
| 11. Person making application: I, the above signature are true to the best of my knowledge and belief. | 12. Signature of Applicant: | 13. Present address of applicant: R.F.D. #1 Maple Valley, Washington |
| 14. Subscribed and sworn to before me on June 23, 1960 | 15. Signature of Notary: | 16. Notary Commission expires: 4/12 |

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Affidavit 1: | Type of document: Affidavit by mother. Date of birth: Nov. 16, 1902. Place: Mt. Home, Elmore Co., Idaho | By whom issued and signed: Henry B. Johnson. Full name of mother: Amanda Caroline Howard | Date issued: -- Name of father: John Nelson Johnson |
| Affidavit 2: | Type of document: Our child's birth certificate. Delayed birth place: Age 2? | By whom issued and signed: On file Vital Statistics #10781. Full name of mother: -- | Date issued: -- Name of father: -- |
| Affidavit 3: | Type of document: Statement registering hospital record. Date of birth: November 2? Place: Idaho | By whom issued and signed: St. Luke's Hospital, Boise, Idaho. Full name of mother: -- | Date issued: June 23, 1960. Name of father: -- |

MILITARY INFORMATION

| | | |
|---|---|---|
| Registration 1: | Date registered: W. P. Boggs | Evidence reviewed by: Lois Ayers | Date filed: June 23, 1960 |

CERTIFICATION: I, Lois Ayers, certify that no prior birth certificate has been found in the Division of Vital Statistics for this person. The last documentary evidence has been reviewed, which supports the facts as set forth in the foregoing Delayed Certificate.

436-230-020-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-579

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dorothy Louise McWilliams | | | 2. Date of Birth (month) april (day) 30 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Elmore | b. City or Town of Birth: Mountain Home |
| **FATHER** | 6. Full Name of Father: george Byron McWilliams | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Ann Munroe | | | 9. State or Country of Mother's Birth: Scotland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dorothy M. Evans | | 11. Present Address of Registrant: 2521-1 ave no. great Falls mont |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 22 1960 | 12. Signature of Notary: Phyllis Monahan | | 13. Notary Commission expires: July 24 1962 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | By whom issued and signed: State of Oregon #1419 F.J.Striker, State Registrar | Date Issued: Oct.2,1942 | Date Orig. Entry: child born Sept. 13,1925 |
| | Date of Birth: age 23 | Birth Place: Mountain Home, Ida. | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for social security number | By whom issued and signed: Treasury Department | Date Issued: ------ | Date Orig. Entry: April 18, 1945 |
| | Date of Birth: April 30, 1902 | Birth Place: Mtn. Home, Idaho | Full Name of Mother: Elizabeth Ann Monroe | Name of Father: George Byron McWilliams |
| **SUPPORTING RECORD 3.** | Type of Document: application for insurance policy | By whom issued and signed: Royal Neighbors of America | Date Issued: April 7, 1959 | Date Orig. Entry: Dec. 5, 1933 |
| | Date of Birth: April 30, 1902 | Birth Place: Mtn. Home, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Penny Patterson | June 28, 1960 |

FORM BH 56067

6-1-60

JUL 12 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

**CHILD**

(Person whose birth is being registered)

1. Name at birth
2. Date of birth (month) (day) (year)
3. Sex
4. Place of birth County
City or Town of Birth

**FATHER**

5. Full name of father
6. State or country of father's birth

**MOTHER**

7. Full maiden name of mother
8. State or Country of mother's birth

I hereby certify that the above and foregoing statements are true to the best of my knowledge and belief.

9. Signature of Registrant
10. Present address of Registrant

Subscribed and sworn to before me on

11. Signature of Notary
12. Notary Commission expires

**SUPPORTING EVIDENCE**

Type of document
Date issued
By whom issued and signature
Place of birth (City or Town)
Full name of mother
Place of birth (City or Town)
Full name of father

**SUPPORTING EVIDENCE**

Type of document
Date issued
By whom issued and signature
Date of birth (City or Town)
Full name of mother
Place of birth (City or Town)
Full name of father

**REMARKS**

**CERTIFICATE OF VITAL STATISTICS**

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar
Evidence reviewed by
Date filed

Form 10-1000

693-212-014-28

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 23 1954
Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De60-604~~
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Name: Abbie May Willis | | | 2. Date of Birth (month) 3 (day) 12 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Parma Ida Canyon | b. City or Town of Birth: Parma Idaho. |
| **FATHER** | 6. Full Name of Father: Charlie M. Willis | | | 7. State or Country of Father's Birth: Nebr. |
| **MOTHER** | 8. Full Maiden Name of Mother: Flora A. Snyder | | | 9. State or Country of Mother's Birth: Ill. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs J. E. Jones | | 11. Present Address of Registrant: Rt 3 box 196 Portland Ore |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: JUNE 22, 1960 | 12. Signature of Notary: William Wood | | 13. Notary Commission expires: OCTOBER 7, 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate (photocopy) | By whom issued and signed: Idaho #75712 | Date Issued: Nov. 13, 1942 | Date Orig. Entry: child born Oct. 11, 1919 |
| Class* | Date of Birth: age 17 / Birth Place: Parma, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by mother | By whom issued and signed: Flora A. Willis | Date Issued: Feb.1,1943 | Date Orig. Entry: ---- |
| Class | Date of Birth: Mar.12,1902 / Birth Place: Parma, Idaho Canyon County | Full Name of Mother: Flora A. Willis | Name of Father: Charles M. Willis | |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school records | By whom issued and signed: Roswell Grade School, Canyon Co. Clifford Berkley, Supt. | Date Issued: Feb. 13, 1954 | Date Orig. Entry: entered Sept. 22, 1910 |
| Class | Date of Birth: age 8 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny Patterson | Date Filed: July 6, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
JUL 6 1960

613-219-674-000

RECEIVED

JUL 28 1960

Bureau of Vital Statistics

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De60-656
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county 3 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Clara Belle Waterman

5. **DATE OF BIRTH** (Month, day, year) 19 Oct. 1902

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Howard E. Waliman

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Belfort (City or Town) Arkansas (State or foreign country)

14. Exact Occupation Laborer (Farm)

15. Industry Business ✓

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Ward

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Yellville (City or Town) Arkansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag. nit.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn alive (None)

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at at night M. on the date and at the place stated above, and that personal particulars were furnished by Howard Waliman (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** J. H. Murray M.D. (M.D., Midwife, etc.)
and address 312 Nectarine St Nampa Ida Date 17 June 1960

26. (a) July 28, 1960 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 29 1960

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced? no

(c) State all operations for delivery none

(d) Did baby have any:

(1) Congenital Malformation? none

Describe: —

(2) Birth Injury? none

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No no Pos..... Neg.....

(e) Signature of Physician:

J H Murray M.D.

DELAYED

168227010-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-657

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALICE MELVINA JOHNSON | | | 2. Date Of Birth (month) (day) (year): 9 - 27 - 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: BONNEVILLE | b. City or Town of Birth: IDAHO FALLS IDAHO |
| **FATHER** | 6. Full Name of Father: SWAN EVARD JOHNSON | | | 7. State or Country of Father's Birth: SWEDEN |
| **MOTHER** | 8. Full Maiden Name of Mother: JENNIE HULDARIKA PETERSON | | | 9. State or Country of Mother's Birth: IOWA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Melvina Duke | | 11. Present Address of Registrant: 155 East 15th Idaho Falls |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 7-29 1960 | 12. Signature of Notary: Anna M. Lahr | | 13. Notary Commission expires: 6-1 1963 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: copy of own childs birth certificate | | By whom issued and signed: Idaho #236729 | Date issued: Apr.13,1960 | Date Orig. Entry: child born Oct. 1, 1935 |
| | Date of Birth: age 33 | Birth Place: IdahoFalls,Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: certified photocopy of marriage license affidavit | | By whom issued and signed: Harry Moore,Bonneville Co. Idaho, cler | Date issued: Apr.13,1960 | Date Orig. Entry: May 15, 1926 |
| | Date of Birth: age 23 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for social security number | | By whom issued and signed: Treasury Department | Date issued: ---- | Date Orig. Entry: Oct. 23, 1953 |
| | Date of Birth: Sept. 27, 1902 | Birth Place: Bonneville County Idaho Falls,Idaho | Full Name of Mother: Jennie Peterson | Name of Father: Swan Edward Johnson | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Penny Patterson | Aug. 2, 1960 |

FORM BH 56067

AUG 2 1960

268-104-023-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 60-691

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alpheus Wing Boynton | | | 2. Date of Birth (month) 7 (day) 4 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Gem | b. City or Town of Birth: Sweet |
| **FATHER** | 6. Full Name of Father: George Spencer Boynton | | | 7. State or Country of Father's Birth: Kansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Mable Josephine Stem | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alpheus W. Boynton | | 11. Present Address of Registrant: 611 No. Washington Ave. Emmett, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August, 8th 1960, | 12. Signature of Notary: Boise G. Riggs | | 13. Notary Commission expires: April 24, 1962, |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mable Josephine Boynton | Date Issued: August 8, 1960 | Date Orig. Entry: --- |
| | Date of Birth: July 4, 1902 / Birth Place: Sweet, Idaho | Full Name of Mother: Mable Josephine Boynton | Name of Father: George Spencer Boynton | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy 46943 | By whom issued and signed: Western Life Insurance Co. | Date Issued: March 21, 1927 | Date Orig. Entry: March 11, 1927 |
| | Date of Birth: July 4, 1902 / Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: George S. Boynton | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Idaho State Life Insurance Company of Boise, Idaho | Date Issued: November 25, 1924 | Date Orig. Entry: November 16, 1924 |
| | Date of Birth: July 4, 1902 / Birth Place: Idaho | Full Name of Mother: Mable Josephine Boynton | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | Statement regarding hospital record issued by St. Lukes Hospital Boise, Idaho July 28, 1960. Original date April 1944, age 41, birth place Idaho. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: ec Elaine Coy | | Date Filed: August 9, 1960 |

FORM BH 56067

AUG 10 1960

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Place of birth: Boise Valley Sanatorium | | 2. Date of birth: Month 7 Day 4 Year 1902 | |
| Number of child (if twin or triplet): Single | Place of birth (County): | Sex: Male | Color or race: White |
| FATHER | Full name of father: George Spencer Boynton | | 5. Birth place of father: Kansas |
| MOTHER | Maiden name of mother: Josephine Sloss | | 6. Birth place of mother: Kansas |
| AFFIDAVIT | I hereby certify upon oath that the statements made herein are true to the best of my knowledge and belief. | 10. Signature of Registrant: | 11. Present Address of Registrant: 311 N. Washington Ave. Emmett, Idaho |
| SUBSCRIBED AND SWORN | Subscribed and sworn to before me on | 12. Signature of Notary: | 13. Notary Commission expires: |
| SUPPORTING RECORD 1 | Type of document: Affidavit by Mother | 18. Date issued: August 5, 1922 | 19. Date filed, Entry: [illegible] |
| | Place of issuance: Emmett, Idaho | 20. Who issued and signed: Noble Josephine Boynton | 21. Name of Mother: George Spencer Boynton |
| SUPPORTING RECORD 2 | Type of document: Insurance Policy A8943 | 22. Who issued and signed: Western Life Insurance Co. | 23. Date issued: March 31, 1927 |
| | Date of birth: July 4, 1902 | Birth place: Idaho | 24. Name of Mother: ------ |
| | | | 25. Name of Father: George S. Boynton |
| SUPPORTING RECORD 3 | Type of document: Insurance Policy | 26. Who issued and signed: Idaho State Life Insurance Company of Boise, Idaho | 27. Date issued: November 25, 1924 |
| | Date of birth: July 4, 1902 | Birth place: Idaho | 28. Name of Mother: Noble Josephine Boynton |
| | | | 29. Name of Father: ---- |

SUPPLEMENTARY INFORMATION: Statement regarding hospital record issued by St. Luke's Hospital Twin Falls, Idaho July 28, 1960. Original date April 1944, age 44, birth place Idaho.

CERTIFICATION: I hereby certify that a search of the birth certificates has been made in the Division of Vital Statistics for this certificate and that documentary evidence has been reviewed, which substantiates the facts as set forth in the information provided.

| Signature of Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Tobias | ec | August 3, 1960 |

493-206-006-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-697

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edith Leona Miller | | 2. Date of Birth (month) May (day) 6 (year) 1902 | |
| | 3. Color or Race: Canc | 4. Sex: F | 5. Place of Birth a. County: (Blackfoot) Bingham | b. City or Town of Birth: Blackfoot |
| **FATHER** | 6. Full Name of Father: James Noah Miller | | 7. State or Country of Father's Birth: Iowa | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Sarah Warren | | 9. State or Country of Mother's Birth: Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eva R Miller Robinson | 11. Present Address of Registrant: Box 485, Caldwell, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on AT LANCASTER, California April 27 1960 | 12. Signature of Notary: G W Goodhe | 13. Notary Commission expires: June 5 1961 | |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: notarized photocopy of page from family Bible | By whom issued and signed: G.W.Goodhe,Notary Public | Date Issued: Apr.30,1960 | Date Orig. Entry: obviously old |
| | Date of Birth: May 6,1902 | Birth Place: Blackfoot, Idaho | Full Name of Mother: Alice S. Miller | Name of Father: James N. Miller |
| **SUPPORTING RECORD 2.** | Type of Document: marriage license | By whom issued and signed: Idaho #2173,S.S.Foote,record. | Date Issued: Dec.24,1951 | Date Orig. Entry: Dec.24,1951 |
| | Date of Birth: age 49 | Birth Place: Blackfoot, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: Beneficial Protective Associaltion, Inc. | Date Issued: ---- | Date Orig. Entry: Sept. 10, 1931 |
| | Date of Birth: May 6,1902 | Birth Place: Blackfoot,Idaho | Full Name of Mother: ---- | Name of Father: ------- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Penny Patterson | Aug.10,1960 |

FORM BH 56067

2-4-60 one copy paid #19901

AUG 11 1960

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

**PERSON**

1. Registrant's full name at birth
2. Date of birth
3. Place of birth
4. Sex: F
5. City or Town of birth

**FATHER**

6. Full name of father
7. State or Country of father's birth

**MOTHER**

8. Full Maiden name of Mother
9. State or Country of mother's birth

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present address

**NOTARY (SEAL)**

Subscribed and sworn to before me on _____ 19__

12. Signature of Notary
13. Notary Public

**SUPPORTING RECORD 1**

Type of Document: Notarized Affidavit of Parentage

Date issued: May 5, 1960

By whom issued: Idaho Department of Public Welfare

Date of birth certificate issued: May 5, 1960

By whom issued: Idaho Department of Public Welfare

**SUPPORTING RECORD 2**

Type of Document: Idaho Department of Public Welfare

Date issued: ----

By whom issued and signed: Idaho P.H.S. Office Records

Date of birth: Birth Place: Hillsboro, Idaho

Full name of father: ----

Name of father: ----

**SUPPORTING RECORD 3**

Type of Document: ----

Date issued: ----

By whom issued and signed: ----

Date of birth: Birth Place: ----

Full name of father: ----

Name of father: ----

**DIAGNOSTIC INFORMATION**

**REGISTRAR'S CERTIFICATION**

I hereby certify that to prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the delayed certificate.

State Registrar

Signature reviewed by

Date filed: 2-10-1960

Date issued: 2-10-1960

Issued on behalf: Issued one copy paid signed

212-216-035-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-725
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edith Baker | | 2. Date of Birth (month) Oct (day) 16th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nez Perce State: Idaho b. City or Town of Birth: Chesley (Reubens) |
| **FATHER** | 6. Full Name of Father: Dan Baker | | 7. State or Country of Father's Birth: Indiana |
| **MOTHER** | 8. Full Maiden Name of Mother: Flora Eliza Pitts | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edith Baker Phillips | 11. Present Address of Registrant: 1420 Pacific Ave Alameda Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 12th 1960 | 12. Signature of Notary: Joseph L. Irwin | 13. Notary Commission expires: March 25th 1961 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of application for social security number | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: May 10, 1937 |
| Class* | Date of Birth: Oct.16,1902 / Birth Place: Reubens, Idaho | Full Name of Mother: Flora Pitts | Name of Father: Daniel Baker | |
| **SUPPORTING RECORD 2.** | Type of Document: marriage license | By whom issued and signed: State of Calif.County of Stanislaus,C.C.Eastin,Jr.clerk | Date Issued: Sept. 12 1924 | Date Orig. Entry: Sept. 12, 1924 |
| Class | Date of Birth: age 21 / Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by half brother | By whom issued and signed: Fred Knoedler age 74 | Date Issued: July 25,1960 | Date Orig. Entry: ------ |
| Class | Date of Birth: Oct.16,1902 / Birth Place: Reubens, Idaho | Full Name of Mother: Flora Pitts | Name of Father: Daniel Baker | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny Patterson | Date Filed: Aug. 19, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARATION OF INTENTION TO CLAIM CITIZENSHIP

STATE OF IDAHO

AUG 22 1900

District

State File No.

Local Reg. Dist. No.

REGISTRANT

(Person whose birth is being registered)

1. Registrant's Full Name at Birth: Edith D. Dyer

2. Sex: Female

3. Date of Birth: Aug 22 1900

4. Place of Birth: Twin Falls, Idaho

5. County of Birth: Twin Falls

6. City or Town of Birth: Kimberly (Perrinsburg)

FATHER

7. Full Name of Father: Jno. Dorr

8. Color or Race: Caucasian

9. State or Country of Father's Birth: Tennessee

MOTHER

10. Maiden Name of Mother: Ida Dorr

11. Color or Race: Caucasian

12. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

13. Signature of Registrant

14. Present Address of Registrant: Twin Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on

15. Signature of Notary

16. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Abstract of Birth

Date of Birth: Birth Place

By whom issued and signed

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

SUPPORTING RECORD 2.

Type of Document

Date of Birth: Birth Place

By whom issued and signed

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

SUPPORTING RECORD 3.

Type of Document

Date of Birth: Birth Place

By whom issued and signature

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

(Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, or that documentary evidence has been reviewed, which substantiates the facts as set forth in the attached affidavit.

State Registrar

Evidence reviewed by

Date filed

Signature of Registrar

Date of Entry

319-117-018-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-773

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Anthan Carl Larson | | 2. Date Of Birth (month) 2 (day) 17 (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: Weippe Clearwater | b. City or Town of Birth: Weippe |
| **FATHER** | 6. Full Name of Father: Joseph N. Larson | | 7. State or Country of Father's Birth: Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hanna M. Larson | | 9. State or Country of Mother's Birth: Sweden | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Anthan Carl Larson | 11. Present Address of Registrant: Weippe Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Sept 3 1960 | 12. Signature of Notary: R. W. Merrill | Notary Public for the State of Idaho residing at Orofino, Idaho My Commission Expires Dec. 30, 1962 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding marriage license records | By whom issued and signed: Walla Walla, Washington, Gladys Gilman, Walla Walla Co. auditor | Date Issued: July 28, 1960 | Date Orig. Entry: issued Sept. 20, 1928 |
| | Date of Birth: age 26 / Birth Place: Clearwater County Weippe, Idaho | Full Name of Mother: Anna M. Johnson | Name of Father: Joseph M. Larson | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: The Equitable Life Assurance Society of the U. S. | Date Issued: Oct. 15, 1943 | Date Orig. Entry: Oct. 15, 1943 |
| | Date of Birth: Feb. 17, 1902 / Birth Place: Clearwater County Weippe, Idaho | Full Name of Mother: Hanna M. Larson | Name of Father: Joseph N. Larson | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for social security number | By whom issued and signed: Treasury Department | Date Issued: ------ | Date Orig. Entry: Dec. 1, 1936 |
| | Date of Birth: Feb. 17, 1902 / Birth Place: Clearwater County Weippe, Idaho | Full Name of Mother: Hannah M. Johnson | Name of Father: Joseph N. Larson | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny L. Wing | Date Filed: Spet. 7, 1960 |

FORM BH 56067

4-13-60 one copy paid #00956

SEP 7 1960

493-210-026-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-800

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alta Miller | | | 2. Date of Birth (month) July (day) 10, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Jefferson | b. City or Town of Birth: Grant (unincorporated) Idaho |
| **FATHER** | 6. Full Name of Father: Joseph Dowding Miller | | | 7. State or Country of Father's Birth: |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Lucy Field | | | 9. State or Country of Mother's Birth: |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alta Treasure | | 11. Present Address of Registrant: Roberts Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 21st 1960 | 12. Signature of Notary: Helen R. Gunge | | 13. Notary Commission expires: 9-19-63 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #142494 | Date Issued: ----- | Date Orig. Entry: child born April 24, 1926 |
| | Date of Birth: age 23 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by father | By whom issued and signed: Joseph D. Miller | Date Issued: Mar. 4, 1960 | Date Orig. Entry: ----- |
| | Date of Birth: July 10, 1902 | Birth Place: Fremont County Grant, Idaho | Full Name of Mother: Emma Lucy Field | Name of Father: Joseph Dowding Miller |
| **SUPPORTING RECORD 3.** | Type of Document: certificate of record of membership | By whom issued and signed: LDS Church, Salt Lake City, Ut. Ella D. Jack, custodian | Date Issued: June 23, 1960 | Date Orig. Entry: baptized Sept. 4, 1910 |
| | Date of Birth: July 10, 1902 | Birth Place: Grant, Idaho | Full Name of Mother: Emma L. Field | Name of Father: Joseph D. Miller |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny L. Wing | Date Filed: Sept. 12, 1960 |

FORM BH 56067

2-25-60 one copy paid #20726

SEP 12 1960

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD (Person whose birth is being registered) | 1. Name of child at birth: MILLER | 2. Sex: Male | 3. Color or race: White |
| | 4. Place of birth: County: Jerome | 5. Date of birth: Month: July Day: 10 Year: 1902 | 6. Town of birth: Gooding (unincorporated) Idaho |
| FATHER | 7. Full name of father: Joseph Wesley Miller | 8. Color or race of father: White | 9. State or country of father's birth: Idaho |
| MOTHER | 10. Maiden name of mother: Anna Lucy Fields | 11. Color or race of mother: White | 12. State or country of mother's birth: Idaho |
| AFFIDAVIT | I hereby certify that the statements made in the above statements are true to the best of my knowledge and belief. | 13. Signature of Registrant: Mike Fuscoe | 14. Present address of Registrant: Caldwell, Idaho |
| NOTARY | Subscribed and sworn to before me this _____ 19 | 15. Signature of Notary: | 16. Notary Commission Expires: 2-27-63 |
| SUPPORTING EVIDENCE 1 | Type of document: Certificate of Birth | 2. When issued and signed: Jerome, Idaho | 3. Date issued: ---- |
| | 4. Place of birth: Jerome County, Idaho | 5. Full name of mother: Anna Lucy Fields | 6. Name of father: Joseph Wesley Miller |
| SUPPORTING EVIDENCE 2 | Type of document: Affidavit by mother | 2. By whom issued and signed: Joseph W. Miller | 3. Date issued: ---- |
| | 4. Place of birth: Gooding County, Idaho | 5. Full name of mother: Anna Lucy Fields | 6. Name of father: Joseph Wesley Miller |
| SUPPORTING EVIDENCE 3 | Type of document: Certificate of Marriage | 2. When issued and signed: Jerome, Idaho | 3. Date issued: ---- |
| | 4. Place of birth: Jerome, Idaho | 5. Full name of mother: Anna Lucy Fields | 6. Name of father: Joseph Wesley Miller |
| DATE FILED (REGISTRAR) | 1. Registrar's file number: 111 | 2. Date filed: Sept. 12, 1960 | 3. Registrar's signature: |

I hereby certify that a delayed birth certificate has been issued in the events of vital statistics for this state, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the application.

Date filed: | Evidence reviewed by: | Date filed:

2-25-61 one copy sent

556-223-276-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-808

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Velda Newbold | | 2. Date of Birth (month) March (day) 23 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Riverdale, Idaho |
| **FATHER** | 6. Full Name of Father: John G. Newbold | | 7. State or Country of Father's Birth: South Wales, England | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hulda Handy | | 9. State or Country of Mother's Birth: Franklin, Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Velda Newbold Smith | 11. Present Address of Registrant: Hyrum, Utah Box 72 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 8th 19 60 | 12. Signature of Notary: Joyce Miller | 13. Notary Commission expires: January 2nd 19 63 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Hulda H. Newbold | Date issued: June 27, 1960 | Date Orig. Entry: ------ |
| | Date of Birth: March 23, 1902 | Birth Place: Idaho Oneida County | Full Name of Mother: Hulda Handy | Name of Father: John G. Newbold |
| **SUPPORTING RECORD 2.** | Type of Document: notarized photocopy of page from family Bible | By whom issued and signed: Joyce Miller, Notary Public | Date issued: July 8, 1960 | Date Orig. Entry: obviously old |
| | Date of Birth: Mar.23,1902 | Birth Place: Riverdale,Idaho Oneida County | Full Name of Mother: Hulda Handy | Name of Father: John George Newbold |
| **SUPPORTING RECORD 3.** | Type of Document: certificate of baptism and confirmation | By whom issued and signed: LDS Church,Genalogical Ward Record bk.L.A.Neeley,clerk | Date issued: Oct.3,1910 | Date Orig. Entry: baptized June 1, 1910 |
| | Date of Birth: Mar.23,1902 | Birth Place: Oneida County Riverdale,Idaho | Full Name of Mother: Hulda Handy | Name of Father: John George Newbold |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: pp Penny L. Wing | Date Filed: Sept. 13, 1960 |

FORM BH 56067

6-7-60 one copy paid #03250

SEP 14 1960

451-2191006-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-826
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Blanche Rhoda Deardon | | 2. Date of Birth (month) Dec. (day) 19 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Woodville, Bingham County, | b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: Thomas William Deardon | | 7. State or Country of Father's Birth: Utah, USA | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ethel Pearl Mathews | | 9. State or Country of Mother's Birth: Utah, USA | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Blanche Rhoda Deardon | 11. Present Address of Registrant: 171 Beacon Drive Idaho Falls, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 5, 1960 | 12. Signature of Notary: Mary U. Fuller | 13. Notary Commission expires: March 7, 1962 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Ethel Pearl Deardon | Date Issued: Aug. 5, 1960 | Date Orig. Entry: ------ |
| Class* | Date of Birth: Dec.19,1902 / Birth Place: Woodville,Idaho | Full Name of Mother: Ethel Pearl Mathews | Name of Father: Thomas William Deardon | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding insurance policy #1 276 871 A | By whom issued and signed: Metropolitan Life Insurance Co.James S.Burke,3rd V-Pres. | Date Issued: Sept.1,1960 | Date Orig. Entry: issued Feb.1,1929 |
| Class | Date of Birth: Dec.19,1902 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding hospital records | By whom issued and signed: Idaho Falls LDS Hospital, Lelia Garland,Med.records lib. | Date Issued: Sept. 16, 1960 | Date Orig. Entry: admitted Dec.5, 1935 |
| Class | Date of Birth: age 32 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: pw Penny L. Wing | Date Filed: Sept. 22, 1960 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 23 1960

914-228-021-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-831

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HARRIET MAUGHAN | | | 2. Date Of Birth (month) SEPT. (day) 28 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Cashe | b. City or Town of Birth: Preston, Idaho |
| **FATHER** | 6. Full Name of Father: James Maughan | | | 7. State or Country of Father's Birth: Weston, Idaho USA |
| **MOTHER** | 8. Full Maiden Name of Mother: Agnes Thorpe | | | 9. State or Country of Mother's Birth: Oslo, Norway |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harriet Hansen | | 11. Present Address of Registrant: 418 West Court (Box 3) |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept 22 1960 | 12. Signature of Notary: Jessie Walker | | 13. Notary Commission expires: 8-26-1962 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by sister age 67 | By whom issued and signed: Ethel Maughan Beckstead | Date Issued: Sept.6,1960 | Date Orig. Entry: ------ |
| | Date of Birth: Sept.28, 1902 / Birth Place: Preston, Idaho | Full Name of Mother: Agnes Thorpe | Name of Father: James Maughan | |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate (copy) | By whom issued and signed: Idaho #108283 | Date Issued: Jan.12,1946 | Date Orig. Entry: child born Nov. 1, 1922 |
| | Date of Birth: age 20 / Birth Place: Preston,Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: certificate of record of membership | By whom issued and signed: LDS Church,Salt Lake City, Utah, Ella D. Jack,custodian | Date Issued: July 26, 1960 | Date Orig. Entry: baptized Aug. 5, 1911 |
| | Date of Birth: Sept.28, 1902 / Birth Place: Preston, Idaho | Full Name of Mother: Agnes Thorpe | Name of Father: James Maughn | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson 7-25-60 | Evidence reviewed by: Penny L. Wing | Date Filed: Sept. 23, 1960 |

FORM BH 56067

SEP 26 1960

415-122-003-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-839

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Arthur John Davis | | | 2. Date Of Birth (month) February (day) 22 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Pocatello, Idaho Bannock | b. City or Town of Birth: Pocatello |
| **FATHER** | 6. Full Name of Father: George S. Davis | | | 7. State or Country of Father's Birth: Maine |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary E. Corbridge | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** - | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Arthur John Davis | | 11. Present Address of Registrant: 411 South Shilling Blackfoot, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 23, 1960 | 12. Signature of Notary: J. Anderson | | 13. Notary Commission expires: February 10, 1962. |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding school census records | By whom issued and signed: Bingham County School Dis. #8 Wilma Lament, Deputy | Date Issued: June 13, 1960 | Date Orig. Entry: school census of 1911 |
| | Date of Birth: age 9 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: George S. Davis |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for social security number | By whom issued and signed: Railroad Retirement Board | Date Issued: ---- | Date Orig. Entry: Feb. 1, 1940 |
| | Date of Birth: Feb. 22, 1902 | Birth Place: Pocatello, Idaho Bannock County | Full Name of Mother: Mary Elizabeth Corbridge | Name of Father: George Samuel Davis |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding insurance policy #491 083 134 MO | By whom issued and signed: Metropolitan Life Insurance Co. F.R. Boysen, Ass't V.Pres. | Date Issued: Aug. 23, 1960 | Date Orig. Entry: issued Oct. 1, 1949 |
| | Date of Birth: Feb. 22, 1902 | Birth Place: Pocatello, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barson | Evidence reviewed by: pp Penny L. Wing | Date Filed: Sept. 27, 1960 |

FORM BH 56067

6-10-60 one copy paid #03387

SEP 28 1960

JAN 12 1966

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | |
|---|---|---|
| 1. Registrant's Full Name at Birth<br>Duane Lorin Fritts | 2. Date of Birth<br>[illegible] | |
| 3. Place of Birth<br>Idaho | 4. Sex<br>Male | 5. Place of Birth, County<br>Fremont, Idaho, Rexburg |
| 6. Full Name of Father<br>George W. Fritts | | 7. State or Country of Father's Birth<br>Idaho |
| 8. Full Maiden Name of Mother<br>Mary S. Cornwell | | 9. State or Country of Mother's Birth<br>Idaho |
| I hereby swear upon oath that the statements are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant<br>[illegible] |
| Subscribed and sworn to before me on [illegible] | 12. Signature of Notary | 13. Notary Commission Expires<br>February 7, 1962 |

| | | | |
|---|---|---|---|
| 14. Date of Document<br>[illegible] | 15. By whom issued and signed<br>[illegible] | Date Issued<br>[illegible] | Date Orig. Entry<br>[illegible] |
| Date of Birth<br>[illegible] | Birth Place<br>[illegible] | Full Name of Mother<br>[illegible] | Name of Father<br>[illegible] |

| | | | |
|---|---|---|---|
| 16. Date of Document<br>[illegible] | 17. By whom issued and signed<br>[illegible] | Date Issued<br>[illegible] | Date Orig. Entry<br>[illegible] |
| Date of Birth<br>[illegible] | Birth Place<br>[illegible] | Full Name of Mother<br>[illegible] | Name of Father<br>[illegible] |

| | | | |
|---|---|---|---|
| 18. Date of Document<br>[illegible] | 19. By whom issued and signed<br>[illegible] | Date Issued<br>[illegible] | Date Orig. Entry<br>[illegible] |
| Date of Birth<br>[illegible] | Birth Place<br>[illegible] | Full Name of Mother<br>[illegible] | Name of Father<br>[illegible] |

SEARCHER'S CERTIFICATION

I certify that a prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

| | | |
|---|---|---|
| State Registrar | Evidence Reviewed by | Date Filed |

8-10-60 one copy paid [illegible]

669426-003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-888

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Archie W. Forrest | | 2. Date of Birth (month) Dec. (day) 26 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Downey Bannock | b. City or Town of Birth: Downey Idaho |
| **FATHER** | 6. Full Name of Father: Thomas Meikle Forrest | | 7. State or Country of Father's Birth: Logan Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Malinda Ann Brown | | 9. State or Country of Mother's Birth: Big Sandy Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Archie W. Forrest | 11. Present Address of Registrant: 527 W. Carson, Pocatello, Ida. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 26 1960 | 12. Signature of Notary: Lois Holt | 13. Notary Commission expires: June 18 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #255574 | Date Issued: ---- | Date Orig. Entry: child born June 2, 1937 |
| | Date of Birth: age 34 | Birth Place: Downey, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding employment records | By whom issued and signed: B.B.Haines,Supt. Car Dept. Pacific Fruit Express Co. | Date Issued: Aug.10,1960 | Date Orig. Entry: Oct.25,1929 |
| | Date of Birth: Dec.26,1902 | Birth Place: Downey, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by friend of family at time of birth | By whom issued and signed: Helen C. Pratt age 80 | Date Issued: Oct.4,1960 | Date Orig. Entry: ---- |
| | Date of Birth: Dec.26,1902 | Birth Place: Downey, Idaho | Full Name of Mother: Malinda Ann Brown | Name of Father: Thomas Meikle Forrest |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Penny L. Wing<br>pw | Oct. 11, 1960 |

FORM BH 56067

3-30-60 one copy paid #00490

OCT 11 1960

815-228-006-514

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-924
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Amelia M. Hansen | | | 2. Date of Birth (month) November (day) 28th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Presto |
| **FATHER** | 6. Full Name of Father: Rasmus E. Hansen | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Phoebe E. Vaughn | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Amelia M. Hansen Wareing | | 11. Present Address of Registrant: 9 North Adams, Blackfoot |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 20th, 1960 | 12. Signature of Notary: Earl H. Perry | | 13. Notary Commission expires: February 29th 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Notarized photocopy of family Bible record | By whom issued and signed: V.F. Wootton, clerk of dis. court | Date Issued: Oct. 3, 1955 | Date Orig. Entry: obviously old |
| Class* | Date of Birth: Nov. 28, 1902 / Birth Place: ----- | Full Name of Mother: Phoebe E. Hansen | Name of Father: Ramius E. Hansen | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #160718 | Date Issued: ----- | Date Orig. Entry: child born April 16, 1928 |
| Class | Date of Birth: age 25 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: certificate of baptism and confirmation | By whom issued and signed: LDS Church, Blackfoot, Idaho Elder A. J. Layland | Date Issued: ----- | Date Orig. Entry: baptized Mar. 13, 1915 |
| Class | Date of Birth: Nov. 28, 1902 / Birth Place: Bingham County Presto, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Penny L. Wing | Date Filed: Oct. 24, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 24 1960

338-105-029-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-926

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joseph Elwyn Clyde | | | 2. Date of Birth (month) February (day) 5th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: | 5. Place of Birth a. County: Latah County, Idaho | b. City or Town of Birth: Near Potlatch, Idaho |
| **FATHER** | 6. Full Name of Father: Peter Clyde | | | 7. State or Country of Father's Birth: Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Lee Adair | | | 9. State or Country of Mother's Birth: Arkansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joseph Elwyn Clyde | | 11. Present Address of Registrant: Potlatch, Idaho |
| **NOTARY** (seal) | Subscribed and sworn to before me on May 17, 1960 | 12. Signature of Notary: A. L. Ogle | | 13. Notary Commission expires 11-13 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ------ | Date Orig. Entry: July 18, 1938 |
| | Date of Birth: Feb.5,1902 | Birth Place: Potlatch, Idaho | Full Name of Mother: Mary Adair | Name of Father: Peter Clyde |
| **SUPPORTING RECORD 2.** | Type of Document: Roll of registered electors | By whom issued and signed: Potlatch Precinct, Latah Co. Bessie Babcock, county records | Date Issued: Apr.25,1958 | Date Orig. Entry: Jult 23,1926 |
| | Date of Birth: age 24 | Birth Place: Potlatch, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of marriage license affidavit | By whom issued and signed: Bessie Babcock, Latah County recorder | Date Issued: May 1,1958 | Date Orig. Entry: May 6, 1925 |
| | Date of Birth: age 23 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Barcom | Evidence reviewed by: Penny L. Wing | | Date Filed: Oct. 25, 1960 |

FORM BH 56067

OCT 25 1960

SEP 17 1963

619721·006-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-947

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Grant Wareing | | | 2. Date Of Birth (month) August (day) 21st (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Moreland |
| **FATHER** | 6. Full Name of Father: Joseph G. Wareing | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Roseltha Porter | | | 9. State or Country of Mother's Birth: Pennsylvannia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Geo Grant Wareing | | 11. Present Address of Registrant: 2 North Adams, Blackfoot |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 20th, 19 64 | 12. Signature of Notary: Earl N. Perry | | 13. Notary Commission expires: February 29th 19 64 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of baptism and confirmation | By whom issued and signed: LDS Church, Rose Ward, Herman A. Gardner, ward clerk | Date Issued: ---- | Date Orig. Entry: baptized July 4, 1915 |
| | Date of Birth: Aug. 21, 1902 | Birth Place: Bingham County Moreland, Idaho | Full Name of Mother: Roseltha Porter | Name of Father: Joseph G. Wareing |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: State of Idaho #160718, Local registrar's no. 145 | Date Issued: ----- | Date Orig. Entry: child born Apr. 16, 1928 |
| | Date of Birth: age 25 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school records | By whom issued and signed: Bingham County School Dis. #8, V. F. Wootton, recorder | Date Issued: Oct. 26, 1960 | Date Orig. Entry: school sensus 1916-1917 |
| | Date of Birth: age 14 | Birth Place: ----- | Full Name of Mother: Roseltha Wareing | Name of Father: Wareing, Joseph G. |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barron | Evidence reviewed by: Penny L. Wing pw | Date Filed: Oct. 28, 1960 |

FORM BH 56067

OCT 28 1960

912-215-029-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-953

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dorris Gladys Zabel | | 2. Date Of Birth (month) August (day) 15 (year) 1902 | |
| | 3. Color or Race: WHITE | 4. Sex: F | 5. Place of Birth a. County: USA. | b. City or Town of Birth: Genesee, Idaho |
| **FATHER** | 6. Full Name of Father: FERDIAND August ZABEL | | 7. State or Country of Father's Birth: KANSAS | |
| **MOTHER** | 8. Full Maiden Name of Mother: HANNAH DANIELSON | | 9. State or Country of Mother's Birth: MINNESOTA | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dorris G. Goard | 11. Present Address of Registrant: 6669 S.W. CANYON DR. PORTLAND 25 ORE | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 10th 1960 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: COMMISSION EXPIRES APRIL 1964 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: Dec.7,1944 |
| | Date of Birth: Aug.15,1902 | Birth Place: Genesee, Idaho | Full Name of Mother: Hannah Danielson | Name of Father: Ferdiand Augusta Zabel |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of own childs hospital record of birth | By whom issued and signed: St.Vincent'sHospital,Portland Oregon,Wm.A.Shea,Att'd,phys. | Date Issued: ---- | Date Orig. Entry: child born Feb.1,1934 |
| | Date of Birth: Aug.15,1902 | Birth Place: Genesee, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding hospital records | By whom issued and signed: St.Vincent's Hospital,Portland Oregon,Ursula Feltes,clerk | Date Issued: Oct.7,1960 | Date Orig. Entry: admitted Jan.29,1934 |
| | Date of Birth: age 31 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Penny L. Wing | Date Filed: Oct. 31, 1960 |

FORM BH 56067

OCT 31 1960

265-115-004-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-956

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Svean John Koeven | | | 2. Date Of Birth (month) (day) (year): May 15 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Montpelier |
| **FATHER** | 6. Full Name of Father: Svante Johan Koeven | | | 7. State or Country of Father's Birth: Rada, Varmland, Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Johanna Louisa Carlson | | | 9. State or Country of Mother's Birth: Arilla, Sodermanland, Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Svean John Koeven | | 11. Present Address of Registrant: Montpelier, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 28 1960 | 12. Signature of Notary: Gertrude A. Nebart | | 13. Notary Commission expires: 9-16 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | | By whom issued and signed: Idaho #207638 | Date Issued: ----- | Date Orig. Entry: child born Oct. 11, 1932 |
| | Date of Birth: age 30 | Birth Place: Montpelier, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | | By whom issued and signed: LDS Church, Montpelier 3rd Ward, Merrill N. Lewis, clerk | Date Issued: Sept. 17, 1960 | Date Orig. Entry: baptized July 16, 1910 |
| | Date of Birth: May 15, 1902 | Birth Place: Bear Lake County Montpelier, Idaho | Full Name of Mother: Johanna L. Carlson, | Name of Father: Svante J. Koeven | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Bleasing | | By whom issued and signed: LDS Church, Montpelier 3rd Ward, Merrill N. Lewis, clerk | Date Issued: Oct. 23, 1960 | Date Orig. Entry: Blessed June 8, 1902 |
| | Date of Birth: May 15, 1902 | Birth Place: Bear Lake County Montpelier, Idaho | Full Name of Mother: Johanna L. Carlson | Name of Father: Svante J. Koeven | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny L. Wing | Date Filed: Nov. 1, 1960 |

10-19-60

FORM BH 56067

NOV 1 1960

236-126-015-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De60-1004
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Frederick George Stoddard | | | 2. Date Of Birth (month) (day) (year): January 26 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Grace, Caribou Co. | b. City or Town of Birth: Grace |
| **FATHER** | 6. Full Name of Father: Elias Israel Stoddard | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Clara May Burton | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Frederick George Stoddard | | 11. Present Address of Registrant: 5201 Shadyside Ave. S.E. Washington, D.C. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 24, 1960 | 12. Signature of Notary: Elmer W. Lewis Jr. | | 13. Notary Commission expires: ELMER W. LEWIS, JR. My Commission Expires February 29, 1964 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census | Date Issued: June 28, 1960 | Date Orig. Entry: census of Jan. 1, 1920 |
| Class* | Date of Birth: age 17 / Birth Place: Idaho | Full Name of Mother: Clara M. Stoddard | Name of Father: ------ | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding insurance policy | By whom issued and signed: Arnold Goff, Ass't Secretary Beneficial Life Insurance Co. | Date Issued: ------ | Date Orig. Entry: applied Feb. 20, 1930 |
| Class | Date of Birth: Jan. 26, 1902 / Birth Place: Grace, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Church certificate of birth | By whom issued and signed: LDS Church, Salt Lake City, Utah Joseph F. Smith, Historian | Date Issued: Nov. 1, 1960 | Date Orig. Entry: recorded Apr. 6, 1902 |
| Class | Date of Birth: Jan. 26, 1902 / Birth Place: Bannock County Grace, Idaho | Full Name of Mother: Clara May Burton | Name of Father: Elias Israel Stoddard | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: pw Penny L. Wing | Date Filed: Nov. 15, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 15 1960

693-202 10 03-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-1010

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lodema Sophia Wilde (Farnsworth) | | 2. Date of Birth (month) (day) (year): Dec. 2 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Grays Lake, Bannock; b. City or Town of Birth: Grays Lake Idaho |
| **FATHER** | 6. Full Name of Father: Lawrence Brown Wilde | | 7. State or Country of Father's Birth: Brigham City, Box Elder, Utah. |
| **MOTHER** | 8. Full Maiden Name of Mother: Sophia Nielsen | | 9. State or Country of Mother's Birth: Presto, Denmark |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lodema Sophia Wilde (Farnsworth) | 11. Present Address of Registrant: Idaho Falls, Ida. R#1. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov 7 - 1960 | 12. Signature of Notary: Clara F Jenkins | 13. Notary Commission expires: March 17 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Sophia Nielsen Wilde | Date Issued: Nov.7,1960 | Date Orig. Entry: ---- |
| | Date of Birth: Dec.2,1902 | Birth Place: Bannock County Gray's Lake, Idaho | Full Name of Mother: Sophia Nielsen | Name of Father: Lawrence Brown Wilde |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Mink Creek Ward Arthur Schwieder, clerk | Date Issued: ---- | Date Orig. Entry: baptized Dec.2,1910 |
| | Date of Birth: Dec.2,1902 | Birth Place: Bannock County Gray's Lake, Idaho | Full Name of Mother: Sophia Christensen | Name of Father: Lawrence B. Wilde |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of marriage license affidavit | By whom issued and signed: Bonneville County Idaho. Harry Moore, clerk & records | Date Issued: Nov.14,1960 | Date Orig. Entry: Apr.14,1923 |
| | Date of Birth: age 20 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W M Benson | Evidence reviewed by: pw Penny L. Wing | Date Filed: Nov. 15, 1960 |

FORM BH 56067

10-25-60

NOV 16 1960

269-101-028-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1018

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: TED BERNARD BORSON | | | 2. Date Of Birth (month) (day) (year): MARCH 1 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: KOOTENAI | b. City or Town of Birth: COEUR D'ALENE |
| **FATHER** | 6. Full Name of Father: BARNEY BORSON | | | 7. State or Country of Father's Birth: WISCONSIN |
| **MOTHER** | 8. Full Maiden Name of Mother: CARRIE JOSEPHINE LONG | | | 9. State or Country of Mother's Birth: IDAHO |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ted Bernard Borson | | 11. Present Address of Registrant: 6544-25th N.W. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 16th 1960 | 12. Signature of Notary: Logan Vestal | | 13. Notary Commission expires: _____ 19____ |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Carrie Borson | Date Issued: Sept.9,1942 | Date Orig. Entry: ----- |
| | Date of Birth: Mar. 1,1902 | Birth Place: Kootenai, County Coeur d'Alene,Ida | Full Name of Mother: Carrie Josephine Long | Name of Father: Barney Borson |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ----- | Date Orig. Entry: Jan.4,1937 |
| | Date of Birth: Mar.1,1902 | Birth Place: Coeur d'Alene,Ida. | Full Name of Mother: Carrie J. Long | Name of Father: Barney Borson |
| **SUPPORTING RECORD 3.** | Type of Document: (Copy) own childs birth certificate | By whom issued and signed: King County Wash.Reg.#3992 | Date Issued: Oct.31,1960 | Date Orig. Entry: child born Sept.24,1935 |
| | Date of Birth: age 33 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barson | pw Penny L. Wing | Nov. 18, 1960 |

FORM BH 56067

NOV 18 1960

15-4105 1002-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-1023

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charles Anderson | | | 2. Date Of Birth (month) (day) (year): November 5 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Adams | b. City or Town of Birth: Goodrich, Idaho |
| **FATHER** | 6. Full Name of Father: George Anderson | | | 7. State or Country of Father's Birth: Pennsylvania (Pittsburgh) |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Laura Bennett | | | 9. State or Country of Mother's Birth: Fayette County, Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles Anderson | | 11. Present Address of Registrant: 1624 - 10th Street Oroville, California. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 2 1960 | 12. Signature of Notary: Catherine B. Vroomman | | 13. Notary Commission expires: June 8 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Discharge Paper | By whom issued and signed: U.S. Navy, G. G. Duesler Ens. USN | Date Issued: Mar.26,1947 | Date Orig. Entry: entered Mar.29,1943 |
| | Date of Birth: Nov.5,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Employment Record | By whom issued and signed: Butte Co. California Butte Co.Dept.of Public Works | Date Issued: Dec.17,1958 | Date Orig. Entry: employed Oct.29,1929 |
| | Date of Birth: Nov.5,1902 | Birth Place: Goodrich,Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ----- | Date Orig. Entry: Sept. 16, 1942 |
| | Date of Birth: Nov.5,1902 | Birth Place: Idaho | Full Name of Mother: Anna Long | Name of Father: George Anderson |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny L. Wing | | Date Filed: Nov. 22, 1960 |

FORM BH 56067

1 copy paid #7404

9-22-60

NOV 22 1960

NOV 3 1964

331-06-004-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 60-1066

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Robert Price Clayton | | 2. Date of Birth (month) July (day) 6 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Paris |
| **FATHER** | 6. Full Name of Father: William Nephi Clayton | | 7. State or Country of Father's Birth: | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Price | | 9. State or Country of Mother's Birth: Paris, Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Robert P. Clayton | 11. Present Address of Registrant: 218 No. 7th Pocatello Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 6 1960 | 12. Signature of Notary: Hazel L. Hurlbert | 13. Notary Commission expires: Sept. 28, 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of membership | By whom issued and signed: Charles Loughurst ward clerk L. D. S. Church | Date Issued: ----- | Date Orig. Entry: January 15, 1929 |
| | Date of Birth: July 6, 1902 / Birth Place: Paris, Idaho | Full Name of Mother: ------- Emma Price ~~William N. Clayton~~ | Name of Father: ---------- William N. Clayton | |
| **SUPPORTING RECORD 2.** | Type of Document: X Insurance Policy | By whom issued and signed: Kansas City Life Insurance Company | Date Issued: ------ | Date Orig. Entry: January 23, 1945 |
| | Date of Birth: July 6, 1902 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: -------- | |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Certificate | By whom issued and signed: Logan L. D. S. Hospital A. George Raymond, Superintendent | Date Issued: ---- | Date Orig. Entry: October 22, 1948 |
| | Date of Birth: July 6, 1902 / Birth Place: Paris, Bear Lake county, Idaho | Full Name of Mother: ------ | Name of Father: -------- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Elaine Coy | Date Filed: December 6, 1960 |

FORM BH 56067

DEC 7 1960

| | | | |
|---|---|---|---|
| Robert Price Clayton | | | |
| White | Male | Bear Lake | Paris |
| William Joseph Clayton | | | |
| Nora Price | | | Paris, Idaho |
| July 6, 1902 | Paris, Idaho | Certificate of membership | |
| K. Insurance Policy | Idaho | Kansas City Life Insurance Company | Charles Longhurst ward clerk ----- |
| Hospital Certificate | | Logan L. D. S. Hospital | |
| July 6, 1902 Paris, Bear Lake county, Idaho | | A. George Raymond, superintendent | |
| | | | Blaine Coy |

652721-026-639

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De60-1078

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leonard Samuel Webster | | | 2. Date of Birth (month) September (day) 21 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Shelton - Jefferson | b. City or Town of Birth: Shelton, now Ririe, Idaho |
| **FATHER** | 6. Full Name of Father: James Levi Webster | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Hannah Henrietta Flitton | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leonard Samuel Webster | | 11. Present Address of Registrant: 2950 First St. - Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 8th 19 60 | 12. Signature of Notary: Mack Grover | | 13. Notary Commission expires Dec 28 ~~March 29th~~ 19 1963 ~~64~~ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License Affidavit (copy) | By whom issued and signed: Bonneville County Idaho, Harry Moore, clerk and record. | Date Issued: Apr. 6,1960 | Date Orig. Entry: Dec. 2, 1929 |
| | Date of Birth: age 27 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Pacific National Life Assurance Co. | Date Issued: Jan.3,1938 | Date Orig. Entry: Dec. 7,1937 |
| | Date of Birth: Sept.21, 1902 | Birth Place: Shelton, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Temple Recommend | By whom issued and signed: LDS Church, Idaho Falls 9th Ward, Wm. Grant Ovard, Pres. | Date Issued: ---- | Date Orig. Entry: Feb.9,1947 |
| | Date of Birth: Sept.21, 1902 | Birth Place: Bonneville County Shelton, Idaho | Full Name of Mother: Henrietta Flitton | Name of Father: James L. Webster |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Penny L. Wing | Date Filed: Dec. 13, 1960 |

FORM BH 56067

3-30-60 one copy paid #00509

DEC 13 1960

JUN 5 1967

Edward Samuel Webster

September 21

Webster, New Mexico, Idaho

Webster

Utah

James Levi Webster

Utah

Hannah Henrietta Pitkin

December 8th

March 28th

Idaho Falls, Idaho

Temple Recommend

Bonneville County

Idaho

Idaho Falls Stake

Dec. 13, 1960

282-119-006-671

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1080

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JEDDIE VERGE BYBEE | | | 2. Date of Birth (month) MAY (day) 19 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: BINGHAM | b. City or Town of Birth: IDAHO FALLS |
| **FATHER** | 6. Full Name of Father: DAVID BYRUM BYBEE | | | 7. State or Country of Father's Birth: UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: EMILY ADELAID FRANCE | | | 9. State or Country of Mother's Birth: UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jeddie Verge Bybee | | 11. Present Address of Registrant: Hamilton Montana |
| **NOTARY** (Seal) | Subscribed and sworn to before me on September 6, 1960 | 12. Signature of Notary: Lug Moore | | 13. Notary Commission expires: March 10, 1962 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: copy of own child's birth certificate | By whom issued and signed: Idaho #119315 | Date Issued: ----- | Date Orig. Entry: child born Jan.2,1924 |
| | Date of Birth: age 21 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Designation or change of beneficiary | By whom issued and signed: Railroad Retirement Board | Date Issued: ----- | Date Orig. Entry: Feb.16,1942 |
| | Date of Birth: May 19,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ----- | Date Orig. Entry: Nov.27,1936 |
| | Date of Birth: May 19,1902 | Birth Place: Bonneville County Idaho Falls, Idaho | Full Name of Mother: Emelie Adelaide France | Name of Father: David Byron Bybee |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barron | pw Penny L. Wing | Dec. 13, 1960 |

FORM BH 56067

DEC 13 1960

MAY 18 1967

469-109-031-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1101

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ERNEST MEYERS MORGAN | | | 2. Date of Birth (month) 11 (day) 9 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: NEZ PERCE LEWIS | b. City or Town of Birth: NEZ PERCE Idaho (Mohler) |
| **FATHER** | 6. Full Name of Father: DANIEL LEWIS MORGAN | | | 7. State or Country of Father's Birth: PENNWYN, WALES |
| **MOTHER** | 8. Full Maiden Name of Mother: EMMA MAY CRAVEN | | | 9. State or Country of Mother's Birth: Middle Creek, Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ernest Meyers Morgan | | 11. Present Address of Registrant: 617 Highland Clarkston, Wash |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 7 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: May 2 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: family record book | By whom issued and signed: Lewis Caleb Morgan | Date Issued: - -- | Date Orig. Entry: Oct.15,1953 |
| | Date of Birth: Nov.9,1902 / Birth Place: Mohler, Idaho | Full Name of Mother: Emma May Craven | Name of Father: Daniel Lewis Morgan | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: Bankers Life and Casualty Co. Chicago, Illinois | Date Issued: Dec. 22, 1960 | Date Orig. Entry: Oct. 8,1954 |
| | Date of Birth: Nov.9,1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by mother | By whom issued and signed: Emma May Morgan | Date Issued: Dec.27,1960 | Date Orig. Entry: ---- |
| | Date of Birth: Nov. 9,1902 / Birth Place: (Mohler) Nezperce, Idaho | Full Name of Mother: Emma May Craven | Name of Father: Daniel Lewis Morgan | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W M Benson | Evidence reviewed by: Penny L. Wing | | Date Filed: Dec. 28, 1960 |

FORM BH 56067

10-13-60

DEC 28 1960

689-116-022-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1114

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Milo White | | 2. Date of Birth (month) Jan (day) 16 (year) 1902 | |
| | 3. Color or Race | 4. Sex | 5. Place of Birth a. County | b. City or Town of Birth: St Anthony |
| **FATHER** | 6. Full Name of Father: George William White | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Phoebe Saunders | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Milo White | | 11. Present Address of Registrant: 901-10 Fa St West Sacramento Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 28 1960 | 12. Signature of Notary: Cecilia T. Lowe<br>Cecilia T. Lowe | | 13. Notary Commission expires: March 18 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ----- | Date Orig. Entry: Jan.18,1937 |
| | Date of Birth: Jan.16,1902 | Birth Place: Fremont County St. Anthony, Idaho | Full Name of Mother: Phoebe Saunders | Name of Father: George W. White |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by mother | By whom issued and signed: Pheobe Saunders White | Date Issued: July 12, 1960 | Date Orig. Entry: ---- |
| | Date of Birth: Jan.16,1902 | Birth Place: Fremont County St.Anthony, Idaho | Full Name of Mother: Phoebe Saunders | Name of Father: George William White |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Metropolitan Life Insurance Co. | Date Issued: Aug.17,1949 | Date Orig. Entry: Aug.17,1949 |
| | Date of Birth: Jan.16,1902 | Birth Place: St.Anthony, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Barton | Evidence reviewed by: Penny L. Wing | Date Filed: Dec. 30, 1960 |

FORM BH 56067

12-19-60

JAN 10 1961

815204014-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-005

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Norma Lois Hanley | | | 2. Date of Birth (month) October (day) 4 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: canyon | b. City or Town of Birth: Roswell |
| **FATHER** | 6. Full Name of Father: Lyman Beecher Hanley | | | 7. State or Country of Father's Birth: Minnesota |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Houston | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Norma Lois Hanley Donnelly | | 11. Present Address of Registrant: Pocatello, Idaho 433 Warren Ave. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 29 1960 | 12. Signature of Notary: John H. Cook | | 13. Notary Commission expires: Aug 23 1962 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child birth certificate | By whom issued and signed: On file in Idaho #390845 | Date Issued: --- | Date Orig. Entry: May 7, 1944 |
| | Date of Birth: Age 41 | Birth Place: Roswell, Idaho | Full Name of Mother: ----- | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: Census record | By whom issued and signed: U. S. Dept. of Commerce | Date Issued: October 21, 1960 | Date Orig. Entry: April 15, 1910 |
| | Date of Birth: Age 7 | Birth Place: Idaho | Full Name of Mother: Elizabeth Hanley | Name of Father: Limon B. Hanley |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Equitable Life Assurance Soc. | Date Issued: Oct. 19, 1924 | Date Orig. Entry: July 19, 1924 |
| | Date of Birth: Oct. 4, 1902 | Birth Place: Roswell, Idaho | Full Name of Mother: Elisabeth Hanley | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Bennett | Evidence reviewed by: ec Penny L. Wing | Date Filed: Jan. 3, 1961 |

FORM BH 56067

JUN 5 1967

JAN 4 1968

Joyce Iola Hanley

White | Female | Canyon | Roswell

Lyman Rector Hanley

Elizabeth Houston

Iowa

Census record

Age 7 Idaho

U. S. Dept. of Commerce

Elizabeth Hanley

Lemon B. Hanley

815-109-006-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61-013

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Fay Alma Hansen | | 2. Date Of Birth (month) November (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bingham County; b. City or Town of Birth: Goshen, Idaho |
| **FATHER** | 6. Full Name of Father: Hans Peter Hansen | | 7. State or Country of Father's Birth: Bear River, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Harriet Charlotte Williams | | 9. State or Country of Mother's Birth: Logan, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Fay A. Hansen | 11. Present Address of Registrant: 2281 Lincoln Lane, Salt Lake City, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 30, 1960 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires 12/11/1961 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L.D.S.Church, Syracuse Ward, J. A. Waite, Jr. Clerk | Date Issued: ---- | Date Orig. Entry: baptized June 23, 1912 |
| | Date of Birth: Nov.9,1902 | Birth Place: Bingham County Goshen, Idaho | Full Name of Mother: Harriet C. Williams | Name of Father: Hans Peter Hansen |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by brother | By whom issued and signed: Clyde W. Hansen born 1892 | Date Issued: ---- | Date Orig. Entry: ---- |
| | Date of Birth: Nov.9,1902 | Birth Place: Bingham County Goshen, Idaho | Full Name of Mother: Harriet Charlotte Williams | Name of Father: Hans Peter Hansen, Jr. |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage License Application | By whom issued and signed: Salt Lake County, Utah. Alvin Keddington, clerk | Date Issued: Dec.9,1960 | Date Orig. Entry: Oct.30,1930 |
| | Date of Birth: Nov.9,1902 | Birth Place: Goshen, Idaho | Full Name of Mother: Charlotte Williams | Name of Father: H. P. Hansen |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Barron | Penny L. Wing | Jan. 5, 1961 |

FORM BH 56067 12-2-60

JAN 6 1961

689-102-016-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61-015

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: REUBIN LEGRANDE WHITAKER | | | 2. Date of Birth (month) 2 (day) 2 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: CASSIA | b. City or Town of Birth: ALAMO IDAHO |
| **FATHER** | 6. Full Name of Father: JOHN NELSON WHITAKER | | | 7. State or Country of Father's Birth: WILLARD UTAH. |
| **MOTHER** | 8. Full Maiden Name of Mother: SARAH JOSEPHINE MALLORY | | | 9. State or Country of Mother's Birth: WILLARD UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Reubin LeGrande Whitaker | | 11. Present Address of Registrant: State line Calif. Box 664. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 3 1960 | 12. Signature of Notary: Dorothy R Hromes | | 13. Notary Commission expires: My Commission Expires April 4, 1964 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Record of Membership | By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian | Date Issued: Nov. 4, 1960 | Date Orig. Entry: baptized July 1, 1911 |
| | Date of Birth: Feb. 2, 1902 / Birth Place: Almo, Idaho | Full Name of Mother: Sarah J. Mallory | Name of Father: John A. Whitaker | |
| **SUPPORTING RECORD 2.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ——— | Date Orig. Entry: Nov. 26, 1936 |
| | Date of Birth: Feb. 2, 1902 / Birth Place: Alamo, Idaho | Full Name of Mother: Josephine Malery | Name of Father: John Nelson Whitaker | |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage License Application | By whom issued and signed: Salt Lake County, Utah Alvin Keddington, clerk | Date Issued: Dec. 22, 1960 | Date Orig. Entry: July 26, 1928 |
| | Date of Birth: Feb. 2, 1902 / Birth Place: Alamo, Idaho | Full Name of Mother: Josephine Mallory | Name of Father: John Whitaker | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Barron | Evidence reviewed by: pw Penny L. Wing | | Date Filed: Jan. 5, 1961 |

FORM BH 56067 10-27-60

JAN 6 1964

Amended April 11, 1968--Mr. Whitaker sent in the documents which had been used to file this certificate requesting that supporting record #3 be amended. The information regarding his wife had been used instead of the information regarding him. A copy of the marriage record is attached.

APPLICATION NO. ~~XXXXXX~~ 55074

# APPLICATION FOR LICENSE TO MARRY

STATE OF UTAH,
County of Salt Lake, } ss.

We, Reuben LeGrand Whitaker

and Elizabeth Smith

desiring to procure a license to marry, each do solemnly swear that we are single and unmarried and may lawfully contract and be joined in marriage; that we are not related to each other within the fourth degree of consanguinity and that the following detail data is true, according to our best knowledge and belief:

| FROM THE MALE | | FROM THE FEMALE | |
|---|---|---|---|
| FULL NAME | Reuben LaGrande Whitaker | FULL NAME | Elizabeth Smith |
| RESIDENCE | Ogden, Utah | RESIDENCE | Ogden, Utah |
| COLOR OR RACE | W | COLOR OR RACE | W |
| SINGLE ~~WIDOWER OR DIVORCED~~ | XXXX | SINGLE ~~WIDOWER OR DIVORCED~~ | XXX |
| NUMBER OF MARRIAGE (1st, ~~2nd, 3rd, etc.~~) | | NUMBER OF MARRIAGE (1st, ~~2nd, 3rd, etc.~~) | X |
| DATE OF BIRTH | Feb. 2 1902 (Month) (Day) (Year) | DATE OF BIRTH | Aug 6 1904 (Month) (Day) (Year) |
| BIRTHPLACE | Alamo Idaho | BIRTHPLACE | Malad, Idaho |
| OCCUPATION | Student | OCCUPATION | None |
| NAME OF FATHER | John Whitaker | NAME OF FATHER | Ishmael Smith |
| OCCUPATION | | OCCUPATION | |
| BIRTHPLACE OF FATHER | Willard, Utah | BIRTHPLACE OF FATHER | Logan, Utah |
| DISTINCTIVE RACE OR NATIONALITY | Amer | DISTINCTIVE RACE OR NATIONALITY | Amer |
| MAIDEN NAME OF MOTHER | Josephine Mallory | MAIDEN NAME OF MOTHER | Charlotte Richards |
| OCCUPATION | | OCCUPATION | |
| BIRTHPLACE OF MOTHER | Willard, Utah | BIRTHPLACE OF MOTHER | Malad, Idaho |
| DISTINCTIVE RACE OR NATIONALITY | Amer | DISTINCTIVE RACE OR NATIONALITY | Amer |
| I AM NOT INFECTED WITH VENEREAL DISEASE OR SUBJECT TO CHRONIC EPILEPSY | No | I AM NOT INFECTED WITH VENEREAL DISEASE OR SUBJECT TO CHRONIC EPILEPSY | No |

MAIDEN NAME OF FEMALE IF SHE WAS PREVIOUSLY MARRIED _____

(Signed) Reuben LeGrand Whitaker
MALE

(Signed) Elizabeth Smith
FEMALE

Subscribed and sworn to before me this 26 day of July 19 26

By W. F. Weiler Deputy Clerk Alonzo Mackay
County Clerk.

APR 1 1 1968

APR 9 1971

754-220-022-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61-062

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Amalia Bodil Noren Pedersen | | | 2. Date of Birth (month) (day) (year): June 20, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont Co. | b. City or Town of Birth: Salem, Idaho |
| **FATHER** | 6. Full Name of Father: Anton Pedersen | | | 7. State or Country of Father's Birth: Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Alvilde Josephine Noren | | | 9. State or Country of Mother's Birth: Norway |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Amalia Bodil Com. Pedersen Hall | | 11. Present Address of Registrant: 740 L St. Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 30 1960 | 12. Signature of Notary: George H. Hartwell | | 13. Notary Commission expires: May 10 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Mother | By whom issued and signed: Alvilde Pedersen | Date Issued: April 11 1960 | Date Orig. Entry: ---- |
| | Date of Birth: June 20, 1902 | Birth Place: Salem, Idaho | Full Name of Mother: Alvilde Pedersen | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding church records | By whom issued and signed: LDS Church, 7th Ward, Idaho Falls, Marshall E. Nichols, clerk | Date Issued: June 16, 1960 | Date Orig. Entry: baptized Aug. 6, 1910 |
| | Date of Birth: June 20, 1902 | Birth Place: Salem, Idaho | Full Name of Mother: Alvida J. Norin | Name of Father: Anton Pederson |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Metropolitan Life Insurance | Date Issued: Oct. 1, 1937 | Date Orig. Entry: July 16, 1937 |
| | Date of Birth: age 35 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Bonner | Evidence reviewed by: nr pp Penny L. Wing | Date Filed: Jan. 20, 1961 |

FORM BH 56067

1 copy paid

JAN 20 1961

919-217-004-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-071

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lydia Pearl Rainsdon | | | 2. Date of Birth (month) April (day) 17 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: f | 5. Place of Birth a. County: ~~Bloomington~~ Bear Lake | b. City or Town of Birth: Bloomington |
| **FATHER** | 6. Full Name of Father: Francis Alfred Rainsdon | | | 7. State or Country of Father's Birth: ~~Idaho~~ England |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Elizabeth Payne | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lydia Pearl Rainsdon Wagner | | 11. Present Address of Registrant: Rt. 4 Box 42, Idaho Falls |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 29th of November, 19 60 | 12. Signature of Notary: Rulon R. Price | | 13. Notary Commission expires: June 11 19 64 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by cousin | By whom issued and signed: Jesse Quinton age 70 | Date Issued: 11/29/60 | Date Orig. Entry: ------ |
| | Date of Birth: Apr. 17,1902 / Birth Place: Bloomington,Ida. | Full Name of Mother: Emily Elizabeth Payne ~~Francis A. Rainsdon~~ | Name of Father: Francis A. Rainsdon | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #114249 | Date Issued: ------ | Date Orig. Entry: child born July 18, 1923 |
| | Date of Birth: age 21 / Birth Place: Bloomington, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Blessing | By whom issued and signed: LDS Church, Jameston Ward, Eugene Burke, Bishop | Date Issued: Nov.30,1960 | Date Orig. Entry: June 8, 1902 |
| | Date of Birth: Apr.17,1902 / Birth Place: Bear Lake County Bloomington, Idaho | Full Name of Mother: Emely E. Payne | Name of Father: Francis A. Rainsdon | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: pw Penny L. Wing | Date Filed: Jan. 24, 1961 |

FORM BH 56067

10-18-60

JAN 24 1961

689-216-021-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-082

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALICE ROBINSON WHITEHEAD | | | 2. Date of Birth (month) May (day) 16th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: FRANKLIN FRANKLIN Co. | b. City or Town of Birth: FRANKLIN. IDAHO. |
| **FATHER** | 6. Full Name of Father: WILLIAM JAMES WHITEHEAD | | | 7. State or Country of Father's Birth: FRANKLIN. Idaho. |
| **MOTHER** | 8. Full Maiden Name of Mother: Ester (Esther) Ann Robinson | | | 9. State or Country of Mother's Birth: American Fork. Utah. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Robinson Whitehead Nelson | | 11. Present Address of Registrant: Glenwood. Alberta. Canada. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 13th 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: At will of Lieut. Gov. of Alberta. Notary Public in and for the Province of Alberta, Dominion of Canada. My Commission is at the will of the Lieutenant Governor of the Province of Alberta |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by sister | By whom issued and signed: Martha H. Chatterton born 1892 | Date Issued: Oct.13,1960 | Date Orig. Entry: ----- |
| | Date of Birth: May 16,1902 / Birth Place: Franklin, Idaho | Full Name of Mother: Ester Ann Robinson | Name of Father: William James Whitehead | |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate | By whom issued and signed: Alberta,Canada #6105 of 1943 | Date Issued: Jan.18,1961 | Date Orig. Entry: child born Aug.8,1943 |
| | Date of Birth: age 41 / Birth Place: U.S.A. Franklin,Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Registration of Marriage | By whom issued and signed: Alberta,Canada #1712 of 1926 | Date Issued: Jan.18,1961 | Date Orig. Entry: Nov.11,1926 |
| | Date of Birth: age 24 / Birth Place: Oneida County Franklin, Idaho | Full Name of Mother: Ester Ann Robinson | Name of Father: William James Whitehead | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Bennett | pw Penny L. Wing | Jan. 30, 1961 |

2 copies pd #7993 10-4-60

FORM BH 56067

JAN 30 1961

JAN 31 1961

469-202-025-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-089

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ESTHER JANE MORRIS | | | 2. Date of Birth (month) FEBRUARY (day) 2 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: IDAHO | b. City or Town of Birth: COTTONWOOD |
| **FATHER** | 6. Full Name of Father: PRESTON B. MORRIS | | | 7. State or Country of Father's Birth: OREGON |
| **MOTHER** | 8. Full Maiden Name of Mother: STELLA BELL PICKELL | | | 9. State or Country of Mother's Birth: WASHINGTON |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Esther M. Torsen | 11. Present Address of Registrant: 730 3rd Street, Lewiston, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 27 1961 | | 12. Signature of Notary: E W Morgan | 13. Notary Commission Expires: 1-7-63 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #229211 | Date Issued: 0---- | Date Orig. Entry: child born Jan.14,1935 |
| | Date of Birth: age 32 | Birth Place: Cottonwood, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding hospital records | By whom issued and signed: St. Joseph's Hosp.Lewiston,Id. Ida.Mae Austin,Medical record | Date Issued: Jan.24,1961 | Date Orig. Entry: Nov.21,1933 |
| | Date of Birth: Feb.2,1902 | Birth Place: Cottonwood, Idaho | Full Name of Mother: Stella Pickell | Name of Father: Preston B. Morris |
| **SUPPORTING RECORD 3.** | Type of Document: Notarized family Bible record | By whom issued and signed: E. W. Morgan,Idaho Notary Pub. | Date Issued: Jan.27,1961 | Date Orig. Entry: obviously old |
| | Date of Birth: Feb.2,1902 | Birth Place: Cottonwood,Idaho | Full Name of Mother: Stella Bell Pickell | Name of Father: Preston B. Morris |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: pw Penny L. Wing | Date Filed: Jan. 31, 1961 |

FORM BH 56067

JAN 31 1961

689-223-016-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-189

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: NETTIE VERA WHITAKER | | 2. Date of Birth (month) August (day) 23 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: CASSIA b. City or Town of Birth: STANDROD |
| **FATHER** | 6. Full Name of Father: DAVID Agustus WHITAKER | | 7. State or Country of Father's Birth: UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: SARAH ADELAIDE SCARBROUGH | | 9. State or Country of Mother's Birth: UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vera W Milne | 11. Present Address of Registrant: St George Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 10, 1961 | 12. Signature of Notary: Howard H. Carter | 13. Notary Commission expires: March 7, 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License | | By whom issued and signed: Washington County Utah, William Brooks, County clerk | Date Issued: Feb.10,1961 | Date Orig. Entry: Dec.28,1925 |
| | Date of Birth: age 23 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate | | By whom issued and signed: Utah #16 Iron Co.Cedar Prec | Date Issued: Feb.17,1961 | Date Orig. Entry: child born Jan. 23, 1931 |
| | Date of Birth: age 28 | Birth Place: Stanrod, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by uncle | | By whom issued and signed: Alfred Whitaker age 75 | Date Issued: Feb.23,1961 | Date Orig. Entry: ---- |
| | Date of Birth: Aug.23,1902 | Birth Place: Standrod, Idaho | Full Name of Mother: Sarah Adelaide Acarbrough | Name of Father: David Agustus Whitaker | |

**QUALIFYING INFORMATION**

Insurance Policy Application form Kansas City Life Insurance Co.Applied June 5, 1941. Gives date of birth as Aug. 23, 1902 and birth place as Idaho.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Bennion | pw Penny L. Wing | Mar. 1, 1961 |

FORM BH 56067 2-7-61

MAR 1 1961

2-1-61

345-226-031-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-210

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MARIE KATHRINE LUNDERS | | | 2. Date of Birth (month) November (day) 26 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Lewis | b. City or Town of Birth: Kippen mail Reubens |
| **FATHER** | 6. Full Name of Father: Servatius Lunders | | | 7. State or Country of Father's Birth: France |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Streff | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marie Katherine Lunders | | 11. Present Address of Registrant: 1919 Cedar Lewiston Orchards Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 2 1961 | 12. Signature of Notary: William J. Jones | | 13. Notary Commission expires: May 21 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by sister | By whom issued and signed: Anna Nail born 1890 | Date Issued: Feb.14,1961 | Date Orig. Entry: ---- |
| | Date of Birth: Nov.26,1902 / Birth Place: Kipper, Idaho | Full Name of Mother: Margaret Streff | Name of Father: Servatius Lunders | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Mutual Benefit Health & Accd. | Date Issued: Oct.16,1953 | Date Orig. Entry: Oct.16,1953 |
| | Date of Birth: Nov.26,1902 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism | By whom issued and signed: St.Joseph Roman Catholic Church, Rt. Rev. Msgr. N. Hughes | Date Issued: Jan.23,1961 | Date Orig. Entry: baptized Jan.6,1903 |
| | Date of Birth: Nov.26,1902 / Birth Place: ---- | Full Name of Mother: Margaret Streff | Name of Father: Servatius Lunders | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: pw Penny L. Wing | Date Filed: March 6, 1961 |

FORM BH 56067

MAR 6 1961

689-204-016-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-231

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Eliza Whittle | | | 2. Date of Birth (month) October (day) 4, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Cassia Co. | b. City or Town of Birth: Oakley, Idaho |
| **FATHER** | 6. Full Name of Father: William Casper Whittle | | | 7. State or Country of Father's Birth: Grantsville, Tooele Co., Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Smith | | | 9. State or Country of Mother's Birth: Lake View, Tooele Co., Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Mary E Whittle | 11. Present Address of Registrant: 3510 Porter St. N.W. Washington 16, D. C. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 6/23 19 61 | | 12. Signature of Notary: Harry Rice | 13. Notary Commission expires 1/1/ 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Margaret S. Whittle | Date Issued: 2-16-50 | Date Orig. Entry: |
| | Date of Birth: Oct. 4, 1902 | Birth Place: Cassia Co. Oakley, Idaho | Full Name of Mother: Margaret Smith Whittle | Name of Father: William Casper Whittle |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: Bureau of the Census | Date Issued: Mar.2,1961 | Date Orig. Entry: Jan.1,1920 |
| | Date of Birth: age 27 | Birth Place: Oakley, Idaho | Full Name of Mother: Margaret Whittle | Name of Father: W. Casper Whittle |
| **SUPPORTING RECORD 3.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #190141 | Date Issued: ---- | Date Orig. Entry: child born Mar.31,1931 |
| | Date of Birth: age 28 | Birth Place: Oakley, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barron | nr Penny L. Wing | March 13, 1961 |

FORM BH 56067

MAR 13 1980

JAN 18 1980

251-721-044-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-273

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alson Sears | | | 2. Date of Birth (month) Aug (day) 21 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Weiser, Idaho, Washington County | b. City or Town of Birth: Weiser, Idaho |
| **FATHER** | 6. Full Name of Father: Robert Simpson Sears | | | 7. State or Country of Father's Birth: Unknown |
| **MOTHER** | 8. Full Maiden Name of Mother: Jennie Van Sice | | | 9. State or Country of Mother's Birth: Pennsylvania USA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alson Sears | | 11. Present Address of Registrant: 29 Oak Avenue Oroville, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 15 19 61 | 12. Signature of Notary: Lucy Alpers | | 13. Notary Commission expires: November 4 19 62 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by aunt | By whom issued and signed: Fannie Brewster age 80 | Date Issued: Mar.18,1961 | Date Orig. Entry: ---- |
| | Date of Birth: Aug.21,1902 / Birth Place: Weiser, Idaho | Full Name of Mother: Jennie Van Sice | Name of Father: Robert Simpson Sears | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: National Life Insurace Co. | Date Issued: Feb.17,1938 | Date Orig. Entry: Feb.17,1938 |
| | Date of Birth: Aug.21,1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding lodge records | By whom issued and signed: Amapola Chapter #119, Order of Eastern Star, Irene R. Gerloff | Date Issued: ---- | Date Orig. Entry: May 4, 1949 |
| | Date of Birth: Aug.21,1902 / Birth Place: Weiser, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| D. W. Benson | Penny L. Wing | March 24, 1961 |

FORM BH 56067

MAR 24 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

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| | | | |
|---|---|---|---|
| 1. NAME OF CHILD (Person whose birth is being reported) | 2. Place of birth (County) | 3. Date of birth (Month, day, year) | 4. Sex |
| Alison Sasse | Weiser, Idaho, Washington County | 21 - 1902 | Male |
| 5. Full name of Father | 6. Maiden name of Mother | 7. State or Country of Father's birth | 8. State or Country of Mother's birth |
| Robert Simpson Sasse | Jennie Ann Sice | Unknown | Pennsylvania USA |
| 9. Present address of Registrant | 10. Relationship of Registrant | 11. Date of Affidavit | 12. Signature of Registrant |
| 25 Oak Avenue Oroville, California | | March 15 1961 | |
| 13. Notary Commission expires | 14. Signature of Notary | | |
| November 4 1962 | | | |

| | | | |
|---|---|---|---|
| 1. Type of Document | 2. Date of Document | 3. Date of Orig. Entry | |
| Affidavit by mother | Weiser, Idaho | Mar. 21, 1902 | |
| 4. Name of Parent | 5. Full name of Mother | 6. Maiden name of Mother | |
| Robert Simpson Sasse | Jennie Ann Sice | | |
| 7. Date issued | 8. Date orig. entry | | |
| Feb. 21, 1902 | Feb. 21, 1902 | | |
| 9. Name of Father | 10. Full name of Mother | | |
| ---- | ---- | | |
| 1. Type of Document | 2. Date of Document | 3. Date of Orig. Entry | |
| Affidavit | Weiser, Idaho | Mar. 21, 1902 | |
| 4. Name of Father | 5. Full name of Mother | | |
| ---- | ---- | | |
| 6. Date issued | 7. Date orig. entry | | |
| ---- | Feb. 21, 1902 | | |
| 8. Name of Father | | | |
| ---- | | | |

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Issued: March 24, 1961

Guidance reviewed by: Perry L. Wing

Date Filed: March 24, 1961

629401-035-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 61-277

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ray Ruben O'Brien | | | 2. Date Of Birth (month) (day) (year): October 1 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: NezPerce | b. City or Town of Birth: farm home near Melrose, NezPence County |
| **FATHER** | 6. Full Name of Father: David O'Brien | | | 7. State or Country of Father's Birth: Sumner, Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Jane Hill | | | 9. State or Country of Mother's Birth: Ravenswood, West Virginia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ray Ruben O'Brien | | 11. Present Address of Registrant: Reubens, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 15, 1961 | 12. Signature of Notary: Robert Strom | | 13. Notary Commission expires: October 17, 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Uncle age 76 | By whom issued and signed: Charles C. Hill | Date Issued: March 15, 1961 | Date Orig. Entry: ----- |
| | Date of Birth: October 1, 1902 / Birth Place: Melrose, Nez Perce County, Idaho | Full Name of Mother: Annie Jane Hill | Name of Father: David'OBrien | |
| **SUPPORTING RECORD 2.** | Type of Document: Hospital record | By whom issued and signed: St. Mary's Hospital Sister M. Mildred, O.S.B. | Date Issued: March 15, 1961 | Date Orig. Entry: June 24, 1946 |
| | Date of Birth: October 1, 1902 / Birth Place: Reubens, Idaho | Full Name of Mother: ~~David O'Brien~~ Anna Hill | Name of Father: David O'Brien | |
| **SUPPORTING RECORD 3.** | Type of Document: Own childs birth certificate | By whom issued and signed: On file in Idaho #163002 | Date Issued: ----- | Date Orig. Entry: May 22, 1928 |
| | Date of Birth: Age 25 / Birth Place: Reubens, Idaho | Full Name of Mother: ------- | Name of Father: ------ | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: ec Elaine Coy | | Date Filed: March 27, 1961 |

FORM BH 56067

MAR 27 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME: Eugene Edward O'Brien

2. Date of birth: October 1, 1902

3. Place of birth: Kellogg, Idaho

4. Sex: Male

5. Color or race: White

6. Full name of father: David O'Brien

7. Birthplace of father: Spokane, Iowa

8. Maiden name of mother: Annie Jane Hill

9. Birthplace of mother: Ravenswood, West Virginia

10. Number of previous children to the mother of this child: None

11. Number of living children to the mother of this child: None

12. Number of deceased children to the mother of this child: None

13. Date of marriage: Unknown

14. Place of marriage: Unknown

15. Attendant: Midwife

16. Signature of attendant: Charles C. Hill

17. Date filed: March 15, 1961

18. Signature of registrar: Robert V. Helgesen, Registrar, Nez Perce County, Idaho

19. Date filed: March 15, 1961

20. Name of father: David O'Brien

21. Name of mother: Annie Jane Hill

22. Date filed: June 24, 1946

23. Name of informant: Hospital record

24. Address of informant: Kellogg, Idaho

25. Date of birth: October 1, 1902

26. Name of witness: Sister M. Mildred, S.B.

27. Date filed: May 22, 1929

28. Name of witness: ------

29. Date filed: ------

30. Name of witness: ------

31. Date filed: ------

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61-282

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Wallace Hayter | | | 2. Date of Birth (month) (day) (year): Sept. 4, 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Moreland |
| **FATHER** | 6. Full Name of Father: William Wallace Hayter | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Harriet Dorcas Raven | | | 9. State or Country of Mother's Birth: Victoria Harbor, Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X William Wallace Hayter | | 11. Present Address of Registrant: 1022 Yew La Grand, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 25th February 1961 | 12. Signature of Notary: Robert E. Williamson | | 13. Notary Commission expires: NOTARY PUBLIC OREGON 19 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Bible Record | By whom issued and signed: -- | Date Issued: -- | Date Orig. Entry: obviously old |
| | Date of Birth: Sept. 4, 1902 | Birth Place: Moreland, Idaho | Full Name of Mother: Harriet Dorcas Raven | Name of Father: William Wallace Hayter |
| **SUPPORTING RECORD 2.** | Type of Document: Report of Field Personnel Action- War Dept. | By whom issued and signed: War Department- Washington D.C. | Date Issued: April 29, 1943 | Date Orig. Entry: April 29, 1943 |
| | Date of Birth: Sept. 4, 1902 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: #17698 Insurance Policy Application | By whom issued and signed: Mutual Benefit H & Acc.Assn. | Date Issued: ---- | Date Orig. Entry: Nov.21,1941 |
| | Date of Birth: Sept.4,1902 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: 1a Penny L. Wing | Date Filed: March 28, 1961 |

FORM BH 56067

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DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

295-109-029-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61-369

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|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Walter Franklin Krengel | | | 2. Date of Birth (month) October (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Moscow, Idaho | b. City or Town of Birth: Moscow, Idaho |
| **FATHER** | 6. Full Name of Father: Emil E. Krengel | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Carolyn McClure | | | 9. State or Country of Mother's Birth: Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: W. F. Krengel | | 11. Present Address of Registrant: 2845 N.E. 32nd Place Portland 12, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 3 1961 | 12. Signature of Notary: R. A. Furbaum | | 13. Notary Commission expires: Dec 11 1963 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | By whom issued and signed: Oregon #1878 | Date Issued: Aug. 8, 1958 | Date Orig. Entry: child born June 5, 1930 |
| | Date of Birth: age 27 | Birth Place: Moscow, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: marriage license affidavit | By whom issued and signed: King County Washington, Robert A. Morris Auditor | Date Issued: Aug. 7, 1958 | Date Orig. Entry: June 10, 1927 |
| | Date of Birth: age 24 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by brother | By whom issued and signed: Charles H. Krengel age 76 | Date Issued: Apr. 20, 1961 | Date Orig. Entry: ---- |
| | Date of Birth: Oct. 9, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: Carolyn McClure | Name of Father: Earnest Emil Krengel |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. H. Benson | pw Penny L. Wing | April 27, 1961 |

FORM BH 56067

APR 27 1961

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Kreyel

| | | | |
|---|---|---|---|
| REGISTRANT | 1. Name at birth | | 2. Sex |
| Person whose birth is being certified | 3. Place of birth: a. County | b. City or town of birth | 4. Date of birth (month) (day) (year) |
| FATHER | 5. Full name of father | | 6. State or Country of Father's Birth |
| MOTHER | 7. Full maiden name of mother | | 8. State or Country of Mother's Birth |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant |
| | Subscribed and sworn to before me on | 12. Signature of Notary | 13. Notary Commission expires |

| | | | | |
|---|---|---|---|---|
| SUPPORTING RECORD 1 | Type of Document | By whom issued and signed | Date issued | Date d/m/y. Entry |
| | Date of Birth: Birth Place | Full Name of Registrant | Name of Father | |
| SUPPORTING RECORD 2 | Type of Document | By whom issued and signed | Date issued | Date d/m/y. Entry |
| | Date of Birth: Birth Place | Full Name of Registrant | Name of Father | |
| SUPPORTING RECORD 3 | Type of Document | By whom issued and signed | Date issued | Date d/m/y. Entry |
| | Date of Birth: Birth Place | Full Name of Registrant | Name of Father | |

SUPPORTING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, and substantiates the facts as set forth in the supporting statement.

Registrar

Evidence reviewed by

Date filed

Henry L. Wing

April 27, 1961

689-125 1003-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-384

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Harold Whitworth | | | 2. Date of Birth (month) Nov. (day) 25 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: Hatch Bannock | b. City or Town of Birth: Hatch (Honeyville) |
| **FATHER** | 6. Full Name of Father: George Albert Whitworth | | | 7. State or Country of Father's Birth: Call's Fort, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Agnes Hayes Whitworth | | | 9. State or Country of Mother's Birth: Provo, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harold Whitworth | | 11. Present Address of Registrant: Inkom, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 26 1961 | 12. Signature of Notary: Grace Ashton | | 13. Notary Commission expires: July 20 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Bankers Life and Casualty Co. | Date Issued: Jan.7,1955 | Date Orig. Entry: Nov.29,1954 |
| | Date of Birth: Nov.25,1902 / Birth Place: ---- | Full Name of Mother: --- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding church records | By whom issued and signed: LDS Church, Victor LaMar Leffler, Custodian | Date Issued: ---- | Date Orig. Entry: baptized June 23, 1911 |
| | Date of Birth: Nov.25,1902 / Birth Place: Hatch, Idaho | Full Name of Mother: Agnes Haze Williams | Name of Father: George A. Whitworth | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by mother | By whom issued and signed: Agnes H. Whitworth | Date Issued: Apr.26,1961 | Date Orig. Entry: ---- |
| | Date of Birth: Nov.25,1902 / Birth Place: Hatch, Idaho | Full Name of Mother: Agnes Hayes Whitworth | Name of Father: George Albert Whitworth | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: Penny L. Wing | Date Filed: May 2, 1961 |

FORM BH 56067

3-30-61 1 copy paid

MAY 3 1961

365-209-029-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-392

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Zelma Fern Cone | | | 2. Date of Birth (month) Nov. (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: Kennedy Ford a. County: Latah | b. City or Town of Birth: Kennedy Ford - Farm. 6 miles East of Palouse. Wn |
| **FATHER** | 6. Full Name of Father: John Martin Cone | | | 7. State or Country of Father's Birth: Butteville, Oregon. |
| **MOTHER** | 8. Full Maiden Name of Mother: Matilda (Mattie) Jane Miller | | | 9. State or Country of Mother's Birth: Kennedy Ford - Farm 6 miles East of Palouse |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Zelma Fern Layton | | 11. Present Address of Registrant: Princeton, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 28 1961 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 11-20 1962 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | | By whom issued and signed: Bureau of the Census | Date Issued: Apr.19,1961 | Date Orig. Entry: Jan.1,1920 |
| | Date of Birth: age 17 | Birth Place: Idaho | Full Name of Mother: Mattie J. Cone | Name of Father: John M. Cone | |
| **SUPPORTING RECORD 2.** | Type of Document: Driver's License | | By whom issued and signed: State of Washington,1103147, Thos. A. Swayze,Dir.of Lic. | Date Issued: Feb.27,1945 | Date Orig. Entry: Feb.27,1945 |
| | Date of Birth: Nov.9,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by mother | | By whom issued and signed: Mattie Cone | Date Issued: Apr.3,1961 | Date Orig. Entry: ---- |
| | Date of Birth: Nov.9,1902 | Birth Place: Kennedy Ford,Idaho | Full Name of Mother: Mattie Cone | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Penny L. Wing | Date Filed: May 3, 1961 |

FORM BH 56067

MAY 3 1961

DEC 2 1974

235-105-018-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 428

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Walter Carl Stenzel | | 2. Date Of Birth (month) Nov (day) 5 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Clearwater | b. City or Town of Birth: Greer |
| **FATHER** | 6. Full Name of Father: Charles Stenzel | | 7. State or Country of Father's Birth: Wisconsin | |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Tessendorf | | 9. State or Country of Mother's Birth: Nebraska | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Walter Carl Stenzel | 11. Present Address of Registrant: E 6910-8th Ave, Spokane, Wash | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 12 1961 | 12. Signature of Notary: Clarion S Burden | 13. Notary Commission expires: July 15 1961 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: Dec. 4, 1936 |
| | Date of Birth: Nov.5.1902 | Birth Place: Greer, Idaho | Full Name of Mother: Annie Tessendorf | Name of Father: Charles Stenzel |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance policy application | By whom issued and signed: Equitable Life Assurance Col | Date Issued: ---- | Date Orig. Entry: Dec.20,1919 |
| | Date of Birth: Nov. 5,1902 | Birth Place: Clearwater County Greer, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding employment records | By whom issued and signed: True's Oil Company E.O.Baker, Office Manager | Date Issued: Mar.25,1960 | Date Orig. Entry: May 21,1945 |
| | Date of Birth: Nov.5.1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Penny L. Wing | Date Filed: May 16, 1961 |

Orr. Corr. on file in Corr. files. (5)9-2-60.

FORM BH 56067

1 Copy paid - receipt 20320

MAY 16 1961

714-212-012-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-452

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Geneva Sybil Samworth | | 2. Date Of Birth (month) April (day) 12 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lost River Butte County | b. City or Town of Birth: Arco Idaho |
| **FATHER** | 6. Full Name of Father: Jonas Daniel Samworth | | 7. State or Country of Father's Birth: Colorado | |
| **MOTHER** | 8. Full Maiden Name of Mother: Flora Alice Long | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Geneva Sybil Madden | 11. Present Address of Registrant: 4707 N. Stone Spokane 18 Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 15 1961 | 12. Signature of Notary: Evelyn B. Storch | 13. Notary Commission expires: 12-30 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License | By whom issued and signed: Ravalli County Montana, Helen Carrithers, clerk | Date Issued: Feb.8,1961 | Date Orig. Entry: Sept.1,1920 |
| | Date of Birth: age 18 / Birth Place: Butte County Arco, Idaho | Full Name of Mother: Flora Long | Name of Father: Joseph Samworth | |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate | By whom issued and signed: Montana #451 | Date Issued: Feb.1961 | Date Orig. Entry: child born Aug.12,1921 |
| | Date of Birth: age 19 / Birth Place: Arco, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: Oct.10,1943 |
| | Date of Birth: Apr.12,1902 / Birth Place: Blaine County Arco, Idaho | Full Name of Mother: Flora Alice Long | Name of Father: Johnas D. Samworth | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barrow | Evidence reviewed by: Penny L. Wing | Date Filed: May 23, 1961 |

FORM BH 56067

5-16-60 one copy paid #02003

MAY 23 1951

319-116-010-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-457

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALEXANDER CARLYLE | | | 2. Date of Birth (month) FEBRUARY (day) 16 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Male | 5. Place of Birth a. County: (then) Bingham (Now) Bonneville | b. City or Town of Birth: Shelton, Idaho, Rt. 2, Rigby, Ida. |
| **FATHER** | 6. Full Name of Father: Claude Milnot Carlyle | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Smith Carlyle | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alexander Carlyle | | 11. Present Address of Registrant: 278 W. 17th St. Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 5 1960 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 12-1 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Uncle | By whom issued and signed: A. P. Smith | Date Issued: -- | Date Orig. Entry: Jan. 14, 1960 |
| | Date of Birth: Feb. 16, 1902 | Birth Place: Shelton, Bingham Co., Idaho | Full Name of Mother: Margret Smith Carlyle | Name of Father: Claude Milnot Carlyle |
| **SUPPORTING RECORD 2.** | Type of Document: Statement concerning hospital record | By whom issued and signed: LDS Hospital, Idah Falls, Idaho | Date Issued: Jan. 28, 1960 | Date Orig. Entry: Dec. 26, 1928 |
| | Date of Birth: age 26 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit for Marriage | By whom issued and signed: State of Idaho county of Bannock, Anna Keepe, Reorder | Date Issued: ----- | Date Orig. Entry: February 3, 1947 |
| | Date of Birth: February 6, 1902 | Birth Place: Bonneville county | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: 1a Elaine Coy | Date Filed: May 24, 1961 |

FORM BH 56067

12-15-59 one copy paid #18488

MAY 25 1981

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331-208-022-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 473

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Mae Clawson | | | 2. Date Of Birth (month) June (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Grant Fremont | b. City or Town of Birth: Grant |
| **FATHER** | 6. Full Name of Father: Charles Adelbert Clawson | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Elvira Almina Miller | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys M. Kifford | | 11. Present Address of Registrant: Gridley, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept. 27 1960 | 12. Signature of Notary: Donald A. Fife / Gladys M. Kifford | | 13. Notary Commission expires: July 3 1963 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding lodge records | By whom issued and signed: Rebekah Lodge,#66,Gridley, California,AnnaL.Price,Sec. | Date Issued: Dec.6,1960 | Date Orig. Entry: initiated Jan. 4, 1929 |
| | Date of Birth: June 8,1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding employment records | By whom issued and signed: Libby,McNeill &.Libby C.M. Farr,Office Mgr. | Date Issued: Apr.26,1961 | Date Orig. Entry: employed Aug.31,1942 |
| | Date of Birth: June 8,1902 / Birth Place: Grant, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism | By whom issued and signed: LDS Church,Gridley Ward, William B. Shirley, clerk | Date Issued: May 28,1961 | Date Orig. Entry: May 14,1911 |
| | Date of Birth: June 8,1902 / Birth Place: Fremont County Grant, Idaho | Full Name of Mother: Elvira Almina Miller | Name of Father: Charles Adelbert Clawson | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | pw Penny L. Wing | May 31, 1961 |

FORM BH 56067

MAY 31 1961

595-204-003-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 474

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mae Irene Nielsen | | | 2. Date Of Birth (month) May (day) 4 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Cleveland |
| **FATHER** | 6. Full Name of Father: Charles William Peter Nielsen | | | 7. State or Country of Father's Birth: Praestea, Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Larsen | | | 9. State or Country of Mother's Birth: Cache County, Logan, Utah. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mae Irene Nielsen Whitehead | | 11. Present Address of Registrant: Grace Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 22 19 61 | 12. Signature of Notary: Arlene Hilker | | 13. Notary Commission expires February 17, 1963 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | By whom issued and signed: #daho #331442 | Date Issued: Jan.25,1943 | Date Orig. Entry: child born Apr.28,1925 |
| | Date of Birth: age 22 | Birth Place: Cleveland, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy Application | By whom issued and signed: West Coast Life Insurance | Date Issued: ---- | Date Orig. Entry: Apr.30,1930 |
| | Date of Birth: May 4,1902 | Birth Place: Cleveland,Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by brother | By whom issued and signed: Albert Nielsen born 1891 | Date Issued: May 29,1961 | Date Orig. Entry: ---- |
| | Date of Birth: May 4,1902 | Birth Place: Cleveland, Idaho | Full Name of Mother: Mary Larsen | Name of Father: Wharles W. P. Nielsen |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | pw Penny L. Wing | May 31, 1961 |

FORM BH 56067 [illegible] 9-26-60

MAY 31 1961

439-109-009-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 502

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: John Neal McInnis | | | 2. Date Of Birth (month) May (day) 9 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: Idaho - Bonner | b. City or Town of Birth: Sandpoint |
| **FATHER** | 6. Full Name of Father: John McInnis Jr | | | 7. State or Country of Father's Birth: Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Carolyn Neal | | | 9. State or Country of Mother's Birth: Arkansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John Neal McInnis | | 11. Present Address of Registrant: 1415 Aurora Ave N. Seattle 9 Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 6 1961 | 12. Signature of Notary: Evelyn R Palmer | | 13. Notary Commission expires: Aug 12 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Marriage | By whom issued and signed: Spokane County Washington Frank J. Glover, auditor | Date Issued: Apr.18,1961 | Date Orig. Entry: Oct. 4,1930 |
| | Date of Birth: age 28 | Birth Place: Idaho | Full Name of Mother: Carolyn Neal | Name of Father: John McInnis |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding school records | By whom issued and signed: Spokane Public Schools, W. C. Sorensen, Supt. | Date Issued: May.16,1961 | Date Orig. Entry: Sept.7,1916 |
| | Date of Birth: May 9,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: J. McInnis |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding insurance policy #U140 | By whom issued and signed: Northern Life Insurance Co. Maurice W. Peek, Supvr. | Date Issued: June 5,1961 | Date Orig. Entry: applied Apr.14,1930 |
| | Date of Birth: May 9,1902 | Birth Place: Sandpoint, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Bennett | Evidence reviewed by: Penny L. Wing | Date Filed: June 8, 1961 |

FORM BH 56067

1 copy paid 5-24-61

JUN 9 1981

319-227-023-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 518

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Ann Larrabee | | 2. Date Of Birth (month) July (day) 27 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Gem | b. City or Town of Birth: Fox Store |
| **FATHER** | 6. Full Name of Father: Daniel Benjamin Larrabee | | 7. State or Country of Father's Birth: Pennsylvania | |
| **MOTHER** | 8. Full Maiden Name of Mother: Nettie May Ramsdell | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Ann Sommer | 11. Present Address of Registrant: 1207 E. Longfellow, Spokane, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 17 1961 | 12. Signature of Notary: Kelmit P. Owens | 13. Notary Commission expires: August 29 1963 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Marriage | By whom issued and signed: Spokane County Washington Frank J. Glover, Auditor | Date Issued: Apr.13,1961 | Date Orig. Entry: March 24, 1937 |
| | Date of Birth: age 34 | Birth Place: Idaho | Full Name of Mother: Nettie Ramsdell | Name of Father: D. B. Larrabee |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy Schedule | By whom issued and signed: Metropolitan Life Insurance | Date Issued: Apr.5,1943 | Date Orig. Entry: Apr.5,1943 |
| | Date of Birth: age next birth.41 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by halfbrother | By whom issued and signed: James A. Wardell age 11 at time of birth | Date Issued: June 12, 1961 | Date Orig. Entry: ---- |
| | Date of Birth: July 27, 1902 | Birth Place: Fox Store, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: PW Penny L. Wing | Date Filed: June 16, 1961 |

FORM BH 56067

4-19-61

JUN 16 1961

435-213-009-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 519

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|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lucy Mc Nealy | | 2. Date Of Birth (month) May (day) 13 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Severance Bonner | b. City or Town of Birth: Severance |
| **FATHER** | 6. Full Name of Father: Henry Mc Nealy | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Gertrude May Campbell | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lucy Berndt | 11. Present Address of Registrant: 1518 So 12 ave Yakima Wash | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 2 1961 | 12. Signature of Notary: Walter Naef | 13. ~~Notary Commission expires~~ Dep. County Auditor | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage Return | By whom issued and signed: Yakima County, Washington, Eugene Naff, Auditor | Date Issued: Mar.2,1961 | Date Orig. Entry: June 22,1924 |
| | Date of Birth: age 22 / Birth Place: Bonner Co,Idaho | Full Name of Mother: Gertrude Campbell | Name of Father: Henry McNealy | |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate | By whom issued and signed: Washington Record #444 | Date Issued: Mar.7,1961 | Date Orig. Entry: child born Aug. 2, 1925 |
| | Date of Birth: age 23 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by Uncle | By whom issued and signed: J. C. Clemons age 84 | Date Issued: June 13, 1961 | Date Orig. Entry: ---- |
| | Date of Birth: May 13,1902 / Birth Place: Bonner County Severance, Idaho | Full Name of Mother: Gertrude Campbell | Name of Father: Henry McNealy | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barron | Evidence reviewed by: pw Penny L. Wing | Date Filed: June 16, 1961 |

FORM BH 56067

2-23-64 1 copy paid #12269

4-12-64

JUN 16 1967

238-220-028-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 522

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Helen Moline Schjoth | | | 2. Date of Birth (month) (day) (year): May 20 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Coeur d'Alene | b. City or Town of Birth: Coeur d'Alene |
| **FATHER** | 6. Full Name of Father: George W. Walter Schjoth | | | 7. State or Country of Father's Birth: Wisconsin |
| **MOTHER** | 8. Full Maiden Name of Mother: Gertrude Schuyler | | | 9. State or Country of Mother's Birth: Wisconsin |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs. Helen Liebe | | 11. Present Address of Registrant: Route 4, Sturgeon Bay, Wis |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 13, 1961 | 12. Signature of Notary: Ralph Alexander | | 13. Notary Commission expires: Sept. 22 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Marriage | By whom issued and signed: Door County Wisconsin, R. J. Alexander, Regr. of Deeds | Date Issued: June 13, 1961 | Date Orig. Entry: May 28, 1926 |
| | Date of Birth: age 24 | Birth Place: Idaho | Full Name of Mother: Fertrude Schuyler | Name of Father: George Schjoth |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate | By whom issued and signed: Door County Wisconsin, Page No. 168 | Date Issued: June 13, 1961 | Date Orig. Entry: child born June 2, 1929 |
| | Date of Birth: age 27 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by friend of family | By whom issued and signed: E. C. Humke, M.D. born 1885 | Date Issued: June 13, 1961 | Date Orig. Entry: ---- |
| | Date of Birth: May 20, 1902 | Birth Place: Coeur d'Alene, Ida. | Full Name of Mother: Gertrud Schuyler | Name of Father: ~~George~~ Walter Schjoth |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Barron | Penny L. Wing | June 19, 1961 |

FORM BH 56067 7-19-60

JUN 19 1961

133-204-040-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 541

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lillian Elizabeth Allen | | | 2. Date Of Birth (month) June (day) 4 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Gardner Idaho Shoshone | b. City or Town of Birth: Gardner, Idaho |
| **FATHER** John | 6. Full Name of Father: John Henry Allen | | | 7. State or Country of Father's Birth: Cornwall, England |
| **MOTHER** Mary | 8. Full Maiden Name of Mother: Mary Johnson | | | 9. State or Country of Mother's Birth: Stockholm, Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lillian E. Cunningham | | 11. Present Address of Registrant: 18931 Coyle Ave Detroit 23 Mich |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 14 1961 | 12. Signature of Notary: Warren O Sielye Jr | | 13. Notary Commission expires: March 15 1965 19 For the State of Michigan For the County of Wayne |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding lodge records | | By whom issued and signed: The Maccabees H.C.Hansen,Asst.Sec.-Treas. | Date Issued: Feb.24,1961 | Date Orig. Entry: Oct.6,1925 |
| | Date of Birth: June 4,1902 | Birth Place: Warner, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding school records | | By whom issued and signed: Highland Park,Michigan School Dist.Cecelia R.Meagher,Records | Date Issued: Feb.17, 1961 | Date Orig. Entry: Sept.9,1919 |
| | Date of Birth: June 4,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Marriage Lic. | | By whom issued and signed: Lucas County, Ohio,Edgar W. Norris, Judge. | Date Issued: Feb.20,1961 | Date Orig. Entry: May 18,1935 |
| | Date of Birth: age 33 | Birth Place: Idaho | Full Name of Mother: Mary Johnson | Name of Father: John Allen | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Penny L. Wing | June 27, 1961 |

FORM BH 56067 2-8-61

JUN 27 1961

569-210-010-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 664

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Greta Idella Norton | | | 2. Date of Birth (month) July (day) 10 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lincoln Bonneville | b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: Leander David Norton | | | 7. State or Country of Father's Birth: Lehi Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Emeline Hoste Cooper | | | 9. State or Country of Mother's Birth: American Fork, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Greta I Davis | | 11. Present Address of Registrant: 13642 Verano St Garden Grove Cde |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 9 1961 | 12. Signature of Notary: LaVerne T. Reafsnyder LAVERNE T. REAFSNYDER | | 13. Notary Commission expires: My Commission Expires Oct. 3, 1967 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: LDS Church, Garden Grove 3rd Ward, Moses J. Wright, Elder | Date Issued: May 17, 1961 | Date Orig. Entry: baptized July 23, 1910 |
| | Date of Birth: July 10, 1902 / Birth Place: Bonneville County Lincoln, Idaho | Full Name of Mother: Martha E. Cooper | Name of Father: Leander D. Norton | |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by brother | By whom issued and signed: C. L. Norton, born 1889 | Date Issued: July 4, 1961 | Date Orig. Entry: ---- |
| | Date of Birth: July 10, Dec. 1902 / Birth Place: Lincoln, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage Certificate | By whom issued and signed: Los Angeles County, California Ray E. Lee, County Recorder | Date Issued: Aug. 4, 1961 | Date Orig. Entry: June 30, 1928 |
| | Date of Birth: age 25 / Birth Place: Idaho | Full Name of Mother: Martha Cooper | Name of Father: Leandro Norton | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barnes | Evidence reviewed by: pw Penny L. Wing | Date Filed: August 14, 1961 |

FORM BH 56067 5-4-61

AUG 14 1981

285-212-035-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 744

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: THERESA-MARIE - SHEPPARD | | | 2. Date of Birth (month) (day) (year): AUGUST 12 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: NEZ PERCE | b. City or Town of Birth: NEZ PERCE - IDAHO |
| **FATHER** | 6. Full Name of Father: CHARLES. T. SHEPPARD | | | 7. State or Country of Father's Birth: OREGON - U.S.A |
| **MOTHER** | 8. Full Maiden Name of Mother: NANNIE. S. FULLER | | | 9. State or Country of Mother's Birth: KENTUCKY - U.S.A |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Theresa Marie Kelly | | 11. Present Address of Registrant: 1192 - 9th St. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: APRIL 10th 1961 | 12. Signature of Notary: Henry Albert Osborn | | 13. Notary Commission expires: On death 19 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Nannie Hollander | Date Issued: Oct.4,1939 | Date Orig. Entry: ------ |
| | Date of Birth: Aug.12,1902 | Birth Place: Nez Perce, Idaho | Full Name of Mother: Nannie Hollander | Name of Father: Charles Sheppard |
| **SUPPORTING RECORD 2.** | Type of Document: Family Record | By whom issued and signed: Bina Eberhardt,Notary Public | Date Issued: ---- | Date Orig. Entry: obviously old |
| | Date of Birth: Aug.12,1902 | Birth Place: Nezperce, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding hospital records | By whom issued and signed: Drumheller Municipal Hospital,Helen M.Biro,S.R.N. | Date Issued: Aug.31,1961 | Date Orig. Entry: Oct. 1, 1929 |
| | Date of Birth: age 27 | Birth Place: ------ | Full Name of Mother: ------ | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Bo[illegible] 12-23-60 | Evidence reviewed by: pw Penny L. Wing | Date Filed: Sept. 8, 1961 |

PH 56067

SEP 8 1981

219-118-003-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 61-756

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Golden Ianthus Barlow | | | 2. Date of Birth (month) June (day) 18, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Chesterfield, Bannock Idaho | b. City or Town of Birth: Chesterfield |
| **FATHER** | 6. Full Name of Father: Oscar I. Barlow | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily R. Kynaston | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Golden I. Barlow | 11. Present Address of Registrant: 418 East Ave, B. Jerome, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 29, 19 61 | | 12. Signature of Notary: Lease D. Barlow Clearfield, Utah | 13. Notary Commission expires: Jan. 20, 1964 19 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #156432 | Date Issued: ---- | Date Orig. Entry: child born Sept. 21, 1927 |
| | Date of Birth: age 25 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by father | By whom issued and signed: Oscar I. Barlow | Date Issued: May 29, 1961 | Date Orig. Entry: ---- |
| | Date of Birth: June 18, 1902 | Birth Place: Bannock County Chesterfield, Ida. | Full Name of Mother: ---- | Name of Father: Oscar I. Barlow |
| **SUPPORTING RECORD 3.** | Type of Document: Passport | By whom issued and signed: Department of State | Date Issued: may 28, 1923 | Date Orig. Entry: May 28, 1923 |
| | Date of Birth: June 18, 1902 | Birth Place: Chesterfield, Idaho | Full Name of Mother: ----- | Name of Father: ---------- |

**QUALIFYING INFORMATION**

L. D. S. Church certificate of Ordination Issued and signe d by Andrew Glenn in Twin Falls Stake, dated August 2, 1925. Ordained to a High Priest

Fathers name Oscar I. Barlow, mothers name Emily R. Kynaston. Date of birth June 18, 1902, place of birth Chesterfield, Bannock county, Idaho.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | pw Elaine Coy | September 12, 1961 |

FORM BH 56067 3-6-61

SEP 12 1961

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child at birth: Golden Earthman Barlow | | | |
| 2. Sex: Male | 3. Place of birth: County: Bannock | | 4. Date of birth: June 15, 1902 |
| 5. Full name of father: Oscar L. Barlow | | | 6. City or town of birth: Chesterfield |
| 7. Place of birth of father: Utah | | | 8. Place of birth of mother: Idaho |
| 9. Full maiden name of mother: Emily R. Ayrerton | | | 10. State or country of mother's birth: Utah |
| 11. Attendant: I hereby certify that the above statements are true to the best of my knowledge and belief. | | 12. Signature of Attendant: | 13. Address of Attendant: Box 1, Chesterfield, Idaho |
| 14. Notary Public: Subscribed and sworn to before me on | | 15. Signature of Notary: Chesterfield, Idaho | 16. Notary Commission expires: Jan. 22, 1960 |

## AFFIDAVIT - FOR USE WHEN NO RECORD EXISTS

| | | | |
|---|---|---|---|
| AFFIDAVIT RECORD 1. | Type of document: Certificate of Birth | When issued and by whom: | Date issued: |
| | Date of birth: June 15, 1902 | Birth place: Idaho | Name of father: ---- |
| AFFIDAVIT RECORD 2. | Type of document: Passport by Labor | When issued and signed: Oscar L. Barlow | Date issued: May 29, 1922 |
| | Date of birth: June 15, 1902 | Birth place: Bannock County Chesterfield, Idaho | Full name of father: ---- |
| AFFIDAVIT RECORD 3. | Type of document: Passport | By whom issued and signed: Department of State | Date issued: May 28, 1922 |
| | Date of birth: June 15, 1902 | Birth place: Chesterfield, Idaho | Full name of father: ---- |

**AFFIDAVIT INFORMATION**

I, D. J. Jones certificate of Ordination issued and signed by Andrew Gregson, Fort Hall Stake, dated August 2, 1922. Ordained to a High Priest.

Maiden name Oscar L. Barlow, mother's name Emily R. Ayrerton. Date of birth June 15, 1902, place of birth Chesterfield, Bannock, Idaho.

**AFFIDAVIT'S CERTIFICATION**

I hereby certify that my birth certificate has been found in the division of vital statistics for this [illegible] and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.

| | | |
|---|---|---|
| State Registrar: J. H. Jeppson | Evidence reviewed by: Blaine Coy | Date signed: September 27, 1961 |

283-127-007-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 759

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HARLEY LOYD KYLE | | | 2. Date of Birth (month) December (day) 27 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Blaine | b. City or Town of Birth: Clyde |
| **FATHER** | 6. Full Name of Father: Charles W. Kyle | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Margaret Peck | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harley Loyd Kyle | | 11. Present Address of Registrant: HOWE, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on AUG. 17 19 61 | 12. Signature of Notary: Ruby B. Garnett | | 13. ~~Notary Public or Clerk~~ CLERK OF THE DISTRICT COURT ARCO, BUTTE COUNTY, IDAHO |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: Oct.11,1955 |
| | Date of Birth: Dec.27,1902 | Birth Place: Clyde, Idaho | Full Name of Mother: Anna Margaret Peck | Name of Father: Charles W. Kyle |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: Bureau of the Census | Date Issued: Feb. 15,1961 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: age 17 | Birth Place: Idaho | Full Name of Mother: Anna M. Kyle | Name of Father: Charles Kyle |
| **SUPPORTING RECORD 3.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #273730 | Date Issued: ---- | Date Orig. Entry: child born Nov.12,1938 |
| | Date of Birth: age 35 | Birth Place: Clyde, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| [illegible] | pw Penny L. Wing | Sept. 11, 1961 |

FORM BH 56067

SEP 12 [illegible]

434-207-040-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 780

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eleanor Bernice McDonald | | | 2. Date of Birth (month) (day) (year): Oct. 7 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Idaho Shoshone | b. City or Town of Birth: Wallace |
| **FATHER** | 6. Full Name of Father: Allen James McDonald | | | 7. State or Country of Father's Birth: Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Lois Eleanor Richardson | | | 9. State or Country of Mother's Birth: Wisconsin, U.S. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eleanor M. Keane | | 11. Present Address of Registrant: 2299 Sacramento St. San Francisco, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 7/25 1961 | 12. Signature of Notary: James P. Keane | | 13. Notary Commission expires: March 1, 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Social Security Record | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: April 6,1937 |
| | Date of Birth: Oct. 7,1902 / Birth Place: Wallace, Idaho | Full Name of Mother: Lois E. Richardson | Name of Father: Allen J. McDonald | |
| **SUPPORTING RECORD 2.** | Type of Document: insurance policy application | By whom issued and signed: Metropolitan Life Insurance | Date Issued: --- | Date Orig. Entry: Apr.5,1933 |
| | Date of Birth: Oct.7,1902 / Birth Place: Wallace, Idaho | Full Name of Mother: Lois E. McDonald | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by friend of family | By whom issued and signed: Jane Garrett age 21 at birth | Date Issued: Sept.13, 1961 | Date Orig. Entry: ---- |
| | Date of Birth: Oct.7,1902 / Birth Place: Wallace, Idaho | Full Name of Mother: Lois Eleanor McDonald | Name of Father: Allen James McDonald | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Bennett | Evidence reviewed by: Penny L. Wing | Date Filed: Sept. 20, 1961 |

FORM BH 56067

SEP 26 1961

533-01-017-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 793

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: OSCAR HEATON ELLIS | | | 2. Date of Birth (month) October (day) 1 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Clark | b. City or Town of Birth: Dubois |
| **FATHER** | 6. Full Name of Father: Ted Daniel Ellis | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Daisy Elizabeth Fayle | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Oscar Heaton Ellis | | 11. Present Address of Registrant: 209 Sherman, Las Vegas, Nevada |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 21 1961 | 12. Signature of Notary: Elwin C. Leist | | 13. Notary Commission expires: 16 Oct. 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: Dubois, Idaho Jas. H. MacPherson, Clergyman | Date Issued: Feb. 4, 1906 | Date Orig. Entry: baptized Feb. 4, 1906 |
| | Date of Birth: Oct. 1, 1902 | Birth Place: Dubois, Idaho | Full Name of Mother: Ann E. Ellis | Name of Father: Ted Ellis | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | | By whom issued and signed: Idaho #289958 | Date Issued: ----- | Date Orig. Entry: child born Jany 8, 1922 |
| | Date of Birth: Oct. 1, 1902 | Birth Place: Dubois, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | | By whom issued and signed: New York Life Insurance Co. | Date Issued: Aug. 13, 1942 | Date Orig. Entry: July 11, 1938 |
| | Date of Birth: Oct. 1, 1902 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Penny L. Wing | Date Filed: Sept. 26, 1961 |

FORM BH 56067 NW

9-11-61

SEP 26 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name at birth

2. Date of birth (month) (day) (year)

3. Place of birth (county) (city)

4. Sex

5. Color or race

6. Father's full name

7. Mother's maiden name

8. Date of marriage (month) (day) (year)

9. City or town of birth

Idaho

10. State or country of father's birth

Idaho

11. State or country of mother's birth

Utah

12. Name, address of registrant's present employer

13. Signature of registrant

14. Signature of officer

15. Signature of witness

I hereby certify that the statements made in items 1 through 14 are true to the best of my knowledge and belief.

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 796

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elsworth Samuel Stoddard | | | 2. Date of Birth (month) April (day) 13 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Nezperce | b. City or Town of Birth: Leland |
| **FATHER** | 6. Full Name of Father: William Elsworth Stoddard | | | 7. State or Country of Father's Birth: Michigan |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary A. Richards | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elsworth S. Stoddard | | 11. Present Address of Registrant: Grangeville, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 22 1961 | 12. Signature of Notary: Betty J. Wadley | | 13. Notary Commission expires: April 15 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: (Entering) Application for Permit | By whom issued and signed: Western Defense Command, Alaska Travel Control | Date Issued: ----- | Date Orig. Entry: Nov.18,1942 |
| | Date of Birth: Apr.13,1902 | Birth Place: Leland, Idaho | Full Name of Mother: ----- | Name of Father: William Elsworth Stoddard |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by mother | By whom issued and signed: Mary A. Stoddard | Date Issued: Jan.31,1942 | Date Orig. Entry: ---- |
| | Date of Birth: Aprl3,1902 | Birth Place: Nez Perce County Leland, Idaho | Full Name of Mother: Mary A. Stoddard | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Permit to depart | By whom issued and signed: Headquarters Alaska Defence Command, Provost Marshal | Date Issued: ----- | Date Orig. Entry: Sept.22,1942 |
| | Date of Birth: Apr.13,1902 | Birth Place: Nez Perce County Leland, Idaho | Full Name of Mother: ---- | Name of Father: William Elsworth Stoddard |
| **QUALIFYING INFORMATION** | | | | |

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| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Penny L. Wing | Date Filed: Sept. 28, 1961 |

FORM BH 56067

1 copy paid 9-19-61

SEP 28 1961

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959-201-014-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 818

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| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MABEL RUTH REICHERT | | | 2. Date of Birth (month) (day) (year): April 1, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Canyon County, Idaho | b. City or Town of Birth: Near Caldwell |
| **FATHER** | 6. Full Name of Father: William Harry Reichert | | | 7. State or Country of Father's Birth: Ohio, U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Isabel Vangorder | | | 9. State or Country of Mother's Birth: U.S.A. (State unknown) |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Mabel Ruth Belle | 11. Present Address of Registrant: 115 Comstock Dr. Ventura, Calif. |
| **NOTARY** (Seal) ROBERT R. WILLARD NOTARY PUBLIC | Subscribed and sworn to before me on: September 28 1961 | | 12. Signature of Notary: Robert R. Willard | 13. Notary Commission expires: Dec. 1, 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | | By whom issued and signed: Acacia Mutual Life Insurance | Date Issued: Dec.19,1945 | Date Orig. Entry: Nov.1,1945 |
| | Date of Birth: Apr.1,1902 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate | | By whom issued and signed: Oregon State file #197 | Date Issued: June 26,1944 | Date Orig. Entry: child born July 31,1923 |
| | Date of Birth: age 21 | Birth Place: Caldwell, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Marriage | | By whom issued and signed: Clarke County, Washington Bruce Worthington, auditor | Date Issued: Sept.19, 1961 | Date Orig. Entry: Oct.4,1924 |
| | Date of Birth: age 22 | Birth Place: Idaho | Full Name of Mother: Isabell Vangorder | Name of Father: W. H. Reichert | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barron | Evidence reviewed by: Penny L. Wing | Date Filed: Oct. 3, 1961 |

FORM BH 56067

9-7-61

OCT 11 1961

Willard

845-324-040-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61-823
Local Reg. No.
Reg. Dist. No.

**REGISTRANT** (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Janette Adeline Hunt
2. Date of Birth (month) June (day) 24 (year) 1902
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Shoshone b. City or Town of Birth: Kingston Idaho

**FATHER**

6. Full Name of Father: Charles David Hunt
7. State or Country of Father's Birth: Nebraska

**MOTHER**

8. Full Maiden Name of Mother: Frances Margaret Martin
9. State or Country of Mother's Birth: Oregon

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Janette Adeline Hunt
11. Present Address of Registrant: Tacoma Wash 2028 E Morton

**NOTARY** (Seal)

Subscribed and sworn to before me on 12 January 1961
12. Signature of Notary: Frances A. Christoffersen
13. Notary Commission expires 31 Dec 1961.

APPLICANT— DO NOT WRITE BELOW THIS LINE

**SUPPORTING RECORD 1.**

| Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| affidavit by mother | Frances M. Hunt | Apr. 18, 1961 | ---- |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| June 24, 1902 | Shoshone County Kingston, Idaho | Frances Margret Martin | Charles David Hunt |

Class*

**SUPPORTING RECORD 2.**

| Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| own childs birth certificate | Idaho #208996 | ---- | child born Oct. 2, 1932 |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| age 30 | Idaho | ---- | ---- |

Class

**SUPPORTING RECORD 3.**

| Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|
| Family Record | Notary Frances A. Christoffersen | ---- | obviously old |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| June 24, 1902 | ---- | ---- | ---- |

Class

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | pw Penny L. Wing | Oct. 3, 1961 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 3 1960

ARNOLD

562211-035-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 844

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Maria Margarita Katharina Voss | | 2. Date of Birth (month) July (day) 11 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Melrose |
| **FATHER** | 6. Full Name of Father: John Voss | | 7. State or Country of Father's Birth: Germany | |
| **MOTHER** | 8. Full Maiden Name of Mother: Matha Damman | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marie Roche | 11. Present Address of Registrant: Clifton, Kans. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct. 2 1961 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: May 10, 1964. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Metha Voss | Date Issued: Sept. 22, 1962 | Date Orig. Entry: ---- |
| | Date of Birth: July 11, 1902 | Birth Place: Nez Perce, Co., Ida. | Full Name of Mother: Metha Voss | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding school census records | By whom issued and signed: Washington Co. Kansas, Dist. #87 Esther Rateuke, Co. Supt. | Date Issued: Aug. 10, 1961 | Date Orig. Entry: June 29, 1914 |
| | Date of Birth: July 11, 1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: John Voss |
| **SUPPORTING RECORD 3.** | Type of Document: Church Record | By whom issued and signed: German Church | Date Issued: ---- | Date Orig. Entry: July 27, 1902 |
| | Date of Birth: July 11, 1902 | Birth Place: Nez Perce County Melrose, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: | Evidence reviewed by: Penny L. Wing | Date Filed: Oct. 6, 1961 | |

FORM BH 56067

OCT 6 1961

319-208-020-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 921

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dora Ruth Carper | | | 2. Date of Birth (month) Oct (day) 8 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: Fe | 5. Place of Birth a. County: Mt Home | b. City or Town of Birth: Mt Home Idaho |
| **FATHER** | 6. Full Name of Father: William Watson Carper | | | 7. State or Country of Father's Birth: Lakeport, Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Clara Nellans Carper Blanche | | | 9. State or Country of Mother's Birth: Powhattan, Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dora Ruth Teuillard | | 11. Present Address of Registrant: 1580 Milvia St Berkeley Cal. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 24 1961 | 12. Signature of Notary: Bruce R Rinkert BRUCE R RINKERT | | 13. Notary Commission expires: 5-5 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Records | By whom issued and signed: San Francisco Girls High Sch. | Date Issued: ---- | Date Orig. Entry: entered Aug. 6,1917 |
| | Date of Birth: Oct.8,1902 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage Record | By whom issued and signed: Alameda County, California | Date Issued: Aug.25,1961 | Date Orig. Entry: Aug. 3,1929 |
| | Date of Birth: age 26 | Birth Place: Idaho | Full Name of Mother: Clara Nellans | Name of Father: William Carper |
| **SUPPORTING RECORD 3.** | Type of Document: school record | By whom issued and signed: Alhambra City High School | Date Issued: ----- | Date Orig. Entry: entered Sept.11,1916 |
| | Date of Birth: Oct.8,1902 | Birth Place: Mtn. Home, Idaho | Full Name of Mother: ----- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barron | Penny L. Wing | Nov. 2, 1961 |

FORM BH 56067

8-18-61

NOV 10 1961

8-18-61

214-102-025-542

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 967

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Anthony Michael Kaufman | | | 2. Date of Birth (month) 6 (day) 2 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Greencreek |
| **FATHER** | 6. Full Name of Father: Joseph Kaufman | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Nuxoll | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Anthony Michael Kaufman | | 11. Present Address of Registrant: 717 Prospect Lewiston, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on November 13, 1961 | 12. Signature of Notary: Wenn Ognstad | | 13. Notary Commission expires December 11, 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: insurance policy application | | By whom issued and signed: Mutual Benefit H & A. Assn. | Date Issued: ----- | Date Orig. Entry: Mar.16,1942 |
| | Date of Birth: June 2,1902 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Family Record | | By whom issued and signed: ---- | Date Issued: ---- | Date Orig. Entry: obviously old |
| | Date of Birth: June 2,1902 | Birth Place: ----- | Full Name of Mother: Elizabeth | Name of Father: Joseph Kaufman | |
| **SUPPORTING RECORD 3.** | Type of Document: insurance policy application | | By whom issued and signed: Penn Mutual Life Insurance Co | Date Issued: Mar.24,1944 | Date Orig. Entry: Mar.18,1944 |
| | Date of Birth: June 2,1902 | Birth Place: Greencreek, Idaho | Full Name of Mother: ------ | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar: W W Benson | | Evidence reviewed by: Penny L. Wing | | Date Filed: Nov. 16, 1961 |

FORM BH 56067

1 copy paid 11-1-61

NOV 16 1961

# DELAYED CERTIFICATE OF BIRTH

(TYPE OR PRINT)

| | | | |
|---|---|---|---|
| 1. NAME | 2. Sex (Mark "X" in box at right) | 2. Date of Birth (month) | (day) (year) |
| Anthony Joseph Bruno | | 6 | 2 1932 |
| 3. Place of Birth (County) | | 4. Hour of Birth | |
| Chicago | | | |
| 5. State or Country of Birth | | | |
| Illinois | | | |
| 6. Mother's Maiden Name | | 7. State or Country of Mother's Birth | |
| Joseph Kaufman | | Illinois | |
| 8. Father's Name | | 9. State or Country of Father's Birth | |
| Elizabeth Bruno | | Illinois | |
| 10. I hereby certify that the above statements are true to the best of my knowledge and belief. | | 11. Signature of Registrant | 12. Present Address of Registrant |
| | | | Jackson, Illinois |
| 13. Sworn to and sworn to before me | | 14. Signature of Notary | 15. Notary Commission Expires |
| November 12, 1961 | | | December 11, 1961 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1. | Type of Document | By whom issued and signature | Date issued |
| | Date of Birth, Birth Place | Full Name of Mother | Name of Father |
| SUPPORTING RECORD 2. | Type of Document | By whom issued and signature | Date issued |
| | Date of Birth, Birth Place | Full Name of Mother | Name of Father |
| SUPPORTING RECORD 3. | Type of Document | By whom issued and signed | Date issued |
| | Date of Birth, Birth Place | Full Name of Mother | Name of Father |

OTHER SUPPORTING INFORMATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that sufficient evidence has been reviewed, which substantiates the facts set forth in the foregoing abstract.

Date Signed | Evidence reviewed by | Date Filed

165-208-022-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 973

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Helen Jones | | | 2. Date of Birth (month) (day) (year): January 8 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Wilford |
| **FATHER** | 6. Full Name of Father: Joseph Jacob Jones | | | 7. State or Country of Father's Birth: Salt Lake City, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Smith Caldwell | | | 9. State or Country of Mother's Birth: Poole, England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary J. Crawford | | 11. Present Address of Registrant: St. Anthony, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 8th 1961 | 12. Signature of Notary: Robert Smith | | 13. Notary Commission expires: Nov. 8, 1965 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: LDS Church, St.Anthony 2nd Ward, John Miller, clerk | Date Issued: Oct.13,1961 | Date Orig. Entry: child born Aug.6,1910 |
| | Date of Birth: Jan.8,1902 | Birth Place: Fremont Wilford, Idaho | Full Name of Mother: Emily S. Caldwell | Name of Father: Joseph J. Jones | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | | By whom issued and signed: West Coast Life Insurance Co. | Date Issued: May 29,1939 | Date Orig. Entry: May 26, 1939 |
| | Date of Birth: Jan.8,1902 | Birth Place: Wilford, Idaho | Full Name of Mother: ---- | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by brother | | By whom issued and signed: Joseph Caldwell Jones born 1892 | Date Issued: Nov.8,1961 | Date Orig. Entry: ------ |
| | Date of Birth: Jan.8,1902 | Birth Place: Fremont Wilford, Idaho | Full Name of Mother: Emily Smith Caldwell | Name of Father: Joseph Jacob Jones | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Bennion | Evidence reviewed by: pw Penny L. Wing | Date Filed: Nov. 17, 1961 |

FORM BH 56067

NOV 17 1981

312-115-002-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 984

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eugene Harold Lakey | | | 2. Date of Birth (month) June (day) 15 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Council, | b. City or Town of Birth: Council, Idaho |
| **FATHER** | 6. Full Name of Father: David Lorenzo Lakey | | | 7. State or Country of Father's Birth: Weston, Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Alice Elliott | | | 9. State or Country of Mother's Birth: Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eugene Harold Lakey | | 11. Present Address of Registrant: Drain, Ore. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 17 1961 | 12. Signature of Notary: Ella A. De La Vergne | | 13. Notary Commission expires: 3/31 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by aunt | By whom issued and signed: Dora I. Lewis born 1879 | Date Issued: Nov. 9,1961 | Date Orig. Entry: ----- |
| | Date of Birth: June 15, 1902 / Birth Place: Council, Idaho | Full Name of Mother: Emma Alice Lakey | Name of Father: David Lorenzo Lakey | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding school records | By whom issued and signed: Lane County Oregon, School Dist.#138, Dale P. Parnell, St. | Date Issued: Nov.7,1961 | Date Orig. Entry: Dec.1,1914 |
| | Date of Birth: age 12 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: D. Lakey | |
| **SUPPORTING RECORD 3.** | Type of Document: Return of Marriage | By whom issued and signed: Douglas County Oregon, Chas. Doerner, clerk | Date Issued: Oct.19,1961 | Date Orig. Entry: Dec.28,1920 |
| | Date of Birth: age 18 / Birth Place: Council, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barsoom | Evidence reviewed by: Penny L. Wing | Date Filed: Nov. 21, 1961 |

FORM BH 56067

9-29-61 1 copy paid

NOV 21 1961

547-226-025-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 988

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ida Catherine Nuzoll | | 2. Date of Birth (month) (day) (year): March 26 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Greencreek Idaho - Idaho b. City or Town of Birth: Greencreek Idaho |
| **FATHER** | 6. Full Name of Father: Wm J Nuzoll | | 7. State or Country of Father's Birth: Effingham Ill |
| **MOTHER** | 8. Full Maiden Name of Mother: Dorothea Wassmuth | | 9. State or Country of Mother's Birth: Effingham Ill |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ida Nuzoll Trautman | 11. Present Address of Registrant: 14020 E Rockwell |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 24, 1961 | 12. Signature of Notary: Ellen Johnson | 13. Notary Commission expires: Oct. 23, 1963 Spokane Wash |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #240592 | Date Issued: ---- | Date Orig. Entry: child born Feb.8,1936 |
| | Date of Birth: age 33 | Birth Place: Greencreek,Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding marriage records | By whom issued and signed: Lewis County,Idaho,W.R. Emerson, clerk | Date Issued: Aug.10,1961 | Date Orig. Entry: June 7,1919 |
| | Date of Birth: age 17 | Birth Place: ----- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by aunt | By whom issued and signed: Mrs. Catherine Stubbers | Date Issued: Nov.20,1961 | Date Orig. Entry: ----- |
| | Date of Birth: Mar.26,1902 | Birth Place: Greencreek,Idaho | Full Name of Mother: Dorothea Wassmuth | Name of Father: William J. Nuzoll |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: pw Penny L. Wing | Date Filed: Nov. 24, 1961 |

FORM BH 56067 6-20-61

NOV 27 1961

633-220-007-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 1081

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Etta Eveline Rich Ottley. | | 2. Date Of Birth (month) Dec (day) 20 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Home Blaine | b. City or Town of Birth: Picabo Idaho |
| **FATHER** | 6. Full Name of Father: Samuel James Rich | | 7. State or Country of Father's Birth: Salt Lake City Utah. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Pauline Clarissa Pettingill. | | 9. State or Country of Mother's Birth: Willard Utah. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Etta R. Ottley | 11. Present Address of Registrant: Oakley. Idaho. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug-8-1961 | 12. Signature of Notary: N. W. Elliott | 13. Notary Commission expires: July-17-1965 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding church Records | By whom issued and signed: LDS Church, William A. Wilson Ward Clerk | Date Issued: Aug.2,1961 | Date Orig. Entry: baptized Sept.6,1913 |
| | Date of Birth: Dec.20,1902 | Birth Place: Picabo, Idaho | Full Name of Mother: Polina Pettingill | Name of Father: Samuel J. Rich |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Beneficial Life Insurance Co. | Date Issued: June 3,1949 | Date Orig. Entry: May 18, 1949 |
| | Date of Birth: Dec.20,1902 | Birth Place: Picabo, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by relative | By whom issued and signed: Emily Rich, age 77 | Date Issued: Dec.20,1961 | Date Orig. Entry: ----- |
| | Date of Birth: Dec.20,1902 | Birth Place: Blaine Picabo, Idaho | Full Name of Mother: Pauline Pettingill Rich | Name of Father: Samuel Rich |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: PW pw Penny L. Wing | Date Filed: Dec. 27, 1961 |

FORM BH 56067 12-9-59 one copy paid #18320

DEC 27 [illegible]

259-126-029-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De61- 1085

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LOYD KNIGHT | | | 2. Date Of Birth (month) (day) (year): June 26, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Moscow (Latah) | b. City or Town of Birth: Moscow, Idaho |
| **FATHER** | 6. Full Name of Father: Ira Wells Knight | | | 7. State or Country of Father's Birth: Steptoe Washington |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida May Zeitler | | | 9. State or Country of Mother's Birth: Topeka, Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Loyd Knight | 11. Present Address of Registrant: Goldendale, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 5, 19 61 | | 12. Signature of Notary: Lois C. Layman | 13. Notary Commission expires: July 4 19 65 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: insurance policy application | By whom issued and signed: Loyal Protective Insurance | Date Issued: ----- | Date Orig. Entry: Oct. 16, 1935 |
| | Date of Birth: June 26, 1902 | Birth Place: Mosco, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: #P 14 1369 Radio Telephone Operators Lic. | By whom issued and signed: Federal Communications Comm. | Date Issued: Feb.15,1941 | Date Orig. Entry: Feb. 17, 1938 |
| | Date of Birth: June 26, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by aunt | By whom issued and signed: Emily J. Clyde | Date Issued: Mar.4,1941 | Date Orig. Entry: ----- |
| | Date of Birth: June 26, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: Ida May Zeitler | Name of Father: Ira Wells Knight |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: pw Penny L. Wing | Date Filed: Dec. 29, 1961 |

FORM BH 56067 (K) 6-28-61. 1 Copy Paid MC # 18024

DEC 29 1961

533-214-028-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-002

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Bessie Irene Elliott | | | 2. Date of Birth (month) Feb. (day) 14 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Coeur d'Alene |
| **FATHER** | 6. Full Name of Father: William Hulbert Elliott | | | 7. State or Country of Father's Birth: Wisconsin |
| **MOTHER** | 8. Full Maiden Name of Mother: Gertrude Artenissie Simpson | | | 9. State or Country of Mother's Birth: Wisconsin |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Bessie Irene Beattie | | 11. Present Address of Registrant: Post Falls Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 2 1961 | 12. Signature of Notary: W. J. Crowley | | 13. Notary Commission expires: 5-2 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Gertrude A. Elliott | Date Issued: Dec.2,1961 | Date Orig. Entry: ----- |
| | Date of Birth: Feb.14,1902 | Birth Place: Coeur d'Alene,Ida. | Full Name of Mother: Gertrude A. Elliott | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of marriage license, No. 3 | By whom issued and signed: Maurice A. Laselle, Town Clerk, Londonderry, Vermont | Date Issued: Dec. 19, 1961 | Date Orig. Entry: Aug. 1, 1918 |
| | Date of Birth: Age: 16 | Birth Place: Coeur d'Alene, Idaho | Full Name of Mother: Gertrude Simpson | Name of Father: Wm. H. Elliott |
| **SUPPORTING RECORD 3.** | Type of Document: Own Child's birth certificate | By whom issued and signed: On file Idaho File No. 263207 | Date Issued: --- | Date Orig. Entry: Child born Dec. 15, 1937 |
| | Date of Birth: Age: 35 | Birth Place: Coeur d 'Alene, Idaho | Full Name of Mother: ------ | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: pw Shirley Miller | Date Filed: Jan. 3, 1962 |

FORM BH 56067

11-30-61 1 copy paid

JAN 4 1962

Jan. 3, 1962

11-30-61 1 copy paid

994-221-040-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-010

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Agnes Zimmerman | | | 2. Date of Birth (month) January (day) 21 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Wallace |
| **FATHER** | 6. Full Name of Father: Marcus Zimmerman | | | 7. State or Country of Father's Birth: Austria |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Wiertel | | | 9. State or Country of Mother's Birth: Austria |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Agnes Zimmerman Marie Agnes Tucker | | 11. Present Address of Registrant: 1346 - 5th St. West Twin Falls |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 2nd 1962 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Aug 2 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: St.Alphonsis Church, Wallace F.A.Becker | Date Issued: July 14, 1959 | Date Orig. Entry: baptized Mar.9,1902 |
| | Date of Birth: Jan.21,1902 | Birth Place: Wallace, Idaho | Full Name of Mother: Mary Wiertel | Name of Father: Marcus Zimmerman |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding employment records | By whom issued and signed: Cutler-Hammer, Inc. Vilas F. Bursack, Employee Benefits | Date Issued: Dec.14,1961 | Date Orig. Entry: June 6,1933 |
| | Date of Birth: Jan.21,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Prudential Insurance Co. | Date Issued: July 3,1950 | Date Orig. Entry: June 29, 1950 |
| | Date of Birth: Jan.21,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: pw Shirley Miller | Date Filed: Jan. 5, 1962 |

FORM BH 56067

JAN 5 1992

389-102-006-696

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-020

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: J. Mat Christensen | | | 2. Date of Birth (month) October (day) 2. (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Goshen Bingham | b. City or Town of Birth: Goshen |
| **FATHER** | 6. Full Name of Father: Christian H. Christensen | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Bena Marie Frogner | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: J. Mat Christensen | | 11. Present Address of Registrant: 320 N. Frogner Pocatello Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 5th January 1962 | 12. Signature of Notary: Ivan Anderson | | 13. Notary Commission expires: Aug 3 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Ordination No. 38 | By whom issued and signed: Basalt Ward, L.D.S. Church, Shelley, Idaho | Date Issued: Aug. 29, 1921 | Date Orig. Entry: Sept, 1921 |
| | Date of Birth: Oct. 2, 1902 / Birth Place: ------- | Full Name of Mother: Bena M. Frogner | Name of Father: Christian H. Christensen | |
| **SUPPORTING RECORD 2.** | Type of Document: National Guard Honorable Discharge | By whom issued and signed: Harry T Lewis, Adjutant Gen. State of Idaho | Date Issued: ----- | Date Orig. Entry: Enlisted May 31, 1922 |
| | Date of Birth: Age: 19 Yrs. 8 Mos. / Birth Place: Goshen, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Copy of Medical or Surgical Policy. No 54291715 | By whom issued and signed: Bankers Life & Casualty Co. Chicago, Illinois | Date Issued: April 25, 1954 | Date Orig. Entry: --- |
| | Date of Birth: Oct. 2, 1902 / Birth Place: ---- | Full Name of Mother: ------ | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W.W. Benson | Shirley Miller | Jan. 9, 1962 |

FORM BH 56067

12-29-61

JAN 17 1962

252-224-014-573

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-057

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: DOROTHY MARY SEBREE | | | 2. Date of Birth (month) January (day) 24, (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: F. | 5. Place of Birth a. County: CALDWELL CANYON | b. City or Town of Birth: |
| **FATHER** | 6. Full Name of Father: WALTER ROBERTSON SEBREE | | | 7. State or Country of Father's Birth: Illinois STATE |
| **MOTHER** | 8. Full Maiden Name of Mother: FLORENCE ISABEL EGLESTON | | | 9. State or Country of Mother's Birth: NEW YORK STATE |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Dorothy S. Cassill | | 11. Present Address of Registrant: 4512-N.E. 86th SEATTLE-WN |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 16 1962 | 12. Signature of Notary: Mildred Burton | | 13. Notary Commission expires: Aug 13 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of marriage license | By whom issued and signed: Ray E. Lee, County Recorder Los Angeles County, California | Date Issued: Jan. 4, 1926 | Date Orig. Entry: Married Dec. 30, 1925 |
| | Date of Birth: Age: 23 | Birth Place: Idaho | Full Name of Mother: Florence Egleston | Name of Father: Walter R. Sebree |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding hospital record | By whom issued and signed: The Swedish Hospital, Seattle Washington | Date Issued: Jan. 8, 1962 | Date Orig. Entry: Admitted June 2, 1946 |
| | Date of Birth: Age: 44 | Birth Place: Idaho | Full Name of Mother: Florence Egleston | Name of Father: Walter Sebree |
| **SUPPORTING RECORD 3.** | Type of Document: Copy of application for insurance | By whom issued and signed: The Manufacturers Life Insurance Company | Date Issued: ------ | Date Orig. Entry: Jan. 20, 1944 |
| | Date of Birth: Jan. 24, 1902 | Birth Place: Caldwell, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | Jan. 22, 1962 |

FORM BH 56067 (c) 6-27-61. 10M

JAN 23 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name at birth

2. Sex

3. Place of birth

4. Date (month) (day) (year)

5. City or town of birth

6. Full name of father

7. State or country of father's birth

8. Full maiden name of mother

9. State or country of mother's birth

10. Present address of applicant

11. County Commissioner applied

12. Signature of applicant

13. Signature of witness

14. Date signature of witness

15. Date issued

16. Date filed

17. Date of birth

18. Place of birth

19. Name of father

20. Name of mother

21. Date issued

22. Date filed

23. Date of birth

24. Place of birth

25. Name of father

26. Name of mother

27. Date issued

28. Date filed

29. Date of birth

30. Place of birth

31. Name of father

32. Name of mother

33. Date issued

34. Date filed

Preliminary Certification

I hereby certify that no other delayed certificate has been found in the Division of Vital Statistics for this registrant and that insufficient evidence has been involved which substantiates the facts as set forth in the delayed certificate.

(Date)

(Signature of Registrar)

(Check reviewed by)

(Date filed)

Form 10-2023

365-22-4102 8-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. Da-62-113

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ella May Connery | | | 2. Date of Birth (month) (day) (year): December 24 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: McArthur Kootenai | b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: Michael Connery | | | 7. State or Country of Father's Birth: Minnesota |
| **MOTHER** | 8. Full Maiden Name of Mother: Grace Alena Dodge | | | 9. State or Country of Mother's Birth: New York |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ella May Haynes | | 11. Present Address of Registrant: 10006 Rainier Ave Seattle 88 Wash |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 5 1962 | 12. Signature of Notary: John J Cheredink | | 13. Notary Commission expires: Nov 3 1964 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certificate of Registration No. 7216 | By whom issued and signed: C.G. Erlandson, City Comptroller, Seattle, Washington | Date Issued: Feb. 2, 1962 | Date Orig. Entry: Oct. 19, 1940 |
| | Date of Birth: Age: 37 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of Marriage Return No. 50290 | By whom issued and signed: J.W. Sonntag, County Auditor Tacoma, Washington, Pierce C. | Date Issued: Jan. 17, 1962 | Date Orig. Entry: married June 25, 1931 |
| | Date of Birth: Age: 28 | Birth Place: McArthur, Idaho | Full Name of Mother: Grace Dodge | Name of Father: M. Connery |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school census | By whom issued and signed: L.M. Dimmitt, Superintendent King County, Washington | Date Issued: Jan. 15, 1962 | Date Orig. Entry: May 1910 |
| | Date of Birth: Dec. 24, 1902 | Birth Place: -- | Full Name of Mother: Mrs. M. Connery | Name of Father: -- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | Feb. 9, 1962 |

FORM BH 56067

1 copy paid 1-11-62

FEB 9 1962

358225.031-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-117

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Esther Laverna Lehman | | 2. Date Of Birth (month) July (day) 25 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Winchester Lewis b. City or Town of Birth: Winchester Idaho |
| **FATHER** | 6. Full Name of Father: Samuel Lehman | | 7. State or Country of Father's Birth: Ohio |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Diehl | | 9. State or Country of Mother's Birth: Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Esther L. Niswander | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 24, 1961 | 12. Signature of Notary: Roy D Niswander | 13. Notary Commission expires: Sept 25 1963 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own childs birth certificate | By whom issued and signed: On file in Idaho #381815 | Date Issued: ------ | Date Orig. Entry: November 8, 1929 |
| | Date of Birth: Age 27 / Birth Place: Winchester, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 2.** | Type of Document: Hospital Record | By whom issued and signed: Mary Secor Hospital Leon C. Felder, Administrator | Date Issued: July 13, 1961 | Date Orig. Entry: August 1946 |
| | Date of Birth: Age 44 / Birth Place: ---- | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by brother born 1887 | By whom issued and signed: Elmer Lehman | Date Issued: July 1, 1961 | Date Orig. Entry: -- |
| | Date of Birth: July 25, 1902 / Birth Place: Winchester, Idaho | Full Name of Mother: Alice Lehman | Name of Father: Samuel Lehman | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | ec Shirley Miller | Feb. 9, 1962 |

FORM BH 56067 Wrapped & [illegible]

FEB 9 1962

619-123-044-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-143

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Carl Vernon Waring | | | 2. Date Of Birth (month) (day) (year): July 23 - 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Cuprum Idaho - Washington | b. City or Town of Birth: Cuprum Idaho - Wash - County |
| **FATHER** | 6. Full Name of Father: Richard Holliday Waring | | | 7. State or Country of Father's Birth: Kansas City Mo - |
| **MOTHER** | 8. Full Maiden Name of Mother: Lucy Melvina Stout | | | 9. State or Country of Mother's Birth: Sandy station Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Carl V. Waring | 11. Present Address of Registrant: RT #1 - Box 495 - Seaside Or. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 24 1962 | | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: 11/2 1963 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of affidavit of marriage license | By whom issued and signed: Bruce Worthington, Co. Auditor Clark County, Washington | Date Issued: Dec. 26, 1961 | Date Orig. Entry: April 20, 1951 |
| | Date of Birth: Age: 48 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Life Insurance Policy | By whom issued and signed: United Benefit Life Insurance Company, Omaha | Date Issued: --- | Date Orig. Entry: March 2, 1946 |
| | Date of Birth: July 23, 1902 / Birth Place: Cuprum, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by brother, Age: 72 | By whom issued and signed: Daniel Joseph Waring | Date Issued: Feb. 9, 1962 | Date Orig. Entry: -- |
| | Date of Birth: July 23, 1902 / Birth Place: Cuprum, Washington County, Idaho | Full Name of Mother: Lucy Melvina Stout | Name of Father: Richard Holliday Waring | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller sm | Feb. 16, 1962 |

FORM BH 56067 [illegible] 9-29-61

FEB 18 1962

719-209-022-438

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-171

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mabel Garner | | | 2. Date of Birth (month) August (day) 9 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Fremont (now Madison) | b. City or Town of Birth: Sugar City |
| **FATHER** | 6. Full Name of Father: William Franklin Garner | | | 7. State or Country of Father's Birth: Ogden, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Luella McQuiston | | | 9. State or Country of Mother's Birth: Jasper County, Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Garner | | 11. Present Address of Registrant: 721 South Second Street Las Vegas, Nevada |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 22 1962 | 12. Signature of Notary: Ray W. Rigby | | 13. Notary Commission expires January 26 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Luella McQuiston Garner | Date Issued: Feb. 6, 1962 | Date Orig. Entry: --- |
| | Date of Birth: Aug. 9, 1902 / Birth Place: Sugar City, Fremont Co., Idaho | Full Name of Mother: Luella McQuiston | Name of Father: William Franklin Garner | |
| **SUPPORTING RECORD 2.** | Type of Document: notarized photo copy of page from family record book | By whom issued and signed: Ray W. Rigby, Norary Public | Date Issued: Feb. 23, 1962 | Date Orig. Entry: 1937 |
| | Date of Birth: Aug. 9, 1902 / Birth Place: --- | Full Name of Mother: Luella McQuiston | Name of Father: William Franklin Garner | |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Beneficial Life Insurance Company | Date Issued: -- | Date Orig. Entry: Oct. 13, 1950 |
| | Date of Birth: Aug. 9, 1902 / Birth Place: Sugar City, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Miller | Date Filed: Feb. 27, 1962 |

FORM BH 56067

11-20-61

FEB 28 1962

11-30-61

319-101-016-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-175

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charles William Larson | | | 2. Date of Birth (month) (day) (year): September 1, 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Cassia | b. City or Town of Birth: Marion (mailing address Oakley) |
| **FATHER** | 6. Full Name of Father: Eric John Larson | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Florence Samuelson | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles W Larson. | | 11. Present Address of Registrant: |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb 23 - 1962 | 12. Signature of Notary: Roy D Mooney | | 13. Notary Commission expires: Sept 14 - 1964 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Baptism record | By whom issued and signed: Moses Smith, L.D.S. Church Marion Ward | Date Issued: September 4, 1910 | Date Orig. Entry: September 4, 1910 |
| | Date of Birth: September 1, 1902 | Birth Place: Marion, Cassia County, Idaho | Full Name of Mother: Florence Samuelson | Name of Father: Eric John Larson |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: File # 117821 in Idaho | Date Issued: ---------- | Date Orig. Entry: December 6, 1923 |
| | Date of Birth: Age 21 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Mutual Life Insurance Co. of New York | Date Issued: --- | Date Orig. Entry: Sept. 22, 1928 |
| | Date of Birth: Sept. 1, 1902 | Birth Place: Oakley, Idaho | Full Name of Mother: ---------- | Name of Father: --------- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | ec Shirley Miller | Feb. 28, 1962 |

FORM BH 56067

FEB 28 1962

255-127-019-162

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-179

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Richard Bennetts | | | 2. Date Of Birth (month) 9 (day) 27 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Custer | b. City or Town of Birth: 4 miles from Challis, Idaho |
| **FATHER** | 6. Full Name of Father: Richard Bennetts | | | 7. State or Country of Father's Birth: St. Austell, Cornwall, England |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellen Jose | | | 9. State or Country of Mother's Birth: Iron County, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James Richard Bennetts | | 11. Present Address of Registrant: Challis, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 21 1962 | 12. Signature of Notary: Beulah N. Rood | | 13. Notary Commission expires: July 14 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by neighbor at time of birth, Age: 74 | By whom issued and signed: John Boyd | Date Issued: Feb. 22, 1962 | Date Orig. Entry: ----- |
| | Date of Birth: Sept. 27, 1902 | Birth Place: approx. 4miles from Challis, Idaho | Full Name of Mother: Ellen Jose Bennetts | Name of Father: Richard Bennetts |
| **SUPPORTING RECORD 2.** | Type of Document: notarized photo copy of page from family Bible | By whom issued and signed: Beulah N. Rood, Notary Public | Date Issued: Feb. 26, 1962 | Date Orig. Entry: obviously old |
| | Date of Birth: Sept. 27, 1902 | Birth Place: Challis, Idaho | Full Name of Mother: Ellen Jose Bennetts | Name of Father: Richard Bennetts |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Pacific Benefit Life | Date Issued: --- | Date Orig. Entry: Nov. 20, 1942 |
| | Date of Birth: Age: 40 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Miller | Date Filed: Feb. 28, 1962 |

FORM BH 56067

1 copy paid 2-1-62

MAR 1 1962

689-127020-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-212

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ARTHUR HAROLD WHITSON | | | 2. Date Of Birth (month) NOV. (day) 27 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: ELMORE | b. City or Town of Birth: MOUNTAIN HOME - IDAHO. |
| **FATHER** | 6. Full Name of Father: JEFFERSON DAVIS WHITSON | | | 7. State or Country of Father's Birth: MARYVILLE, MO. BORN 1860 |
| **MOTHER** | 8. Full Maiden Name of Mother: ANNA GERTRUDE HARLEY | | | 9. State or Country of Mother's Birth: IDAHO CITY - IDAHO - BORN 1870 |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Arthur Whitson / A. Harold Whitson | | 11. Present Address of Registrant: 4016 OLMSTED AVE. LOS ANGELES CALIF. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 8 1962 | 12. Signature of Notary: Alma Conover ALMA CONOVER | | 13. Notary Commission expires: My Commission Expires April 17 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt born 1874 | By whom issued and signed: Ida M. Smith | Date Issued: March 13, 1962 | Date Orig. Entry |
| | Date of Birth: November 27, 1902 | Birth Place: Mountain Home, Ida. | Full Name of Mother: Anna Gertrude Harley | Name of Father: Jefferson Davis Whitson |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Northwestern Mutual Life Co. | Date Issued: Dec. 22, 1938 | Date Orig. Entry: December 22, 1938 |
| | Date of Birth: Nov. 27, 1902 | Birth Place: ------ Mountain Home Ida. | Full Name of Mother: ------- | Name of Father: -------- |
| **SUPPORTING RECORD 3.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: ----- | Date Orig. Entry: Obviously old |
| | Date of Birth: November 27 1902 | Birth Place: ----- | Full Name of Mother: Anna Gertrude Harley | Name of Father: Jefferson Davis Whitson |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | ec Elaine Coy | March 13, 1962 |

FORM BH 56067

3-2-62

MAR 14 1962

OCT 10 1973

Whitson

252-214-003-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-216

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JENNIE ADELLA SESSIONS | | | 2. Date of Birth (month) APRIL (day) 14 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Downey, Idaho | b. City or Town of Birth: Downey, Idaho |
| **FATHER** | 6. Full Name of Father: PERRY GREEN SESSIONS | | | 7. State or Country of Father's Birth: Bountiful, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: JENNIE MATILDA ENGEBRETSEN | | | 9. State or Country of Mother's Birth: Frontnick, Minn. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jennie Adella Sessions | | 11. Present Address of Registrant: 458 Ogden Canyon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 28th 1962 | 12. Signature of Notary: Lawrence M Malan | | 13. Notary Commission expires: June 30th 1962 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: File No. 1650-E, Utah | Date Issued: Feb. 28, 1962 | Date Orig. Entry: born Aug. 30, 1943 |
| | Date of Birth: Age: 41 | Birth Place: Downey, Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: certificate of Baptism and confirmation | By whom issued and signed: Geo. A. Conlon, Bishop, LDS Church | Date Issued: Aug. 8, 1910 | Date Orig. Entry: baptized Aug. 6, 1910 |
| | Date of Birth: April 14, 1902 | Birth Place: Downey, Idaho Bannock County | Full Name of Mother: Jennie Engebretsen | Name of Father: G. P. Sessions |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by relative, Age: 80 | By whom issued and signed: Eliza Baird Sessions | Date Issued: Mar. 10, 1962 | Date Orig. Entry: ----- |
| | Date of Birth: April 14, 1902 | Birth Place: Downey, Idaho | Full Name of Mother: Jennie Matilda Engebreten | Name of Father: Perry Green Sessions |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | sm Shirley Miller | Mar. 15, 1962 |

FORM BH 56067 2-21-62

MAR 15 1982

451-103-030-339

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-237

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ralph William Dean | | | 2. Date of Birth (month) (day) (year): December 3, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lemhi | b. City or Town of Birth: Salmon |
| **FATHER** | 6. Full Name of Father: George Frank Dean | | | 7. State or Country of Father's Birth: Wisconsin |
| **MOTHER** | 8. Full Maiden Name of Mother: Mellie C. Clinton | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ralph W Dean | | 11. Present Address of Registrant: Gibbonsville, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 1 19 62 | 12. Signature of Notary: Frederick Hughes Snook | | 13. Notary Commission expires: September 21 19 63 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding insurance policy | By whom issued and signed: New York Life Insurance Company | Date Issued: Nov. 17, 1960 | Date Orig. Entry: Nov. 10, 1925 |
| | Date of Birth: Dec. 3, 1902 | Birth Place: ---------- | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 2.** | Type of Document: notarized copy of page from family records | By whom issued and signed: Frederick H. Snook, Notary Public, Salmon, Idaho | Date Issued: Feb. 28, 1962 | Date Orig. Entry: obviously old |
| | Date of Birth: Dec. 3, 1902 | Birth Place: Salmon, Idaho | Full Name of Mother: Mellie C. Dean | Name of Father: George Frank Dean |
| **SUPPORTING RECORD 3.** | Type of Document: statement pertaining to lodge membership | By whom issued and signed: Fraternal Order of Eagles Salmon Aerie #2316, Salmon | Date Issued: Feb. 8, 1962 | Date Orig. Entry: June 2, 1939 |
| | Date of Birth: Dec. 3, 1902 | Birth Place: Salmon, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Miller | Date Filed: Mar. 22, 1962 |

FORM BH 56067 1-30-62

MAR 23 1962

693-204-028-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-328

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Blanche Emma Williams | | | 2. Date of Birth (month) (day) (year): April 4, 1902 |
| | 3. Color or Race: White | 4. Sex: Fem | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Harrison |
| **FATHER** | 6. Full Name of Father: John Benjamin Williams | | | 7. State or Country of Father's Birth: New York |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Rose Brown | | | 9. State or Country of Mother's Birth: Michigan |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Blanche W. Marble | | 11. Present Address of Registrant: Twisp, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 7, 1962 | 12. Signature of Notary: James Robert Thomas | | 13. Notary Commission expires: January 16 1964. |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding college record | By whom issued and signed: C.W. Quinley, Jr., Registrar Eastern Washington State College | Date Issued: Feb. 28, 1962 | Date Orig. Entry: 1920-1921 |
| | Date of Birth: April 4, 1902 | Birth Place: Harrison, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of marriage return | By whom issued and signed: Robert H. Lake, County Auditor Chelan County, Washington | Date Issued: April 10, 1962 | Date Orig. Entry: May 23, 1922 |
| | Date of Birth: Age: 20 | Birth Place: Harrison, Idaho | Full Name of Mother: Emma R. Brown | Name of Father: J. B. Williams |
| **SUPPORTING RECORD 3.** | Type of Document: statement concerning school census record | By whom issued and signed: William C. Sorenson, Superintendent, Spokane Public Schools | Date Issued: Feb. 26, 1962 | Date Orig. Entry: May 1, 1911 |
| | Date of Birth: April 4, 1902 | Birth Place: --------- | Full Name of Mother: Mrs. John B. Williams | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | April 17, 1962 |

FORM BH 56067 Copy #9641 2-13-62

APR 18 1962

144-227-019-757

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-393

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elsie May Judd | | 2. Date Of Birth (month) Aug. (day) 27 (year) 190[illegible] | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Custer | b. City or Town of Birth: Darlington |
| **FATHER** | 6. Full Name of Father: Chas. Earnest Judd | | 7. State or Country of Father's Birth: Ill. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Pepper. | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elsie Judd Carlisle | 11. Present Address of Registrant: Darlington, Ida. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 13 1961 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: 10-20 1963 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of own childIs birth certificate | By whom issued and signed: File No.120243, Idaho | Date Issued: Dec. 5, 1961 | Date Orig. Entry: born Mar. 23, 1924 |
| | Date of Birth: Age: 21 / Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Mutual Benefit Association | Date Issued: ---- | Date Orig. Entry: May 11, 1954 |
| | Date of Birth: Aug. 27, 1902 / Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by neighbor at time of birth; born 1885 | By whom issued and signed: Clara Mae Langston | Date Issued: May 8, 1962 | Date Orig. Entry: ------ |
| | Date of Birth: Aug. 27, 1902 / Birth Place: Darlington, Idaho Custer County | Full Name of Mother: Margaret Judd | Name of Father: Charles E. Judd | |

**QUALIFYING INFORMATION**

Census Record--U.S. Bureau of the Census, Washington D.C. April 2, 1962

January 1, 1920; age: 17; Idaho, enumerated in the family of Charles E. and Margaret A. Judd.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | sm sm Shirley Miller | May 15, 1962 |

FORM BH 56067

12-5-61 [illegible]

MAY 15 1962

MAR 18 1969

MAR 18 1970

262-215-035-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-457

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: GLADYS MYRTLE KOKER | | | 2. Date Of Birth (month) (day) (year): February 15 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Melrose |
| **FATHER** | 6. Full Name of Father: Myrtle Lawrence Koker | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Sylvia Della Case | | | 9. State or Country of Mother's Birth: Indinia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Myrtle Koker (Reverse) | | 11. Present Address of Registrant: 518 Lincoln St. Taft, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 30, 1962 | 12. Signature of Notary: Catherine V. Eaton | | 13. Notary Commission expires: CATHERINE V. EATON My Commission Expires Jan 10, 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate certified copy | By whom issued and signed: File No. 2856, California | Date Issued: Mar. 15, 1957 | Date Orig. Entry: child born Jan. 5, 1936 |
| | Date of Birth: Age: 33 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by mother | By whom issued and signed: Sylvia D. Koker | Date Issued: May 5, 1962 | Date Orig. Entry: ------ |
| | Date of Birth: Feb. 15, 1902 | Birth Place: Melrose, Idaho Nez Perce County | Full Name of Mother: Sylvia Della Case | Name of Father: Myrtle Lawrence Koker |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D.C. | Date Issued: May 21, 1962 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age: 17 | Birth Place: Idaho | Full Name of Mother: Sylvia D. Koker | Name of Father: Myrtle L. Koker |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Shirley Miller | June 6, 1962 |

FORM BH 56067

5-16-62

JUN 6 1962

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766-221-029-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boisé, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-493

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: RUBY LEONA POWE | | | 2. Date of Birth (month) (day) (year): OCTOBER 21, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Viola |
| **FATHER** | 6. Full Name of Father: Edward Powe | | | 7. State or Country of Father's Birth: Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Winifred Chapin | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruby Leona Lewis | | 11. Present Address of Registrant: P. O. Box 286 Alturas, California |
| **~~NOTARY~~ County Auditor** (Seal) | Subscribed and sworn to before me on: May 24 1962 | 12. Signature of ~~Notary~~ County Auditor: M Archer | | 13. Notary Commission expires: Jan. 1 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by cousin, age: 71 | By whom issued and signed: Floyd Ullery | Date Issued: May 31, 1962 | Date Orig. Entry: ------ |
| | Date of Birth: Oct. 21 1902 / Birth Place: Viola, Idaho Latah County | Full Name of Mother: Winifred Chapin | Name of Father: Edward Powe | |
| **SUPPORTING RECORD 2.** | Type of Document: photo copy of application for social security account no. | By whom issued and signed: U.S. Treasury Department | Date Issued: ----- | Date Orig. Entry: July 8, 1943 |
| | Date of Birth: Oct. 21, 1902 / Birth Place: Viola, Idaho | Full Name of Mother: Winnie Chapin | Name of Father: Edward Pee | |
| **SUPPORTING RECORD 3.** | Type of Document: hospital birth certificate of own child | By whom issued and signed: Butte County Hospital, Orville, California | Date Issued: ---- | Date Orig. Entry: child born Jan. 10, 1940 |
| | Date of Birth: Oct. 21, 1902 / Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ------ | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: June 19, 1962 |

FORM BH 56067

JUN 19 1962

359-228-027-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-606

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alma Clara Leistner | | | 2. Date of Birth (month) (day) (year): December 28, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Cora |
| **FATHER** | 6. Full Name of Father: August F. Leistner | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Augusta B. Saube | | | 9. State or Country of Mother's Birth: Germany |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alma Clara Walker | | 11. Present Address of Registrant: |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 24 1962 | 12. Signature of Notary: Leonard D. Jungen | | 13. Notary Commission expires: Feb. 11 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by brother, age: 77 | By whom issued and signed: August Leistner | Date issued: June 25, 1962 | Date Orig. Entry: ------ |
| | Date of Birth: December 28, 1902 | Birth Place: Latah County Cora, Idaho | Full Name of Mother: Augusta B. Leistner | Name of Father: August F. Leistner |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding church record | By whom issued and signed: Rev. George S. Ritchey | Date issued: Feb. 6, 1962 | Date Orig. Entry: baptized June 14, 1931 |
| | Date of Birth: Dec. 28, 1902 | Birth Place: Cora, Idaho | Full Name of Mother: Mr. and Mrs. A. F. Leistner | Name of Father: |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U. S. Bureau of the Census Washingtonm D.C. | Date issued: Mar. 14, 1962 | Date Orig. Entry: April 1, 1930 |
| | Date of Birth: Age: 27 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Barron | sm Shirley Miller | August 7, 1962 |

FORM BH 56067

2-16-67

AUG 8 1962

296-118-006-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-636

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Irvin Paul Krottos | | | 2. Date Of Birth (month) March (day) 18 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Blackfoot |
| **FATHER** | 6. Full Name of Father: Charles William Krottos | | | 7. State or Country of Father's Birth: New York Harkemer Co. |
| **MOTHER** | 8. Full Maiden Name of Mother: Lena Sollnick | | | 9. State or Country of Mother's Birth: Bromberg Germany |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Irvin P. Krottos | | 11. Present Address of Registrant: Rt 1 Box 125C LeGrand Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 30 1962 | 12. Signature of Notary: Avis G. Renwick | | 13. Notary Commission expires: AVIS G. RENWICK My Commission Expires May 7, 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D. C. | Date Issued: July 25, 1962 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age: 17 | Birth Place: Idaho | Full Name of Mother: Lena Krottos | Name of Father: C. W. Krottos |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of marriage license | By whom issued and signed: Ral G. Towle, County Recorder | Date Issued: Feb. 17, 1959 | Date Orig. Entry: Oct. 16, 1925 |
| | Date of Birth: Age: 23 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school record-LeGrand Union Hi School | By whom issued and signed: Richard N. Geary, Dist. Superintendent | Date Issued: Aug. 13, 1962 | Date Orig. Entry: Aug. 28, 1916 |
| | Date of Birth: March 18, 1902 | Birth Place: Blackfoot, Idaho | Full Name of Mother: ---- | Name of Father: Charles William Krottos |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | sm Shirley Miller | August 21, 1962 |

FORM BH 56067

6-21-6

AUG 21 1962

Krottas

563-124-043-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-641

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elmer Albert Noland | | 2. Date of Birth (month) Jan (day) 24 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: | 5. Place of Birth a. County: Sweet, Idaho Valley | b. City or Town of Birth: Sweet |
| **FATHER** | 6. Full Name of Father: Henrey Elmer Noland | | 7. State or Country of Father's Birth: Osbern, Kansas. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Iva Ireton | | 9. State or Country of Mother's Birth: Sweet, Idaho Valley | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elmer A. Noland | 11. Present Address of Registrant: Homedale Bend Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 20 1962 | 12. Signature of Notary: Martin L. Fry | 13. Notary Commission expires: May 29 1966 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | | By whom issued and signed: File #376073, Idaho | Date Issued: --- | Date Orig. Entry: child born June 9, 1943 |
| | Date of Birth: Age: 41 | Birth Place: Sweet, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding lodge record | | By whom issued and signed: Buck Meyer, Secretary Odd Fellow Lodge No. 71 | Date Issued: ----- | Date Orig. Entry: Oct. 7, 1940 |
| | Date of Birth: Jan. 24, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by neighbor at time of birth Age: 88 | | By whom issued and signed: Frank W. Clarkson | Date Issued: Aug. 6, 1962 | Date Orig. Entry: -- |
| | Date of Birth: Jan.24,1902 | Birth Place: Sweet,Idaho | Full Name of Mother: Mary Iva Ireton | Name of Father: Henry Elmer Noland | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Shirley Miller | August 22, 1962 |

FORM BH 56067

1 copy paid 7-27-62

AUG 23 1962

# RELATIVE CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | |
|---|---|---|
| 1. Name of child at birth: Henry Lee Jones | 2. Date of birth: July 24, 1902 | |
| 3. Place of birth: Sweet, Idaho Valley | 4. City or town of birth: Sweet | |
| 5. Name of father: Henry Lee Jones | 6. State or country of father's birth: Gilmore, Montana | |
| 7. Maiden name of mother: Eva Irelon | 8. State or country of mother's birth: Sweet, Idaho Valley | |
| 9. Date of registration: | 10. Place of registration: | 11. Signature of registrar: |
| 12. Signature of registrar: | 13. Date of registration: | 14. Number of registration: |

| | | | |
|---|---|---|---|
| Supporting Record 1 | Type of document: | By whom issued and signed: | Date issued: |
| | Date of birth: | Place of birth: | Name of father: |
| Supporting Record 2 | Type of document: | By whom issued and signed: | Date issued: |
| | Date of birth: | Place of birth: | Name of father: |
| Supporting Record 3 | Type of document: | By whom issued and signed: | Date issued: |
| | Date of birth: | Place of birth: | Name of father: |

Additional Information:

Certification: I hereby certify that no other birth certificate has been found in the records of vital statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

Name of registrar: | Evidence reviewed by: | Date filed:

Form No. 5002 1-22-62

862-228-029-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-645

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hilma Threisia Hokanson | | | 2. Date of Birth (month) (day) (year): December 28 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Troy, Idaho - Latah | b. City or Town of Birth: on farm near Troy, Idaho |
| **FATHER** | 6. Full Name of Father: Andrew Hokanson | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Nelson | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hilma Threisia Barta | | 11. Present Address of Registrant: S. 118 Freya St., Spokane, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 18 19 61 | 12. Signature of Notary: Pauline M. Walter | | 13. Notary Commission expires: April 24 19 65 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: Sterling Insurance Company | Date Issued: ---- | Date Orig. Entry: June 13, 1951 |
| | Date of Birth: Dec. 28, 1902 / Birth Place: Troy, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by neighbor at time of birth, Age: 94 | By whom issued and signed: Mrs. Emil Fredman | Date Issued: July 18, 1960 | Date Orig. Entry: -- |
| | Date of Birth: Dec. 28, 1902 / Birth Place: Troy, Idaho | Full Name of Mother: Emma Hokanson | Name of Father: Andrew Hokanson | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of Certificate of Registration | By whom issued and signed: A. Aldrich, Deputy Clerk | Date Issued: Aug. 20, 1962 | Date Orig. Entry: Aug. 24, 1934 |
| | Date of Birth: Age: 31 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barron | Evidence reviewed by: sm Shirley Miller | Date Filed: August 24, 1962 |

FORM BH 56067 6-7-60

AUG 27 1962

843-272-001-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-651

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ida May Hutterman | | | 2. Date of Birth (month) (day) (year): August 12 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth: a. County: Ada | b. City or Town of Birth: Boise, Idaho |
| **FATHER** | 6. Full Name of Father: William Julius Hutterman | | | 7. State or Country of Father's Birth: Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Rhoda Mason | | | 9. State or Country of Mother's Birth: Wales, Great Britain |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Ida May Coggin | | 11. Present Address of Registrant: 404 Powell St. Warren, Ariz |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 22 1962 | 12. Signature of Notary: Dorothy M. Gunnevich | | 13. Notary Commission expires: February 15 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by mother | By whom issued and signed: Rhoda M. Hutterman | Date Issued: Dec.31,1941 | Date Orig. Entry: --- |
| | Date of Birth: Aug.21,1902 | Birth Place: Boise, Idaho | Full Name of Mother: Rhoda M. Hutterman | Name of Father: William J. Hutterman |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License | By whom issued and signed: J.E. James, Clerk of Court | Date Issued: ----- | Date Orig. Entry: Aug. 5,1927 |
| | Date of Birth: Age: 24 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school record | By whom issued and signed: V.R. Byrne, Assistant Superintendent | Date Issued: Aug.20,1962 | Date Orig. Entry: 1913 |
| | Date of Birth: Aug.12,1902 | Birth Place: Boise, Idaho | Full Name of Mother: --- | Name of Father: William J. Hutterman |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | August 27, 1962 |

FORM BH 56067

1 copy paid 8-9-62

AUG 28 1962

962-103-004-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-656

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Griffeth William Roberts | | | 2. Date Of Birth (month) (day) (year): May 3, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: ~~Fish Haven, Idaho Bear Lake~~ | b. City or Town of Birth: Fish Haven, Idaho |
| **FATHER** | 6. Full Name of Father: Griffeth Roberts | | | 7. State or Country of Father's Birth: Bloomington, Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Ella Jane Smith Roberts | | | 9. State or Country of Mother's Birth: Fish Haven, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Griffith William Roberts | | 11. Present Address of Registrant: Fish Haven, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 27 July 1962 | 12. Signature of Notary: Glenn B. Hoge | | 13. Notary Commission expires: 25 June 1966 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D.C. | Date Issued: July 2, 1962 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age: 17 | Birth Place: Idaho | Full Name of Mother: Ella Roberts | Name of Father: Griffith Roberts |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: Glenn J. Slock, Bishop | Date Issued: April 17, 1957 | Date Orig. Entry: baptized Sept. 2, 1911 |
| | Date of Birth: May 3, 1902 | Birth Place: Fish Haven, Idaho Bear Lake County | Full Name of Mother: Ella Jane Smith Roberts | Name of Father: Griffeth Roberts |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Gem State Mutual Life Assoc. | Date Issued: ---- | Date Orig. Entry: Sept. 1, 1954 |
| | Date of Birth: May 3,1902 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: August 29, 1962 |

FORM BH 56067 3-15-60

AUG 30 1962

666-127-036-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-671

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rollo William Woodward | | | 2. Date of Birth (month) (day) (year): October 27, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Franklin |
| **FATHER** | 6. Full Name of Father: Ivan Woodward | | | 7. State or Country of Father's Birth: Franklin, Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Rosina Hart | | | 9. State or Country of Mother's Birth: Bloomington, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Rollo William Woodward | | 11. Present Address of Registrant: 38185 No. Logan, Ut. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 31, 1962 | 12. Signature of Notary: David A. Bunyan | | 13. Notary Commission expires: Dec 16, 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by father | By whom issued and signed: Ivan Woodward | Date Issued: Aug.24,1962 | Date Orig. Entry: -- |
| | Date of Birth: Oct.27,1902 / Birth Place: Franklin, Idaho | Full Name of Mother: Emily Rosina Hart Woodward | Name of Father: Ivan Woodward | |
| **SUPPORTING RECORD 2.** | Type of Document: application for insurance | By whom issued and signed: Occidental Life Insurance Co. | Date Issued: ---- | Date Orig. Entry: May 18, 1935 |
| | Date of Birth: Oct.27,1902 / Birth Place: Franklin, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school record-Utah State University | By whom issued and signed: Asa L. Beecher, Records Officer | Date Issued: Aug. 31, 1962 | Date Orig. Entry: June 1921 |
| | Date of Birth: Oct.27,1902 / Birth Place: Franklin, Idaho | Full Name of Mother: Iven | Name of Father: Ivan Woodward | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Jenson | sm Shirley Miller | September 4, 1962 |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

SEP 9 1966

| | | | |
|---|---|---|---|
| 1. Place of birth (City or town) | 2. County | 3. Date (month, day, year) | |
| Pocatello | Bannock | December 21, 1922 | |
| 4. Full name of child | | | |
| Ivan Pocatello | | | |
| 5. Sex | 6. Color or race | 7. Number of child | 8. Twin, triplet, or quintuplet |
| Male | White | | |
| 9. Full name of father | | 10. Color or race | 11. Age (at last birthday) |
| Ivan Pocatello | | White | 21 |
| 12. Birthplace (State or country) | | 13. Maiden name of mother | |
| Idaho | | Pocatello | |
| 14. Birthplace (State or country) | | 15. Maiden name of mother | |
| Idaho | | Pocatello | |
| 16. Mother's maiden name | | 17. Birthplace (State or country) | |
| Pocatello | | Idaho | |
| 18. Mother's maiden name | | 19. Birthplace (State or country) | |
| Pocatello | | Idaho | |
| 20. Name of attendant | | 21. Address of attendant | |
| Dr. Pocatello | | Pocatello, Idaho | |
| 22. Date of birth | | 23. Place of birth | |
| December 21, 1922 | | Pocatello, Idaho | |
| 24. Name of father | | 25. Birthplace (State or country) | |
| Ivan Pocatello | | Idaho | |
| 26. Name of mother | | 27. Birthplace (State or country) | |
| Pocatello | | Idaho | |
| 28. Name of informant | | 29. Address of informant | |
| Ivan Pocatello | | Pocatello, Idaho | |
| 30. Date filed | | 31. Date of registration | |
| Jan. 2, 1923 | | Jan. 2, 1923 | |

**SUPPORTING RECORD 1.**

| | | | |
|---|---|---|---|
| Type of document | | Date of document | |
| Application for Insurance | | Jan. 2, 1923 | |
| Name of issuing agency | | Date issued | Date of reg. entry |
| Pocatello Life Insurance Co. | | --- | Jan. 2, 1923 |
| Full name of witness | | Name of relative | |
| -- | | -- | |

**SUPPORTING RECORD 2.**

| | | | |
|---|---|---|---|
| Type of document | | Date of document | |
| Baptismal Certificate | | June 27, 1923 | |
| Name of issuing agency | | Date issued | Date of reg. entry |
| Pocatello, Idaho | | --- | June 1923 |
| Full name of witness | | Name of relative | |
| --- | | Ivan Pocatello | |

**ADDITIONAL INFORMATION**

**REGISTRAR'S CERTIFICATION**

I hereby certify that a thorough search of the records has been made in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

| | | |
|---|---|---|
| Signature of registrar | Signature (s) issued by | Date filed |
| [illegible] | [illegible] | Jan. 2, 1923 |

799206-001-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-689

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MARY ELIZABETH PRIDE | | | 2. Date of Birth (month) JULY (day) 6 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Boise, Idaho ADA | b. City or Town of Birth: Boise (RFD #1) |
| **FATHER** | 6. Full Name of Father: ALLEN WINSLOW PRIDE | | | 7. State or Country of Father's Birth: MAINE, USA |
| **MOTHER** | 8. Full Maiden Name of Mother: MARCELLA SPAULDING | | | 9. State or Country of Mother's Birth: EAU CLAIRE, WISCONSIN, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Elizabeth Graham | | 11. Present Address of Registrant: MIRAMONTE ROAD CARMEL VALLEY, CALIF. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 7 1962 | 12. Signature of Notary: Lois A Morin | | 13. Notary Commission expires: Oct 1963 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Passport | | By whom issued and signed: Consulate General E. E. Palmer | Date Issued: -- | Date Orig. Entry: June 29, 1932 |
| | Date of Birth: July 6, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 2.** | Type of Document: Report of Investigation by U.S. Air Force | | By whom issued and signed: R.S. Bower, Colonel, USAF | Date Issued: -- | Date Orig. Entry: Jan. 29, 1951 |
| | Date of Birth: July 6, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 3.** | Type of Document: Personal History Statement | | By whom issued and signed: U.S. Air Force, James R. McMahn, Witness | Date Issued: April 1, 1935 | Date Orig. Entry: April 1, 1935 |
| | Date of Birth: July 6, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Marcella Spaulding Pride | Name of Father: Allen Winslow Pride | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Shirley Miller | September 12, 1962 |

FORM BH 56067

SEP 12 1962

Graham

513-106-022-615

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-690

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Paul Afton Valentine | | | 2. Date of Birth (month) Nov (day) 6 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho - Fremont | b. City or Town of Birth: St. Anthony |
| **FATHER** | 6. Full Name of Father: Nathaniel Dobbs Valentine | | | 7. State or Country of Father's Birth: New York |
| **MOTHER** | 8. Full Maiden Name of Mother: Clara Wandell | | | 9. State or Country of Mother's Birth: Nevada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Paul Afton Valentine | | 11. Present Address of Registrant: 2024 Adams St San Bernardino, Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 7 1962 | 12. Signature of Notary: Mary Jo O'Brien | | 13. Notary Commission expires: MARY JO O'BRIEN, Notary Public, in and for the County of San Bernardino, State of California My Commission Expires May 11, 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photo copy of own child's birth certificate | | By whom issued and signed: County of San Bernardino State of California | Date Issued: ---- | Date Orig. Entry: child born July 9, 1932 |
| | Date of Birth: Age: 29 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: - - | |
| **SUPPORTING RECORD 2.** | Type of Document: born May 23, 1892 affidavit by older brother | | By whom issued and signed: Albert Stillwell Valentine | Date Issued: June 22, 1962 | Date Orig. Entry: -- |
| | Date of Birth: Nov. 6, 1902 | Birth Place: Fremont County St. Anthony, Idaho | Full Name of Mother: Clara Wandel | Name of Father: Nathaniel Dobbs Valentine | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of marriage statistics | | By whom issued and signed: Ted R. Carpenter, Recorder | Date Issued: Sept. 5, 1962 | Date Orig. Entry: Oct. 15, 1929 |
| | Date of Birth: Age: 26 | Birth Place: St. Anthony, Idaho | Full Name of Mother: Clara Wandell | Name of Father: Nathaniel D. Valentine | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: September 12, 1962 |

FORM BH 56067

5-11-62

SEP 12 1962

JAN 05 2005

396-206-030-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-704

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: BLANCHE BESSIE CROOK | | | 2. Date Of Birth (month) MARCH (day) 6th (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: SALMON IDAHO LEMHI | b. City or Town of Birth: SALMON IDAHO |
| **FATHER** | 6. Full Name of Father: JOSEPH EDWARD CROOK | | | 7. State or Country of Father's Birth: ILLINOIS |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY ISABELLE SMITH | | | 9. State or Country of Mother's Birth: MISSOURI |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Blanche Bessie Detton ~~Crook~~ | | 11. Present Address of Registrant: 6613 So TACOMA WAY TACOMA WN |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: SEPT 14 1962 | 12. Signature of Notary: James H. [illegible] | | 13. Notary Commission expires: STATE OF WASHINGTON JAN 10 1965 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by sister, born April 7, 1892 | By whom issued and signed: Margery Farris | Date Issued: Aug. 31, 1962 | Date Orig. Entry: -- |
| | Date of Birth: Mar. 6, 1902 / Birth Place: Salmon, Idaho | Full Name of Mother: Mary I. Crook | Name of Father: Joseph E. Crook | |
| **SUPPORTING RECORD 2.** | Type of Document: application for insurance | By whom issued and signed: Reserve Life Insurance Co. | Date Issued: -- | Date Orig. Entry: May 4, 1956 |
| | Date of Birth: Mar. 6, 1902 / Birth Place: -- | Full Name of Mother: -- | Name of Father: -- | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D.C. | Date Issued: Sept. 4, 1962 | Date Orig. Entry: April 15, 1910 |
| | Date of Birth: Age: 8 / Birth Place: Idaho | Full Name of Mother: Mary I. Crook | Name of Father: Joseph E. Crook | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Shirley Miller | Date Filed: September 18, 1962 |

FORM BH 56067

1 copy paid 8-3-62

SEP 18 1962

967-222 1004-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-733

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Rogers | | | 2. Date of Birth (month) Oct. (day) 22 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Paris Bear Lake, Ida. | ~~b. City or~~ Town of Birth: Paris |
| **FATHER** | 6. Full Name of Father: Henry Nathanial Rogers | | | 7. State or Country of Father's Birth: Southampton, Hamps England |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Hannah Norfolk | | | 9. State or Country of Mother's Birth: Rangiora, Cantubury, New Zealand |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Rogers Bailey | | 11. Present Address of Registrant: 1010 E Bonneville Pocatello Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 26 1962 | 12. Signature of Notary: John P. Gossman | | 13. Notary Commission expires: June 20 1964 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: application for insurance | By whom issued and signed: Beneficial Life Insurance Co. | Date Issued: --- | Date Orig. Entry: Oct. 6, 1943 |
| | Date of Birth: Oct.6,1943 / Birth Place: Paris, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister, Age: 70 | By whom issued and signed: Amy Rogers Crist | Date Issued: Sept. 26, 1962 | Date Orig. Entry: -- |
| | Date of Birth: Oct.22,1902 / Birth Place: Paris, Idaho | Full Name of Mother: Elizabeth Hannah Norfolk | Name of Father: Henry Nathanial Rogers | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: File #122396, Idaho | Date Issued: April 27, 1962 | Date Orig. Entry: child born May 26, 1924 |
| | Date of Birth: Age: 21 / Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: October 1, 1962 |

FORM BH 56067

1 copy paid 9-14-62

OCT 1 1962

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Registrar's No. [illegible]

1. Name of child at birth: [illegible]

2. Date of birth (month) (day) (year): [illegible]

3. Sex: [illegible]

4. Place of birth (county): [illegible]

5. City or town of birth: [illegible]

6. Full maiden name of mother: [illegible]

7. State or country of mother's birth: [illegible]

8. Full name of father: [illegible]

9. State or country of father's birth: [illegible]

10. I hereby swear or affirm that the above statements are true to the best of my knowledge and belief.

11. Signature of deponent: [illegible]

12. Present address of deponent: [illegible]

13. Subscribed and sworn to before me on [illegible] 19[illegible]

14. Notary Commission expires [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of document: [illegible]

By whom issued and signed: [illegible]

Date issued: ---

Date orig. entry: [illegible]

Date of birth: [illegible]

Full name of mother: [illegible]

Name of father: [illegible]

SUPPORTING RECORD 2. Type of document: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible]

Date orig. entry: [illegible]

Date of birth: [illegible]

Birth place: [illegible]

Full name of mother: [illegible]

Name of father: --

ADDITIONAL INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

(seal)

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date filed: December 1, 1962

I copy sent 8-14-62

Form 44-[illegible]

154403-029-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-737

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elwell Eric Anderson | | 2. Date Of Birth (month) 12 (day) 3 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Troy Latah | b. City or Town of Birth: Troy |
| **FATHER** | 6. Full Name of Father: Carl Gottfrid Anderson | | 7. State or Country of Father's Birth: Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hannah Kathrin Palm | | 9. State or Country of Mother's Birth: Sweden | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elwell Eric Anderson | 11. Present Address of Registrant: Post Falls, R 2 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 13 19 58 | 12. Signature of Notary: Cecil Kelly Jr. | 13. Notary Commission expires: January 1 1961 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding hospital record | By whom issued and signed: Carol F. Montgomery, RRL, Deconess Hospital, Washington | Date Issued: May 1, 1962 | Date Orig. Entry: Dec. 19, 1954 |
| | Date of Birth: Dec. 3, 1902 | Birth Place: ------- | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: File 2537, Washington | Date Issued: April 24, 1962 | Date Orig. Entry: child born Aug. 27, 1946 |
| | Date of Birth: Age: 43 | Birth Place: Troy, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of social secuity record | By whom issued and signed: U.S. Treasury Department | Date Issued: --- | Date Orig. Entry: June 2, 1937 |
| | Date of Birth: Dec.3,1902 | Birth Place: Latah County Troy, Idaho | Full Name of Mother: Hannah Palm | Name of Father: Carl Gottfried Anderson |

**QUALIFYING INFORMATION**: statement pertaining to lodge record by Paul Rosenlund, Secretary of Fraternal Order of Eagles on May 25, 1962. Joined November 14, 1951. Date of birth as Dec. 3, 1902 and place of birth as Troy, Idaho.

**REGISTRAR'S CERTIFICATION** (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| | sm sm Shirley Miller | October 11, 1962 |

FORM BH 56067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-780

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rosa Mary Miranda | | 2. Date of Birth (month) August (day) 25 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lewiston, Ida. Nez Perce | b. City or Town of Birth: Lewiston, Idaho |
| **FATHER** | 6. Full Name of Father: Salvatore Miranda | | 7. State or Country of Father's Birth: Cosenza, Italy | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Speno | | 9. State or Country of Mother's Birth: Cosenza, Italy | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Rosa Leonette | 11. Present Address of Registrant: 3275 S.W. Vista Dr. Portland 25, Oregon | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 26, 1962 | 12. Signature of Notary: Leon F. Lamje | 13. Notary Commission expires: June 5 1963 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by aunt, age: 79 | By whom issued and signed: Rosa Agost | Date Issued: Mar. 26, 1962 | Date Orig. Entry: ---- |
| | Date of Birth: Aug. 25, 1902 / Birth Place: Lewiston, Idaho | Full Name of Mother: Mary Miranda | Name of Father: Salvatore Miranda | |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: File No. 3882, Oregon | Date Issued: Jan. 9, 1962 | Date Orig. Entry: child born Oct. 19, 1927 |
| | Date of Birth: Age: 25 / Birth Place: Lewiston, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U.S. BUREAU OF THE CENSUS Washington, D.C. | Date Issued: Oct. 18, 1962 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age: 17 / Birth Place: Idaho | Full Name of Mother: Mary Miranda | Name of Father: Salvadore Miranda | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: October 29, 1962 |

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-838

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Effie Maurine Stone | | | 2. Date of Birth (month) Dec. (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Chapin |
| **FATHER** | 6. Full Name of Father: Wallace Bert Stone | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Rebecca Walton | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Effie Maurine Duncan | | 11. Present Address of Registrant: 1278 1st St. Imperial Beach, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 15 1962 | 12. Signature of Notary: Margaret B Behrends | | 13. Notary Commission expires: MARGARET B. BEHRENDS NOTARY PUBLIC County of San Diego State of California ~~My commission expires October 19, 1961~~ 19 |

**APPLICANT — DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by father | By whom issued and signed: Wallace B. Stone | Date Issued: Oct.6,1962 | Date Orig. Entry: --- |
| | Date of Birth: Dec.19,1902 | Birth Place: Chapin, Idaho | Full Name of Mother: --- | Name of Father: Wallace B. Stone |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of marriage license | By whom issued and signed: Virginia Bell, Deputy Clerk | Date Issued: Nov.17,1958 | Date Orig. Entry: Feb.21, 1924 |
| | Date of Birth: Age: 21 | Birth Place: Idaho | Full Name of Mother: Julia Rebecca Walton | Name of Father: Wallace Bert Stone |
| **SUPPORTING RECORD 3.** | Type of Document: Church Record | By whom issued and signed: L.D.S. Church, Salt Lake City, Utah | Date Issued: Oct.18,1962 | Date Orig. Entry: June 11, 1911 |
| | Date of Birth: Dec.19,1902 | Birth Place: Fremont County Chapin, Idaho | Full Name of Mother: Rebecca Walton | Name of Father: Wallace B. Stone |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barron | Evidence reviewed by: Shirley Miller | Date Filed: November 19,1962 |

FORM BH 56067

10-2-6-62

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195-212-009-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No De-62-856

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Edna Arnet | | 2. Date Of Birth (month) (day) (year): March 12 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Sandpoint Bonner; b. City or Town of Birth: Sandpoint Idaho |
| **FATHER** | 6. Full Name of Father: Paul Adolph Arnet | | 7. State or Country of Father's Birth: Wisconsin |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna K Simolke | | 9. State or Country of Mother's Birth: Wisconsin |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Wm Gladys Kipps | 11. Present Address of Registrant: 12210 W. Janesville Rd. Hales Corners, Wis. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 1 1962 | 12. Signature of Notary: Margaret H. Baas; Margaret H. Baas Milwaukee Co. Wis | 13. Notary Commission expires: April 7 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: notarized page from family records | By whom issued and signed: Margaret H. Baas, Notary Public | Date Issued: Oct.1,1962 | Date Orig. Entry: obviously old |
| | Date of Birth: Mar.12,1902 / Birth Place: -- | Full Name of Mother: Anna K. Arnet | Name of Father: Paul Adolph Arnet | |
| **SUPPORTING RECORD 2.** | Type of Document: duplicate of Marriage Certificate | By whom issued and signed: E. Bunn, County Clerk | Date Issued: --- | Date Orig. Entry: Sept. 15,1919 |
| | Date of Birth: Age: 17 / Birth Place: Idaho | Full Name of Mother: Anna Simolke | Name of Father: Paul Arnet | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by neighbor at time of birth | By whom issued and signed: Rose David Criswell | Date Issued: Oct.26,1962 | Date Orig. Entry: -- |
| | Date of Birth: Mar.12,1902 / Birth Place: Sandpoint, Idaho | Full Name of Mother: Anna Arnet | Name of Father: Paul Arnet | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: November 23,1962 |

FORM BH 56067

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DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

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859-103-036-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-866

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ralph Herbert | | | 2. Date Of Birth (month) Sept. (day) 3 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida (Now Franklin) | b. City or Town of Birth: Glendale |
| **FATHER** | 6. Full Name of Father: Harry Herbert | | | 7. State or Country of Father's Birth: Wyoming |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Beckstead | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ralph Herbert | | 11. Present Address of Registrant: 2920 Jackson Ogden, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 13, 19 62 | 12. Signature of Notary: Ted B. Larsen | | 13. Notary Commission expires: May 12, 19 66 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by uncle; 23 years older | By whom issued and signed: Eugene Beckstead | Date Issued: Nov. 13, 1962 | Date Orig. Entry: -- |
| | Date of Birth: Sept. 3, 1902 | Birth Place: Oneida County Glendale, Idaho | Full Name of Mother: Mary Beckstead | Name of Father: Harry Herbert |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding lodge record | By whom issued and signed: Brotherhood of Railroad Trainmen; W.E. Chase, General Sec. | Date Issued: Nov.16,1962 | Date Orig. Entry: June 4, 1926 |
| | Date of Birth: Sept. 3, 1902 | Birth Place: -- | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: Certifieate of Baptism and Confirmation | By whom issued and signed: Andrew D. Mortensen, Bishop | Date Issued: Oct.1,1911 | Date Orig. Entry: baptized Oct. 1, 1911 |
| | Date of Birth: Sept. 3, 1902 | Birth Place: Oneida County Glendale, Idaho | Full Name of Mother: Mary Beckstead | Name of Father: Harry Herbert |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: Shirley Miller | Date Filed: November 28, 1962 |

FORM BH 56067

1-30-62

NOV 28 1962

735-209-001-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-872

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ethel Glenn | | | 2. Date of Birth (month) February (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Dry Creek Dist.(Mailing addressBoise |
| **FATHER** | 6. Full Name of Father: Samuel Porter Glenn | | | 7. State or Country of Father's Birth: Kansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Effie May Berridge | | | 9. State or Country of Mother's Birth: Michigan |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ethel Johnson | | 11. Present Address of Registrant: 3209 Hawthorne Drive Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 29 1962 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: | Date Orig. Entry: obviously old |
| | Date of Birth: February 9,1902 | Birth Place: ----- | Full Name of Mother: Effie May Berridge | Name of Father: Samuel Porter Glenn |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Neighbor at time of birth-age 82 | By whom issued and signed: Retta Clemmens | Date Issued: Nov 2, 1962 | Date Orig. Entry: --- |
| | Date of Birth: Feb. 9, 1902 | Birth Place: Dri Creek Ada County,Ida. | Full Name of Mother: Effie May Glenn | Name of Father: Samuel Porter Glenn |
| **SUPPORTING RECORD 3.** | Type of Document: Life Insurance Policy | By whom issued and signed: Aetna Life Insurance Co. Hartford, Connecticut | Date Issued: July 1, 1937 | Date Orig. Entry: ----- |
| | Date of Birth: Feb. 9, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: bf Hazel Hurlbert | Date Filed: November 29, 1962 |

FORM BH 56067

DEC 18 1963

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | |
|---|---|
| 1. Name of child (First, middle, last) | Ethel Glenn |
| 2. Sex | Female |
| 3. Place of birth (County) | Ada |
| 4. Date of birth (Month, day, year) | February 9, 1902 |
| 5. Place of birth (City or town) | Boise (Ada) (Ada County) Mailing address Route 3 |
| 6. Full name of father | Samuel Porter Glenn |
| 7. Place of birth (State or country) | Kansas |
| 8. Maiden name of mother | Effie May Berridge |
| 9. Place of birth (State or country) | Michigan |
| 10. Signature of affiant | |
| 11. Present address of affiant | Boise, Idaho 3209 Hawthorne Drive |
| 12. Signature of affiant | |
| 13. Notary Commission expires | |

| | | |
|---|---|---|
| Type of record | Bible Record | Family Bible |
| Date issued | | Previously not |
| Full name of father | Samuel Porter Glenn | Effie May Berridge |
| Date issued | Nov 2, 1922 | Retta Clemmons |
| Full name of mother | Effie May Glenn | Samuel Porter Glenn |
| Date issued | July 1, 1923 | Aetna Life Insurance Co. Hartford, Connecticut |
| Type of record | Life Insurance Policy | |
| Date issued | | |

| | |
|---|---|
| Date of birth (Month, day, year) | February 9, 1902 |
| Place of birth | Ada County, Idaho |
| Affidavit by witnesses | Time of birth-age 32 |
| Date of birth (Month, day, year) | Feb. 9, 1902 |
| Place of birth | Fort Green |

| | |
|---|---|
| Date filed | November 29, 1962 |
| Registrar | W. W. Jensen |
| Evidence reviewed by | Bl Hazel Hurlbert |

793-225-022-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-896

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Estella Gillette | | 2. Date Of Birth (month) Dec (day) 25 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho - Fremont | b. City or Town of Birth: Teton City |
| **FATHER** | 6. Full Name of Father: Horace E. Gillette | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary R. Jones | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Estella Gillette Ivey | 11. Present Address of Registrant: 2626 So. 6th East Salt Lake City, Utah | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct. 15 1962 | 12. Signature of Notary: Marguerite Benson | 13. Notary Commission expires: Feb 17 1963 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: statement regarding school census records | | By whom issued and signed: M.S. Johnston, Notary Public | Date Issued: Oct.8,1962 | Date Orig. Entry: Sept. 1919 |
| | Date of Birth: Age: 16 | Birth Place: --- | Full Name of Mother: -- | Name of Father: Horace E. Gillette | |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by mother | | By whom issued and signed: Mary J. Gillette | Date Issued: Oct.30,1962 | Date Orig. Entry: -- |
| | Date of Birth: Dec.25,1902 | Birth Place: Fremont County Teton City, Idaho | Full Name of Mother: Mary J. Gillette | Name of Father: Horace E. Gillette | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of affidavit for Marriage License by parties | | By whom issued and signed: La Monte Bauer, Clerk | Date Issued: Nov.30,1962 | Date Orig. Entry: Aug. 22, 1923 |
| | Date of Birth: Age: 20 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: December 10, 1962 |

FORM BH 56067

1 copy paid 9-27-62

DEC 11 1962

279-21-020-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-923

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: FRANK SPRAGUE | | 2. Date of Birth (month) 11 (day) 21 (year) 1902 | |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: MT. HOME ELMORE | b. City or Town of Birth: MT. HOME IDAHO |
| **FATHER** | 6. Full Name of Father: FRANK JOSEPH Sprague | | 7. State or Country of Father's Birth: BOISE IDAHO | |
| **MOTHER** | 8. Full Maiden Name of Mother: ALICE FRANCES BUTLER | | 9. State or Country of Mother's Birth: SEDALIA, MO. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Frank Sprague. | 11. Present Address of Registrant: 1543 S. 9th SAV. 66 Wn. Seattle | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 16th 1962 | 12. Signature of Notary: J. Earl Peterson | 13. Notary Commission expires: January 19th 1964 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by sister, Age:82 | By whom issued and signed: Stella J. Jones | Date Issued: Jan.21,1959 | Date Orig. Entry: --- |
| | Date of Birth: Nov.21,1902 / Birth Place: Elmore County Mountain Home, Ida. | Full Name of Mother: Alice Francis Butler | Name of Father: Frank Joseph Sprague | |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of Affidavit For Marriage License | By whom issued and signed: Del R. Muller, Deputy | Date Issued: Feb. 2, 1962 | Date Orig. Entry: Oct. 16, 1943 |
| | Date of Birth: Age: 40 / Birth Place: Mountain Home, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: photo copy of application for insurance | By whom issued and signed: Reserve Life Insurance Co. | Date Issued: --- | Date Orig. Entry: Jan. 27, 1956 |
| | Date of Birth: Nov.21,1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: December 19, 1962 |

FORM BH 56067

DEC 19 1962

DEC 30 1965

243-228-031-796

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-924
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CLARA GRACE SULLIVAN | | | 2. Date of Birth (month) Oct. (day) 28 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Nezperce |
| **FATHER** | 6. Full Name of Father: HENRY SULLIVAN | | | 7. State or Country of Father's Birth: Missouri, U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: MYRTLE PROCTOR | | | 9. State or Country of Mother's Birth: Kansas, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clara Grace Painter | | 11. Present Address of Registrant: 994 N. 1st St. Woodburn, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 25 19 62 | 12. Signature of Notary: Was Clara Grace Sullivan Irving D Brown | | 13. Notary Commission expires: 7/31/ 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | By whom issued and signed: File #92651, Idaho | Date Issued: -- | Date Orig. Entry: child born July 4, 1921 |
| Class* | Date of Birth: Age: 18 | Birth Place: NezPerce, Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: P. F. Savage, S.J., Roman Catholic Church | Date Issued: May 17, 1956 | Date Orig. Entry: baptized Jan. 10, 1903 |
| Class | Date of Birth: Oct. 28, 1902 | Birth Place: -- | Full Name of Mother: Martha Proctor | Name of Father: Henry Sullivan |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by aunt; age: 74 | By whom issued and signed: Gladys Booth | Date Issued: Dec. 10, 1962 | Date Orig. Entry: -- |
| Class | Date of Birth: Oct. 28, 1902 | Birth Place: Lewis County Nezperce, Idaho | Full Name of Mother: Myrtle Sullivan | Name of Father: Henry Sullivan |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | sm Shirley Miller | December 19, 1962 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

11-16-62

DEC 19 1962

Fantasy

| | | | |
|---|---|---|---|
| 1. Name of child | 2. Date of birth | 3. Place of birth | 4. Sex |
| CLARK | OCT. 28 1902 | SULLIVAN | Female |
| 5. Full name of father | | 6. Birthplace | 7. Color or race |
| HENRY SULLIVAN | | Idaho | White |
| 8. Full maiden name of mother | | 9. Birthplace | 10. Color or race |
| [redacted] PROCTOR | | Missouri, U.S.A. | Negroes |
| 11. Occupation | 12. Kind of business or industry | 13. Place of residence | 14. Number of previous children |
| Housewife | Housework | Kansas, U.S.A. | 3 |
| 15. Signature of informant | | 16. Date signed | 17. Address |
| [illegible] | | October 25 1962 | [illegible] |
| 18. Signature of registrar | | 19. Date signed | 20. Address |
| [illegible] | | [illegible] | [illegible] |

AFFIDAVIT: I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

NOTARY (seal): Subscribed and sworn to before me on October 25 19 62

[illegible]

[illegible]

[illegible]

219-124-006-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-931

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Squire Coop Barlow | | | 2. Date of Birth (month) March (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Iona |
| **FATHER** | 6. Full Name of Father: George Thomas Barlow | | | 7. State or Country of Father's Birth: Pennsylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Coop | | | 9. State or Country of Mother's Birth: England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Squire Coop Barlow | | 11. Present Address of Registrant: 1020 Lake Ave. Idaho Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 18 1962 | 12. Signature of Notary: Ina Englis | | 13. Notary Commission expires: 1-2- 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: John H. Telford, Clerk | Date Issued: --- | Date Orig. Entry: baptized July 2, 1918 |
| | Date of Birth: Mar.24,1902 / Birth Place: Bingham County Iona, Idaho | Full Name of Mother: Sarah Coop | Name of Father: Geo. T. Barlow | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: File # 276782, Idaho | Date Issued: --- | Date Orig. Entry: child born Feb. 3, 1939 |
| | Date of Birth: Age: 36 / Birth Place: Iona, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Ordination to the office of Deacon | By whom issued and signed: A. E. Stanger, Bishop | Date Issued: --- | Date Orig. Entry: ordained Feb. 8, 1915 |
| | Date of Birth: Mar.24,1902 / Birth Place: Bingham County Iona, Idaho | Full Name of Mother: Sarah Coop | Name of Father: Geo. T. Barlow | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: Shirley Miller | Date Filed: December 19, 1962 |

FORM BH 56067

12-10-

DEC 20 1962

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

Barbara

165-227-004-677

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-62-940

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jone Jonely | | | 2. Date of Birth (month) May (day) 27 (year) 1902 |
| | 3. Color or Race: Caucasian | 4. Sex: Female | 5. Place of Birth a. County: Montpelier Idaho. Bear Lake | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: William Jonely | | | 7. State or Country of Father's Birth: Berne Switzerland |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Oppliger | | | 9. State or Country of Mother's Birth: Lausanne, Switzerland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jone C. Jamison | | 11. Present Address of Registrant: 3040 San Franco St. L.A. Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 18th 1962 | 12. Signature of Notary: ANGELINA C. FRONTINO, Angelina C. Frontino | | 13. Notary Commission expires: My Commission Expires July 2, 1966 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of marriage license | | By whom issued and signed: Ray E. Lee, County Recorder | Date Issued: Dec.5,1962 | Date Orig. Entry: Mar. 22, 1939 |
| | Date of Birth: Age: 36 | Birth Place: Montpelier, Idaho | Full Name of Mother: Anna Oppliger | Name of Father: Wm, Jonely | |
| **SUPPORTING RECORD 2.** | Type of Document: affidavit by brother; age:70 | | By whom issued and signed: Earl Jonely | Date Issued: Nov.26,1962 | Date Orig. Entry: ---- |
| | Date of Birth: May 27, 1902 | Birth Place: Bear Lake County Montpelier, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of own child's birth certificate | | By whom issued and signed: File # 5098, California | Date Issued: Dec.13,1962 | Date Orig. Entry: child born April 14, 1932 |
| | Date of Birth: Age: 29 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | December 26,1962 |

FORM BH 56067

11-7-62

DEC 26 1962

613-03-023-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De62-946
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Aaron Moore Walker | | | 2. Date of Birth (month) August (day) 3 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Gem | b. City or Town of Birth: Emmett |
| **FATHER** | 6. Full Name of Father: Sidney Walker | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Lydia Moore | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Aaron M Walker | | 11. Present Address of Registrant: 1810 Centraue Payette |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 19 1962 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires Sept. 28 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own childs Birth Certificate | | By whom issued and signed: On file Idaho #188900 | Date Issued: -------- | Date Orig. Entry: Child born Feb. 16, 1931 |
| Class* | Date of Birth: 28 Age | Birth Place: Emmett, Idaho | Full Name of Mother: -------- | Name of Father: --------- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | | By whom issued and signed: Lydia E. Walker | Date Issued: Dec. 18, 1952 | Date Orig. Entry: ---- |
| Class | Date of Birth: Aug. 3, 1902 | Birth Place: Emmett, Idaho Gem County | Full Name of Mother: Lydia E. Walker | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Copy of Application to Metropolitan Life Ins. Co. | | By whom issued and signed: Employer-Idaho Power Co. Payette, Idaho | Date Issued: --- | Date Orig. Entry: Employed July 9, 1929 |
| Class | Date of Birth: Aug 3, 1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | bm Joyce B. Foltz | Dec 27,1962 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 27 1962

Aaron Moore Walker

| | | | |
|---|---|---|---|
| 2. Date of birth | 3. Sex | 4. Place of birth | |
| August 3 1902 | male | Gem | |
| 5. Place of birth | | | |
| Emmett | | | |
| 6. Color or race | 7. Place of residence of father | | |
| White | Idaho | | |
| 8. Place of residence of mother | | | |
| Idaho | | | |
| 9. Father's full name | | | |
| Sidney Walker | | | |
| 10. Mother's full name | | | |
| Lydia Moore | | | |
| 11. Informant | | | |
| Lydia E. Walker | | | |
| 12. Place of birth | | | |
| Emmett, Idaho | | | |
| 13. Date of birth | | | |
| Aug 3 1902 | | | |
| 14. Type of document | | | |
| Affidavit by mother | | | |
| 15. Name of document | | | |
| Gem County | | | |
| 16. Date of document | | | |
| Aug 3 1902 | | | |
| 17. Name of document | | | |
| Copy of Application to Metropolitan Life Ins. Co. | | | |
| 18. Date of document | | | |
| Aug 3 1902 | | | |

Gem County Birth Certificate On file Idaho #168900

| | | | |
|---|---|---|---|
| 19. Date issued | 20. Date orig. entry | 21. Date issued | 22. Date orig. entry |
| -------- | Child born Feb. 10, 1931 | Dec. 15, 1922 | ---- |
| 23. Name of father | | 24. Name of mother | |
| -------- | | Lydia E. Walker | |
| 25. Date issued | 26. Date orig. entry | 27. Date issued | 28. Date orig. entry |
| --- | Employed July 9, 1929 | --- | |
| 29. Name of father | | 30. Name of mother | |
| ---- | | ---- | |

Lydia E. Walker

Employer-Idaho Power Co. Payette, Idaho

W. W. Ransom

Joyce B. Foltz

Dec 27, 1962

495-218-007-228

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-042

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Beulah Jeanette Mink | | 2. Date of Birth (month) August (day) 18 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Blaine County | b. City or Town of Birth: Soldier |
| **FATHER** | 6. Full Name of Father: Lee Irwin Mink | | 7. State or Country of Father's Birth: State of Virginia, U.S.A. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Cora Alice Skyles | | 9. State or Country of Mother's Birth: State of Missouri, U.S.A. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Beulah Jeanette Mink Gregon | 11. Present Address of Registrant: 1862 Lincoln Road Prineville, Oregon | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 4th day of April 1961 | 12. Signature of Notary: Silas P. Taylor | 13. Notary Commission expires: 5/16 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by aunt | By whom issued and signed: Carrie I. Patterson | Date Issued: Feb.16,1961 | Date Orig. Entry: ---- |
| | Date of Birth: Aug.18,1902 | Birth Place: Blaine County Soldier, Idaho | Full Name of Mother: Cora Alice Skyles | Name of Father: Lee Irwin Mink |
| **SUPPORTING RECORD 2.** | Type of Document: own childs birth certificate | By whom issued and signed: Idaho #118718 | Date Issued: Mar.24,1942 | Date Orig. Entry: child born Dec.24,1923 |
| | Date of Birth: age 21 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding hospital record; Pioneer Memorial Hospital; Prineville, Oregon | By whom issued and signed: Mrs. Helen M. Jones, M.R.L. | Date Issued: --- | Date Orig. Entry: Nov. 1957 |
| | Date of Birth: Aug.18,1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: pw pw Shirley Miller | Date Filed: January 15, 1963 |

FORM BH 56067

1 copy

JAN 15 1963

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 63-[illegible]

1. Name of child: [illegible]

2. Date of birth: [illegible] (day) [illegible] (month) [illegible] (year)

3. Place of birth: [illegible] (city) [illegible] (county)

4. Sex: Female

5. Place of birth: [illegible] County

6. Full name of father: [illegible]

7. Place of birth of father: State of Virginia, U.S.A.

8. Full maiden name of mother: [illegible] Alice [illegible]

9. Place of birth of mother: State of Virginia, U.S.A.

10. I hereby certify that the statements made in this application are true to the best of my knowledge and belief.

11. Signature of applicant: [illegible]

12. Relationship of applicant: [illegible]

13. Subscribed and sworn to before me on [illegible]

14. Signature of Notary: [illegible]

15. Notary Commission Expires: [illegible]

16. Date of Issuance: [illegible]

17. By whom issued and place: [illegible]

18. Name of Issuer: [illegible]

19. Date of Issuance: [illegible]

20. By whom issued and place: Idaho [illegible]

21. Date issued: [illegible]

22. Date of birth of mother: [illegible]

23. Full name of mother: [illegible]

24. Date issued: [illegible]

25. Place of birth of father: [illegible]

26. Full name of father: [illegible]

27. Date issued: [illegible]

28. Place of birth: [illegible]

29. Full name of father: [illegible]

30. Date issued: [illegible]

31. Place of birth: [illegible]

32. Full name of father: [illegible]

33. I hereby certify that no prior birth certificate has been issued in the division of vital statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

Signature: [illegible]

Evidence reviewed by: [illegible]

Date: [illegible]

753-222-04-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-043

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mildred Getter | | | 2. Date of Birth (month) July (day) 22 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Idaho; b. City or Town of Birth: Nampa | a. County: Canyon |
| **FATHER** | 6. Full Name of Father: Philip R. Getter | | | 7. State or Country of Father's Birth: Cumberland Co., Pennsylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: Nannie Mock | | | 9. State or Country of Mother's Birth: Cumberland Co., Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mildred Getter Willemorth | | 11. Present Address of Registrant: 5520 Grover St., Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 15 1963 | 12. Signature of Notary: Salome L. Warn | | 13. Notary Commission expires: 10-20 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Notarized statement regarding school record | By whom issued and signed: S.S. Foote, Canyon County Recorder, Caldwell, Idaho | Date Issued: January 3, 1963 | Date Orig. Entry: September 10, 1908 |
| | Date of Birth: Age 6 | Birth Place: ------ | Full Name of Mother: ------- | Name of Father: P. R. Getter |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Mother | By whom issued and signed: Nannie Getter | Date Issued: December 31 1962 | Date Orig. Entry: ---- |
| | Date of Birth: July 22, 1902 | Birth Place: Nampa, Idaho Canyon County | Full Name of Mother: Nannie Getter | Name of Father: ------- |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho File #286091 | Date Issued: ------ | Date Orig. Entry: Child born Oct. 18, 1939 |
| | Date of Birth: Age 37 | Birth Place: Nampa, Idaho | Full Name of Mother: ------ | Name of Father: ------- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Betty Morris | January 15, 1963 |

FORM BH 56067

JAN 16 1969

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Name File No. D63-042

| | | | |
|---|---|---|---|
| Registrar's Office Number | Full Name on Birth | | Date of Birth |
| | Mildred Setter | | July 22 1902 |
| Place of Birth | Sex | Place of Birth (County) | |
| White | Female | Idaho Canyon | |
| Father | Full Name of Father | | City or Town of Birth |
| | Philip R. Setter | | Nampa |
| Mother | Maiden Name of Mother | | State or Country of Father's Birth |
| | Annie Koos | | Cumberland Co., Pennsylvania |
| | | | State or Country of Mother's Birth |
| | | | Cumberland Co., Illinois |
| | | Signature of Registrar | Present Address of Registrar |
| | | | 2300 Grover St., Boise, Idaho |
| | | Signature of Mother | Maiden Name Expires |
| | | | |

Affidavit - Do not write below this line

| | | | |
|---|---|---|---|
| Type of Document | | By whom Issued and Signed | Date Issued |
| Notarized statement & recording school record | | S.S. Foote, Canyon County Recorder, Caldwell, Idaho | January 3, 1963 |
| Date of Birth | Place of Birth | Full Name of Mother | Date Filed |
| Age 6 | ------ | ------ | September 10, 1958 |
| | | | Name of Father |
| | | | P. R. Setter |
| Type of Document | | By whom Issued and Signed | Date Filed |
| Affidavit by Mother | | Annie Setter | December 31 1962 |
| Date of Birth | Place of Birth | Full Name of Mother | Date Reg. Entry |
| July 22, 1902 | Nampa, Idaho Canyon County | Annie Setter | ---- |
| Type of Document | | By whom Issued and Signed | Name of Father |
| Own child's birth certificate | | on file Idaho | ------- |
| Date of Birth | Place of Birth | Full Name of Mother | Date Issued |
| Age 37 | Nampa, Idaho | ------ | ------ |
| | | | Name of Father |
| | | | ------- |

I hereby certify that the above certificate has been made in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the statements as set forth in the foregoing affidavit.

| Date Registered | Reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Betty Morris | January 15, 1963 |

76 6223-016-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. #De63-053

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Dora Powers | | | 2. Date of Birth (month) Oct. (day) 23 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Sublett, Ida. Cassia | b. City or Town of Birth: Sublett, Idaho |
| **FATHER** | 6. Full Name of Father: Charles H. Powers | | | 7. State or Country of Father's Birth: Nebraska |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie C. Benson | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth Teasley | | 11. Present Address of Registrant: Twin Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 22 1963 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1964 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Notarized Photo copy of Family Bible record | By whom issued and signed: Wm. H. Thompson, Notary Burley, Idaho | Date Issued: ---- | Date Orig. Entry: Obiviously old |
| | Date of Birth: October 23, 1902 / Birth Place: Sublett, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 2.** | Type of Document: Photo copy App. Social Security | By whom issued and signed: Treasury Department | Date Issued: ----- | Date Orig. Entry: October 11, 1952 |
| | Date of Birth: October 23, 1902 / Birth Place: Sublett, Idaho Cassia County | Full Name of Mother: Annie Benson | Name of Father: Charles Henry Powers | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #196342 | Date Issued: ---- | Date Orig. Entry: Child born Nov. 30, 1931 |
| | Date of Birth: Age 29 / Birth Place: Idaho | Full Name of Mother: ------- | Name of Father: ------- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Betty Morris | January 22, 1963 |

FORM BH 56067

1-22-63

State Board of Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 63-033

**CHILD**

1. Registrant's full name at birth
2. Sex
3. Date of birth (month) (day) (year)
4. City or town of birth
5. County of birth
6. Place of birth (hospital, residence, etc.)

**FATHER**

7. Full name of father
8. Place of birth (state or country)

**MOTHER**

9. Maiden name of mother
10. Place of birth (state or country)

**AFFIDAVIT**

11. Affiant signs here and states that the above statements are true to the best of his knowledge and belief
12. Relationship of affiant
13. Mailing address of affiant

**NOTARY**

14. Subscribed and sworn to before me on
15. Signature of notary
16. Notary commission expires

**APPLICANT — DO NOT WRITE BELOW THIS LINE**

Bible record
Date of birth given
October 23
1902
Subject, Idaho
Date issued
---
Date filed
October 23
1902
Subject, Idaho
Date issued
---
Date filed
October 23
1902
Subject, Idaho
Date issued
---
Date filed

229-222-1003-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-057

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ina Lucy Skinner | | | 2. Date of Birth (month) 9 (day) 22 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Soda Springs, Idaho |
| **FATHER** | 6. Full Name of Father: William George Skinner | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Luella Rebecca Hill | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ina Lucy Johnson | | 11. Present Address of Registrant: 78 Missoula, Butte, Montana |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 14, 1962 | 12. Signature of Notary: Jack T. Bender | | 13. Notary Commission expires: 5/26/ 1963 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: File # 5460, Wyoming | Date Issued: Nov.16,1962 | Date Orig. Entry: child born Aug. 3, 1924 |
| | Date of Birth: Age: 21 | Birth Place: Soda Springs, Idaho | Full Name of Mother: ---- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: Arel R. Sessions, Bishop | Date Issued: Oct.7,1962 | Date Orig. Entry: baptized May 29, 1915 |
| | Date of Birth: Sept. 22, 1902 | Birth Place: Bannock County Soda Springs, Idaho | Full Name of Mother: Rebbeca Luella Hill | Name of Father: William George Skinner |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding hospital record; Murray Clinic, Butte, Montana | By whom issued and signed: Mrs. Virginia Piatt, Business Mgr. | Date Issued: Jan.15,1963 | Date Orig. Entry: April 30, 1940 |
| | Date of Birth: Age: 37 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: January 23, 1963 |

FORM BH 56067

JAN 23 1963

Johnson

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child at birth: Ida Lucy Gainer

2. Sex: F

3. Date of birth: 22 - 1902

4. Place of birth: Idaho

5. Birthplace: Soda Springs, Idaho

6. Full name of father: William George Gainer

7. Birthplace of father: Idaho

8. Full maiden name of mother: Ida Belle Pope

9. Birthplace of mother: Idaho

10. Present address of applicant: 78 Missouri, Butte, Montana

Signature of applicant

Signature of clergy

Title, office, or relationship

Subscribed and sworn to before me on

Notary Public, State of Idaho

Expires April 30, 1970

455-126-025-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-076

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Charles DeVault | | | 2. Date of Birth (month) (day) (year): May 26, 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Grangeville, Idaho County | b. City or Town of Birth: Grangeville, Idaho |
| **FATHER** | 6. Full Name of Father: Frank Alexander DeVault | | | 7. State or Country of Father's Birth: Clinton, Ohio |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Hodge | | | 9. State or Country of Mother's Birth: Douglas City, Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Wm. C. DeVault | 11. Present Address of Registrant: St. Maries, Idaho, Box 112 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 7, 19 62 | | 12. Signature of Notary: Thomas C. Myers | 13. Notary Commission expires: June 15 19 63 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: File No. 49-02670, Idaho | Date Issued: Aug. 25, 1955 | Date Orig. Entry: child born Mar. 4, 1949 |
| | Date of Birth: Age: 46 | Birth Place: Grangeville, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D.C. | Date Issued: June 9, 1961 | Date Orig. Entry: April 1, 1940 |
| | Date of Birth: Age: 37 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: photo copy of application for social security account no. | By whom issued and signed: J. L. Fay U.S. Treasury Department | Date Issued: ---- | Date Orig. Entry: Dec. 5, 1936 |
| | Date of Birth: May 26, 1902 | Birth Place: Idaho County Grangeville, Idaho | Full Name of Mother: Mary A. Hodge | Name of Father: Frank A. DeVault |

**QUALIFYING INFORMATION**: notarized photo copy of page from family Bible by Frank Johnson, Notary Public. dated Jan. 17, 1963. Record is obviously old. Gives date of birth as May 26, 1902 in State of Idaho.

**REGISTRAR'S CERTIFICATION** (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | January 31, 1963 |

FORM BH 56067

4-5-61

FEB 8 1963

215-110-011-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-087

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: GEORGE ANDREW BAEKER | | | 2. Date of Birth (month) August (day) 10 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Bonners Ferry, Idaho | b. City or Town of Birth: Bonners Ferry, Idaho |
| **FATHER** | 6. Full Name of Father: William Louis Baeker | | | 7. State or Country of Father's Birth: Brussels, Ontario Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie McNichol | | | 9. State or Country of Mother's Birth: Grey Twp. Ontario, Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: George Andrew Baeker | | 11. Present Address of Registrant: Brussels, Ontario. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 1 1962 | 12. Signature of Notary: D Hetherington | | 13. Notary Commission expires: permanent 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: affidavit by father | By whom issued and signed: William Lewis Baeker | Date Issued: Dec. 1, 1962 | Date Orig. Entry: -- |
| | Date of Birth: Aug.10,1902 / Birth Place: Bonners Ferry, Idaho | Full Name of Mother: Annie McNichol | Name of Father: William Louis Baeker | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: Wm. L. Buell, Clergyman | Date Issued: --- | Date Orig. Entry: baptized Mar. 16, 1903 |
| | Date of Birth: Aug.10,1902 / Birth Place: ------ | Full Name of Mother: --- - - | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding lodge membership record; St. John's Lodge A.F. & A.M. No.284 G.R.C. | By whom issued and signed: A. Edwin Martin, Secretary | Date Issued: Dec.18,1962 | Date Orig. Entry: April 27, 1926 |
| | Date of Birth: Aug.10,1902 / Birth Place: Bonners Ferry, Idaho, U.S.A. | Full Name of Mother: ------ | Name of Father: ------ | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | sm Shirley Miller | February 4, 1963 |

FORM BH 56067 11-26-62. one copy pd. rec. #19286.

FEB 5 1963

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | |
|---|---|---|
| 1. Name at birth | 2. Date (month, day, year) | |
| Dennis ANDREW HUNT | | |
| 3. Place of birth (City, county, state) | | |
| 4. Sex | 5. Full name of father | 7. State or country of father's birth |
| | William Doris HUNT | Russell, Ontario, Canada |
| 6. Full maiden name of mother | 8. State or country of mother's birth | |
| Anita MONTICHI | Grey Twp., Ontario, Canada | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on December 1, 1962 | 12. Signature of Notary |
| | | 13. Notary Commission expires |
| | | 14. Present address of Registrant |
| | | Pocatello |

| | | | |
|---|---|---|---|
| Supporting Record 1 | Type of document | By whom issued and signed | Date issued |
| | Birth Certificate | Vital Statistics, Bureau of Health, Ontario, Canada | Feb. 1, 1962 |
| | Date of birth | Full name of mother | Name of father |
| | Apr. 20, 1940 | Anita MONTICHI | William Doris HUNT |
| Supporting Record 2 | Type of document | By whom issued and signed | Date issued |
| | Baptismal Certificate | Rev. Odell Martin, Secretary Rev. A.J. Adams, Minister | Feb. 1, 1962 |
| | Date of birth | Full name of mother | Name of father |
| | Apr. 20, 1940 | Anita MONTICHI | William Doris HUNT |
| Supporting Record 3 | | | |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

Date signed | Signature | Signature reviewed by | Date filed

394231-029-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-088

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: HILMA CHRISTINE LIDEN | | | 2. Date of Birth (month) (day) (year): DECEMBER 31st 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: a. County: Nora (~~Troy~~) ~~Idaho~~ County, Latah (Near Troy, Idaho) | b. City or Town or Birthplace: near Nora, (Troy), Idaho Mailing address |
| **FATHER** | 6. Full Name of Father: Andrew Liden | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Christine Oslund | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hilma Liden Goldberg | | 11. Present Address of Registrant: Troy, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 17th 19 61 | 12. Signature of Notary: R Brooke | | 13. Notary Commission expires: 8-1-1965 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Baptism Record | By whom issued and signed: Nora, Idaho G. E. Carlson, Pastor | Date Issued: --- | Date Orig. Entry: baptized Mar.23,1905 |
| | Date of Birth: Dec.31,1902 | Birth Place: Nora, Idaho | Full Name of Mother: Christina Liden | Name of Father: Andro Liden |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Idaho Mutual Benefit Assn. | Date Issued: Aug.24,1944 | Date Orig. Entry: Aug.23,1944 |
| | Date of Birth: Dec.31,1902 | Birth Place: Troy, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D.C. | Date Issued: Jan.24,1963 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age: 17 | Birth Place: Idaho | Full Name of Mother: Christina Liden | Name of Father: Andrew Liden, Jr. |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| D W Benson | pw Shirley Miller | February 5, 1963 |

FORM BH 56067

6-20-61 1 copy paid

FEB 5 1963

381-118-003-292

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-126
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Albert Champlin | | | 2. Date Of Birth (month) (day) (year): October 18 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Pocatello, Idaho |
| **FATHER** | 6. Full Name of Father: John Whiting Champlin | | | 7. State or Country of Father's Birth: Oswego Co. New York |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Adell (Lizze) Kistler | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: George A. Champlin | | 11. Present Address of Registrant: 1548 Michigan Ave. Salt Lake City, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 4 1963 | 12. Signature of Notary: Millie A. Goodsell | | 13. Notary Commission expires: Mar. 11, 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D.C. | Date Issued: Nov.5,1962 | Date Orig. Entry: Jan. 1, 1920 |
| Class* | Date of Birth: Age: 17 / Birth Place: Idaho | Full Name of Mother: Lizzie Champlin | Name of Father: J. W. Champlin | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding insurance policy | By whom issued and signed: The Prudential Insurance Co. of America | Date Issued: Feb.8.1950 | Date Orig. Entry: June 13, 1939 |
| Class | Date of Birth: Oct.18,1902 / Birth Place: Pocatello,Idaho | Full Name of Mother: ---- | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by mother | By whom issued and signed: Lizzie A. Champlin | Date Issued: Aug. 6, 1916 | Date Orig. Entry: --- |
| Class | Date of Birth: Oct.18,1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Lizzie A. Champlin | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: February 19,1963 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 20 1963

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

(Person whose birth is being registered)

1. Registrant's full name at birth: Ronald Albert Chandler

2. Date of birth: Nov. 5, 1942

3. Place of birth: Coeur d'Alene, Idaho

4. Sex: Male

5. Color or race: White

6. Full name of father: Ronald Nathan Chandler

7. State or country of father's birth: Ogdensburg, New York

8. Full maiden name of mother: Helen Edith (Hinze) Kinsley

9. State or country of mother's birth: Illinois

10. Present address of applicant: 1220 Hopkins Ave. Twin Falls, Idaho

11. Signature of applicant: [illegible]

12. Signature of notary: [illegible]

13. Notary commission expires: [illegible]

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible] 19 63

DO NOT WRITE BELOW THIS LINE

Place of birth: Caldwell, Idaho

Date of birth: Nov. 5, 1942

Name of father: R. W. Chandler

Maiden name of mother: Edith Chandler

Date issued: Nov. 5, 1942

Date filed: Dec. 1, 1950

Place of birth: Caldwell, Idaho

Date of birth: Feb. 13, 1942

Name of father: ----

Maiden name of mother: ----

Date issued: Feb. 13, 1942

Date filed: June 13, 1950

Place of birth: Caldwell, Idaho

Date of birth: Oct. 13, 1942

Name of father: ----

Maiden name of mother: Edith A. Chandler

Date issued: Oct. 13, 1942

Date filed: ----

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

Date Registrar: [illegible]

Evidence reviewed by: Shirley Miller

Date filed: February 19, 1963

Place a checkmark in the box opposite the appropriate item identifying.

Place 8 digits are those such as drivers' licenses (Idaho) but are a least 3 years old.

612-228-033-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-144

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Myrtle Pearl Oakey | | 2. Date of Birth (month) February (day) 28 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County | b. City or Town of Birth: Plano, Idaho |
| **FATHER** | 6. Full Name of Father: George Louis Oakey | | 7. State or Country of Father's Birth: Paris Idaho - Aug 28 1870 | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Josephine Brown | | 9. State or Country of Mother's Birth: Oxford Idaho June 14 1882 | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Myrtle Pearl O. Steel | 11. Present Address of Registrant: Rexburg Idaho RD 2 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 2/18 1963 | 12. Signature of Notary: Leroy D. Nielson | 13. Notary Commission expires 10-1- 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: LDS Church, Plano Ward | Date Issued: 9-16-57 | Date Orig. Entry: June 8, 1921 |
| | Date of Birth: Feb. 28, 1902 | Birth Place: Plano, Idaho | Full Name of Mother: Mary Josephine Brown | Name of Father: George Louis Oakey |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #106800 | Date Issued: | Date Orig. Entry: child born Oct. 19, 1922 |
| | Date of Birth: age 20 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by mother | By whom issued and signed: Mary Josephine Oakey | Date Issued: February 18, 1963 | Date Orig. Entry: |
| | Date of Birth: Feb.28,1902 | Birth Place: Plano, Idaho | Full Name of Mother: Mary Jospehine Brown | Name of Father: George Louis Oakey |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | nr Shirley Miller | February 26, 1963 |

FORM BH 56067

MAR 5 1969

294-218-029-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-183

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edeth Vivian Krum | | | 2. Date of Birth (month) April (day) 18 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Genesee |
| **FATHER** | 6. Full Name of Father: Louis Kasooth Krum | | | 7. State or Country of Father's Birth: Lasalle Co., Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Anettie Sampson | | | 9. State or Country of Mother's Birth: Coburg, Lane Co., Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edith Vivian Krum Babcock | | 11. Present Address of Registrant: 2712 S. Dayton Kennewick Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 5 1963 | 12. Signature of Notary: E Pauline Blake | | 13. Notary Commission expires: 12-4 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of marriage certificate | | By whom issued and signed: Frank J. Glover, Auditor | Date Issued: Feb.15,1963 | Date Orig. Entry: Dec. 31, 1924 |
| | Date of Birth: Age: 22 | Birth Place: Genesee, Idaho | Full Name of Mother: Martha Sampson | Name of Father: L. K. Krum | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding hospital records | | By whom issued and signed: Richard E. Weeks, M.D., Mayo Clinic | Date Issued: Feb.25,1963 | Date Orig. Entry: May, 1952 |
| | Date of Birth: April 18, 1902 | Birth Place: ----- | Full Name of Mother: ---- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school records | | By whom issued and signed: A.L. Parker, Principal | Date Issued: Feb.14,1963 | Date Orig. Entry: Jan. 31, 1916 |
| | Date of Birth: April 18, 1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: L. K. Krum | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: March 12, 1963 |

FORM BH 56067

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MAR 18 1963

MAR 14 1973

691-208-004-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-185

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lillian Hannah Transtrum | | 2. Date of Birth (month) October (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: St. Charles, Idaho |
| **FATHER** | 6. Full Name of Father: Ola Transtrum | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Emily Christina Sorenson | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lillian T. Rich | 11. Present Address of Registrant: Parker, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 1 1963 | 12. Signature of Notary: Lamont Bauer, Clerk of District Court | 13. Notary Commission expires: eCeeTrae 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: E. M. Pugmire, Bishop | Date Issued: ---- | Date Orig. Entry: baptized Aug. 13, 1911 |
| | Date of Birth: Oct. 8, 1902 | Birth Place: Bear Lake County St. Charles, Idaho | Full Name of Mother: Emma Sorensen | Name of Father: Ola Transtrum |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: File #158057, Idaho | Date Issued: --- | Date Orig. Entry: child born Nov. 21, 1927 |
| | Date of Birth: Age: 25 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Ricks College College Transcript | By whom issued and signed: E.C. Stephenson, Registrar | Date Issued: Mar. 23, 1955 | Date Orig. Entry: 1921 |
| | Date of Birth: Oct. 8, 1902 | Birth Place: St. Charles, Idaho | Full Name of Mother: ------ | Name of Father: Ola Transtrum |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Miller | Date Filed: March 12, 1963 |

FORM BH 56067 3-12-62

MAR 13 1963

253-214-004-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-215
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Helen Amelia Beckstrom | | 2. Date of Birth (month) December (day) 14 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Montpelier Idaho |
| **FATHER** | 6. Full Name of Father: Herman Beckstrom | | 7. State or Country of Father's Birth: Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hulda Amelia Carlson | | 9. State or Country of Mother's Birth: Sweden | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Helen Amelia Beckstrom | 11. Present Address of Registrant: Montpelier, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 4 1963 | 12. Signature of Notary: James D Bartlme | 13. Notary Commission expires: 7-10 1966 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photo copy of application for insurance | | By whom issued and signed: The Mutual Life Insurance Co. | Date Issued: --- | Date Orig. Entry: Feb. 26, 1927 |
| Class* | Date of Birth: Dec. 14, 1902 | Birth Place: Montpelier, Idaho | Full Name of Mother: Hulda Beckstrom | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of school record | | By whom issued and signed: H.W. Phillips, Principal | Date Issued: Aug. 28, 1961 | Date Orig. Entry: Sept. 9, 1916 |
| Class | Date of Birth: Dec. 14, 1902 | Birth Place: ----- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by neighbor at time of birth; Age-89 | | By whom issued and signed: Josephine Driver | Date Issued: March 14, | Date Orig. Entry: 1963 |
| Class | Date of Birth: Dec. 14, 1902 | Birth Place: Bear Lake County Montpelier, Idaho | Full Name of Mother: Hulda Amelia Carlson | Name of Father: Herman Beckstrom | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: SM Shirley Miller | Date Filed: March 15, 1963 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 15 1963

REGISTRANT

1. Registrant's Full Name at Birth: Helen Amelia Backstrom

2. Date of Birth: December 14, 1902

3. Color or Race: White

4. Sex: Female

5. Place of Birth (County): Montmorenci

6. Place of Birth (City or Town of Birth): Beer Lake

7. State or Country of Father's Birth: Sweden

FATHER

8. Full Name of Father: Herman Backstrom

9. Maiden Name of Mother: Hulda Amelia Carlson

10. State or Country of Mother's Birth: Sweden

MOTHER

AFFIDAVIT

I, affiant, do hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant: Montpelier, Idaho

NOTARY

12. Signature of Notary

13. Notary Commission Expires: 19

SUPPORTING RECORDS

DO NOT WRITE BELOW THIS LINE

| Class | Date of Document | By whom Issued and signed | Date Issued | Date Rec'd. Entry |
|---|---|---|---|---|
| | | | --- | |

| Class | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|---|
| | | | | |

SUPPORTING RECORDS

| Class | Date of Document | By whom Issued and signed | Date Issued | Date Rec'd. Entry |
|---|---|---|---|---|
| | | | --- | |

| Class | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|---|
| | | | | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that a true copy of the original record of birth registered in the Division of Vital Statistics for this registrant and that no contrary evidence has been received, and do substantiate the facts as set forth in the accompanying affidavit.

Registrar

Evidence reviewed by

Date filed: March 15, 1963

Class A Records are those made soon after birth, within the Registrar's jurisdiction.
Class B Records are those made later than one year after birth, or are at least 1 year old.

269-215-004-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-222

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Ruby Sorenson | | 2. Date of Birth (month) (day) (year): Nov. 15, 1902 | |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: St. Charles, Bear Lake | b. City or Town of Birth: St Charles, Idaho |
| **FATHER** | 6. Full Name of Father: Henry Charles Sorenson | | 7. State or Country of Father's Birth: Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Elizabeth Barker | | 9. State or Country of Mother's Birth: Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Ruby S. Fifield | 11. Present Address of Registrant: Route 1 Box 148H, Fallon Nevada | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 14 1963 | 12. Signature of Notary: Margaret Ryan | 13. Notary Commission expires: 10-11 1966 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Duplicate Certificate of Baptism and Confirmation | By whom issued and signed: G. Verl Hendrix, Bishop | Date Issued: Mar.7,1963 | Date Orig. Entry: baptized July 5, 1913 |
| | Date of Birth: Nov.15,1902 | Birth Place: Bear Lake County St.Charles, Idaho | Full Name of Mother: Mary Barker | Name of Father: Henry Sorenson |
| **SUPPORTING RECORD 2.** | Type of Document: photo copy of application for social security account no. | By whom issued and signed: U.S. Treasury Department | Date Issued: Feb.16,1951 | Date Orig. Entry: Dec. 3, 1936 |
| | Date of Birth: Nov.15,1902 | Birth Place: Bear Lake County St. Charles,Idaho | Full Name of Mother: Mary Elizabeth Barker | Name of Father: Henry Charles Sorenson |
| **SUPPORTING RECORD 3.** | Type of Document: statement regarding school records | By whom issued and signed: F.L. O'Neill, Registrar University of Idaho | Date Issued: Feb.15,1963 | Date Orig. Entry: June 18, 1940 |
| | Date of Birth: Nov.15,1902 | Birth Place: St. Charles, Idaho | Full Name of Mother: ---- | Name of Father: Henry Sorenson |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Miller | Date Filed: March 20, 1963 |

FORM BH 56067

MAR 22 1963

394-111-014-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-236

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOHNIE A. CRUMP | | | 2. Date of Birth (month) FEB (day) 11 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: CANYON | b. City or Town of Birth: NOTUS IDAHO |
| **FATHER** | 6. Full Name of Father: JOHN CRUMP | | | 7. State or Country of Father's Birth: NORTH DAKOTA |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY E. PRITCHARD | | | 9. State or Country of Mother's Birth: NORTH DAKOTA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Johnie A Crump | | 11. Present Address of Registrant: FAIRFIELD, WASH. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 18, 1962 | 12. Signature of Notary: Stowenbulmass | | 13. Notary Commission expires: Jan 24 1963 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: File #29-289, Oregon | Date Issued: July 13, 1962 | Date Orig. Entry: child born Aug. 11, 1929 |
| | Date of Birth: Age: 27 | Birth Place: Otis, Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of Certificate of Registration | By whom issued and signed: L. Bower, Deputy County Auditor | Date Issued: April 6, 1962 | Date Orig. Entry: April 14, 1936 |
| | Date of Birth: Age: 34 | Birth Place: Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by uncle, age-77 | By whom issued and signed: James Pritchard | Date Issued: November 5, 1962 | Date Orig. Entry: |
| | Date of Birth: Feb.11,1902 | Birth Place: Notus, Idaho | Full Name of Mother: Mary Pritchard | Name of Father: John Crump |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | sm Shirley Miller | March 26, 1963 |

FORM BH 56067 9-7-61

MAR 26 1963

612-125.022-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-260

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leonard Orville Wasden | | | 2. Date of Birth (month) Nov. (day) 25 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: St Anthony |
| **FATHER** | 6. Full Name of Father: Willard Washington Wasden | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Myrtle Boylan | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leonard O Wasden | | 11. Present Address of Registrant: 410-13th St. Idaho Falls, Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 27 1963 | 12. Signature of Notary: Lorin L. Hark | | 13. Notary Commission expires: June 1 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of Affidavit for Marriage License | By whom issued and signed: LaMonte Bauer, Clerk | Date Issued: Mar.12,1963 | Date Orig. Entry: July 29, 1924 |
| | Date of Birth: Age: 21 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Photo copy of application for life insurance | By whom issued and signed: American National Insurance Company | Date Issued: ---- | Date Orig. Entry: 1927 |
| | Date of Birth: Nov.25,1902 | Birth Place: St.Anthony, Idaho | Full Name of Mother: ---- | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: Photo copy of Church Record | By whom issued and signed: Ella D. Jack, Custodian of L.D.S. Church, Records | Date Issued: ---- | Date Orig. Entry: Mar. 5, 1908 |
| | Date of Birth: Nov.25,1902 | Birth Place: Fremont County St. Anthony, Idaho | Full Name of Mother: Myrtle Boylan | Name of Father: Willard Washington Wasden |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: April 2, 1963 |

FORM BH 56067

APR 2 1963

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# CERTIFIED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | |
|---|---|---|
| CHILD | 1. Registrant's full name at birth: Reagan | 2. Date of birth: Nov. 25, 1902 |
| | 3. Place of birth: Male | 4. County of birth: St Anthony Fremont |
| FATHER | 5. Full name of father: Nilliard Washington Reagan | 6. State or Country of Father's Birth: Utah |
| MOTHER | 7. Full maiden name of Mother: Myrtle Boylan | 8. State or County of Mother's Birth: Iowa |
| AFFIDAVIT | Any person who does the ... are true to the best of my knowledge and belief. | 9. Signature of Registrant |
| NOTARY (Legal) | Subscribed and sworn to before me at ... | 10. Signature of Notary |
| | | 11. Present address of Registrant: 310-12th St., Idaho Falls, Ida |
| | | 12. Notary Commission expires: |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1 | Type of Document: Certificate of Citizenship | By whom issued and signed: Immigration Service, Chicago | Date issued: Date orig. Entry: Apr. 12, 1949 May 29, 1924 |
| SUPPORTING RECORD 2 | Type of Document: Photo copy of application for Social Security Card | By whom issued and signed: Secretary, National Insurance Company | Date issued: Date orig. Entry: 192 |
| | Date of Birth: Nov. 25, 1902 | Full name of Mother: | Name of Father: |
| SUPPORTING RECORD 3 | Type of Document: Photo copy of Social Security | By whom issued and signed: L. J. Wilson, Secretary, Washington | Date issued: Date orig. Entry: Sept. 5, 1940 |
| | Date of Birth: Nov. 25, 1902 | Full name of Mother: Myrtle Boylan | Name of Father: Nilliard Washington Reagan |
| QUALIFICATIONS | | | |

I hereby certify that the birth certificate has been found in the Division of Vital Statistics for this registration and that no other evidence has been required, which substantiates the facts as set forth in the above affidavit.

Signature of Registrar: Evidence reviewed by: Shirley Miller

Date Filed: April 2, 1963

312-203-035-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-296

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Marie Tabor | | | 2. Date Of Birth (month) 6 (day) 3 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Idaho Nez Perce | b. City or Town of Birth: Lewiston, Idaho |
| **FATHER** | 6. Full Name of Father: Thomas M. Tabor | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth M. Hanses | | | 9. State or Country of Mother's Birth: Minnesota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Marie Tabor Webb | 11. Present Address of Registrant: 1321 15th Street Lewiston, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 10 1963 | | 12. Signature of Notary: William R. Comey | 13. Notary Commission expires: 2-22 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Publisher's Affidavit of Publication; New Article. | By whom issued and signed: D.N. Sinclair, Office Mgr. J.H. Ferris, Notary Public | Date Issued: April 11, 1963 | Date Orig. Entry: June 4, 1902 |
| | Date of Birth: June 3, 1902 | Birth Place: ---- | Full Name of Mother: ----- | Name of Father: Thomas Tabor |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Elizabeth M. Tabor | Date Issued: April 8, 1963 | Date Orig. Entry: p----- |
| | Date of Birth: June 3, 1902 | Birth Place: Lewiston, Idaho | Full Name of Mother: Elizabeth Hanses | Name of Father: Thomas M. Tabor |
| **SUPPORTING RECORD 3.** | Type of Document: School Transcript; Lewiston Senior High School; Lewiston, | By whom issued and signed: Frank B. Clark, Principal Idaho | Date Issued: Mar.25,1963 | Date Orig. Entry: Sept. 10, 1917 |
| | Date of Birth: June 3, 1902 | Birth Place: Lewiston, Idaho | Full Name of Mother: ----- | Name of Father: Tom Tabor |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: April 19, 1963 |

FORM BH 56067

APR 19 1969

993-208-016-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-326

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edith Irene Rich | | 2. Date of Birth (month) April (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Cassia b. City or Town of Birth: Albion |
| **FATHER** | 6. Full Name of Father: Charles D. Rich | | 7. State or Country of Father's Birth: Illinois U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Harriet A. Smith | | 9. State or Country of Mother's Birth: Utah U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edith Irene Rich Jackson | 11. Present Address of Registrant: 24539 Margaret Drive Hayward Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 28, 1963 Alameda County, California | 12. Signature of Notary: Roland Richard Boucher Roland Richard Boucher | 13. Notary Commission expires Aug. 27, 1964 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | By whom issued and signed: File No. 117326, Idaho | Date Issued: ---- | Date Orig. Entry: child born Nov. 29, 1923 |
| | Date of Birth: Age: 21 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: statement regarding school records | By whom issued and signed: Lee W. Merrill, Clerk | Date Issued: Jan. 14, 1963 | Date Orig. Entry: 1915-1920 |
| | Date of Birth: April 8, 1902 / Birth Place: Albion, Idaho | Full Name of Mother: Harriet Smith Rich | Name of Father: Charles D. Rich | |
| **SUPPORTING RECORD 3.** | Type of Document: Photo copy of application for social security account no. | By whom issued and signed: U.S. Treasury Department | Date Issued: ---- | Date Orig. Entry: July 23, 1940 |
| | Date of Birth: April 8, 1902 / Birth Place: Albion, Idaho | Full Name of Mother: Hattie Smith | Name of Father: Charley Rich | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | | Date Filed: April 30, 1963 |

FORM BH 56067

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MAY 1 1968

612-1041003-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No De-63-340

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALBERT NATHAN WAKLEY | | | 2. Date of Birth (month) November (day) 4, (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Downey |
| **FATHER** | 6. Full Name of Father: James Henry Wakley | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Celia Geren | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Albert Nathan Wakley | | 11. Present Address of Registrant: 420 North 13th. Avenue Buhl, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 19, 1963 | 12. Signature of Notary: Jas Gartman | | 13. Notary Commission expires: February 4, 1965 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photo copy of application for social security account No. | By whom issued and signed: J.L. Fay, Assistant Director U.S. Treasury Department | Date Issued: Dec.20,1962 | Date Orig. Entry: Mar. 15, 1939 |
| | Date of Birth: Nov.4,1902 | Birth Place: Bannock County Downey, Idaho | Full Name of Mother: Celia Gerring | Name of Father: James Henry Wakley |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of Certificate of Age from Election Record | By whom issued and signed: Lucille Wilcock, Deputy Clerk | Date Issued: April 29, 1963 | Date Orig. Entry: 1942 |
| | Date of Birth: Nov.4, 1902 | Birth Place: ---- | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding registration for Selective Service; Administrative Division | By whom issued and signed: Annabel R. Woodmore, Chief | Date Issued: Dec.4,1962 | Date Orig. Entry: Feb. 16, 1942 |
| | Date of Birth: Nov.4,1902 | Birth Place: Downey, Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barnum | Evidence reviewed by: SM Shirley Miller | Date Filed: May 7, 1963 |

FORM BH 56067 11-30-62. nm

MAY 7, 1963

966-130-006-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-373

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hugh Francis Rowley | | | 2. Date of Birth (month) June (day) 30, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Shelley |
| **FATHER** | 6. Full Name of Father: Hugh Thompson Rowley | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Grace Davis | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hugh Francis Rowley | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 17 1962 | 12. Signature of Notary: Ronnie J. Chandler | | 13. Notary Commission expires: 8-15 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Record | By whom issued and signed: L.D.S. Chruch, Salt Lake City, Utah | Date Issued: Mar. 12, 1963 | Date Orig. Entry: June 14, 1913 |
| | Date of Birth: June 30, 1902 | Birth Place: Shelley, Idaho | Full Name of Mother: Grace Davis | Name of Father: Hugh Thompson Rowley |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License | By whom issued and signed: Lucille Bannerman, Deputy Clerk | Date Issued: --- | Date Orig. Entry: Sept. 9, 1925 |
| | Date of Birth: Age: 23 | Birth Place: Shelley, Idaho | Full Name of Mother: Grace Davis | Name of Father: H. T. Rowley |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth Age: 70 | By whom issued and signed: John E. Rowley | Date Issued: May 7, | Date Orig. Entry: 1963 |
| | Date of Birth: June 30, 1902 | Birth Place: Shelley, Idaho | Full Name of Mother: Grace Davis Rowley | Name of Father: Hugh T. Rowley |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: sm sm Shirley Miller | Date Filed: May 16, 1963 |

FORM BH 56067

MAY 16 1963

318-113-036-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-406

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Melvin Park Taylor | | | 2. Date of Birth (month) Mar (day) 13th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Dayton, Idaho |
| **FATHER** | 6. Full Name of Father: William Robert Taylor | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellen Marie Mickelsen | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Melvin Park Taylor | | 11. Present Address of Registrant: 997 Fortner, Ontario, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 30th 19 63 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Jan 23 19 66 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Record of Membership | By whom issued and signed: L. D. S. Church | Date Issued: --- | Date Orig. Entry: Baptized June 13, 1910 |
| | Date of Birth: March 13, 1902 / Birth Place: Dayton, Idaho Oneida County | Full Name of Mother: Robert Wm. Taylor | Name of Father: Ellen Marie Mickelsen | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho, File #103425 | Date Issued: ---- | Date Orig. Entry: Child born April 2, 1922 |
| | Date of Birth: Age 20 / Birth Place: Dayton, Idaho | Full Name of Mother: ---- | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Application for Membership | By whom issued and signed: Snake River Valley Benevolent Society, Weiser, Idaho | Date Issued: --- | Date Orig. Entry: September 28, 1938 |
| | Date of Birth: Age 36 / Birth Place: ---- | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Betty Morris | Date Filed: June 3, 1963 |

FORM BH 56067

Melvin Park Taylor

White | M | Oneida | Bevton, Idaho

William Robert Taylor

Utah | Utah

Ellen Marie Mickelsen

207 Portland, Ontario, Oregon

Jan 23 1966

Second E. Hembership | Bevton, Idaho | Oneida County | 1902

Robert Wm. Taylor | Ellen Marie Mickelsen

Application for Membership

Drake River Valley Benevolent Society, Meiser, Idaho

September 28, 1953

June 3, 1983

863 124040-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-408

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lew Holohan | | 2. Date of Birth (month) July (day) 24 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho Shoshone | b. City or Town of Birth: Wallace |
| **FATHER** | 6. Full Name of Father: Peter Joseph Holohan | | 7. State or Country of Father's Birth | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mildred Sebastian | | 9. State or Country of Mother's Birth | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lew Holohan | 11. Present Address of Registrant: 626 Park Avenue Hermiston, Oregon | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 22 19 63 | 12. Signature of Notary: Nellie H. Bell Notary Public for Oregon | 13. Notary Commission expires Oct 21 19 64 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding hospital records;-ited Record Technician; St. Joseph Hospital | By whom issued and signed: Sister Marie Immaculate, Accred- | Date Issued: Apr.11,1963 | Date Orig. Entry: Feb. 20, 1955 |
| | Date of Birth: July 24, 1902 | Birth Place: O----- | Full Name of Mother: ---------- | Name of Father: - -------- |
| **SUPPORTING RECORD 2.** | Type of Document: (sister-in-law al Affidavit by friend of family at time of birth; age-79 | By whom issued and signed: Edythe Holohan | Date Issued: May 10, 1963 | Date Orig. Entry: |
| | Date of Birth: July 24, 1902 | Birth Place: Shoshone County Wallace, Idaho | Full Name of Mother: Mildred Sebastian Holohan | Name of Father: Peter Joseph Holohan |
| **SUPPORTING RECORD 3.** | Type of Document: photo copy of application for employment; | By whom issued and signed: Oregon-Washington Railroad & Navigation Company | Date Issued: -------- | Date Orig. Entry: July 23, 1935 |
| | Date of Birth: July 24, 1902 | Birth Place: Wallace, Idaho | Full Name of Mother: ---- | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: June 4, 1963 |

FORM BH 56067

JUN 4 1963

Holoban

Joe Holoban

Male Idaho Shoshone

Peter Joseph Holoban

Alfred Sebastian

Fred Park Avenue
Spokane Oregon

693-219-006-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-463

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mabel Helen Wilson. | | | 2. Date of Birth (month) Dec. (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Shelley Idaho. Black Foot | b. City or Town of Birth: Shelley Idaho. |
| **FATHER** | 6. Full Name of Father: Isaac Jefferson Wilson. | | | 7. State or Country of Father's Birth: Hyrum Utah. |
| **MOTHER** | 8. Full Maiden Name of Mother: Amber Marie Austad x | | | 9. State or Country of Mother's Birth: Reser, Norway. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Wood. Mabel Wood. | | 11. Present Address of Registrant: 1525 Liberty ave Ogden Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 28 19 62 | 12. Signature of Notary: Agnes Sutton | | 13. Notary Commission expires: Aug. 16 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt; age: 76 | | By whom issued and signed: Mary Orell | Date Issued: June 17, | Date Orig. Entry: 1963 |
| | Date of Birth: Dec.19,1902 | Birth Place: Shelley, Idaho | Full Name of Mother: Amber Marie Austad | Name of Father: Isaac Jefferson Wilson | |
| **SUPPORTING RECORD 2.** | Type of Document: L.D.S. Church Record | | By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records | Date Issued: June 17, 1963 | Date Orig. Entry: baptized June 1, 1912 |
| | Date of Birth: Dec.19,1902 | Birth Place: Shelley, Idaho | Full Name of Mother: Amber Austed | Name of Father: Isaac J. Wilson | |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of own child's birth certificate | | By whom issued and signed: Ogden, Utah File #14310 | Date Issued: Nov.16,1962 | Date Orig. Entry: child born June 19, 1937 |
| | Date of Birth: Age: 34 | Birth Place: Shelley, Idaho | Full Name of Mother: ----- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barron | Shirley Miller | June 27, 1963 |

FORM BH 56067

3-21-62 1 copy paid

JUN 28 1963

697-24-028-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-500

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: VIVIAN MAY WIPER | | | 2. Date of Birth (month) (day) (year): MAY 14, 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: COEUR D'ALENE | b. City or Town of Birth: COEUR D'ALENE |
| **FATHER** | 6. Full Name of Father: ROBERT H. WIPER | | | 7. State or Country of Father's Birth: OHIO |
| **MOTHER** | 8. Full Maiden Name of Mother: THERESA KNIGHT | | | 9. State or Country of Mother's Birth: WASHINGTON |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of ~~Registrant~~ Notary: [signature] | | 11. Present Address of Registrant: 2855 RAYMOND STOCKTON, CALIFORNIA |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: JULY 9, 1963. | 12. Signature of ~~Notary~~ Registrant: Vivian May Wiper Nikel | | 13. Notary Commission expires: MARCH 28, 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt, born;1876 | By whom issued and signed: Can Himebaugh | Date Issued: February 26, 1963 | Date Orig. Entry |
| | Date of Birth: May 14,1902 | Birth Place: Coeur d'Alene,Ida. Coeur d'Alene, Ida. | Full Name of Mother: Theresa Knight Wiper | Name of Father: Robert H. Wiper |
| **SUPPORTING RECORD 2.** | Type of Document: Photo copy of app. for Social Security Account Number | By whom issued and signed: U.S. Treasury Department | Date Issued: ----- | Date Orig. Entry: Dec. 2, 1942 |
| | Date of Birth: May 14,1902 | Birth Place: Coeur d'Alene,Ida. | Full Name of Mother: Theresa K. Knight | Name of Father: Robert H. Wiper |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: California State File #22-033780 | Date Issued: Mar.22,1963 | Date Orig. Entry: child born June 9, 1922 |
| | Date of Birth: Age: 20 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. L. Benson | Shirley Miller | July 16, 1963 |

FORM BH 56067

JUL 16 1963

815218 1010-345

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-504
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Clara May Hanson | | 2. Date Of Birth (month) Dec. (day) 18 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Home Bonneville | b. City or Town of Birth: Idaho Falls |
| **FATHER** | 6. Full Name of Father: Lars Hanson | | 7. State or Country of Father's Birth: Denmark | |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura Margurite Lund | | 9. State or Country of Mother's Birth: Denmark | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clara May Hanson | 11. Present Address of Registrant: Idaho Falls, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 1, 19 63 | 12. Signature of Notary: W M Wertfle | 13. Notary Commission expires November 22 19 64 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother born: 1887 | By whom issued and signed: Edward S. Hanson | Date Issued: July 26, 1960 | Date Orig. Entry |
| Class* | Date of Birth: Dec. 18, 1902 / Birth Place: Idaho Falls, Idaho | Full Name of Mother: ---- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Idaho State File #116829 | Date Issued: Aug. 14, 1953 | Date Orig. Entry: child born Sept. 7, 1923 |
| Class | Date of Birth: Age: 20 / Birth Place: Idaho Falls, ---- | Full Name of Mother: ---- | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: U.S. Department of Commerce Cenus Record | By whom issued and signed: Bureau of the Census Washington, D.C. | Date Issued: June 28, 1963 | Date Orig. Entry: Jan, 1, 1920 |
| Class | Date of Birth: Age: 17 / Birth Place: Idaho | Full Name of Mother: Laura M. Hanson | Name of Father: Lars Hanson | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: July 16, 1963 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

IDAHO

JUL 17 1963

1. Name of child (if any) 2. Sex 3. Date of birth (Month) (Day) (Year)

4. Place of birth (County) (City or town) (State)

5. Place of birth (Hospital or place of birth)

FATHER

6. Full name of father 7. Place or country of father's birth

MOTHER

8. Full maiden name of mother 9. Place or country of mother's birth

AFFIDAVIT

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of affiant 11. Present address of affiant

Subscribed and sworn to before me on 12. Signature of notary 13. Notary Commission expires

AFFIDAVIT BY PERSON OTHER THAN PARENT

14. Name of document 15. Name and address of signer

Affidavit by proxy

Date of birth Birth place

Full name of mother

Name of father

Date issued Date dplg. entry

July 25, 1963

PERTINENT RECORD 1

Date of document

Date of birth Birth place

By whom issued and signature

Full name of mother

Name of father

Date issued Date dplg. entry

Aug. 1, 1963 Sept. 7, 1963

PERTINENT RECORD 2

Date of document

Date of birth Birth place

By whom issued and signature

Full name of mother

Name of father

Date issued Date dplg. entry

Aug. 1, 1963

Lorena M. Garrison

Lorena M. Garrison

QUALIFICATIONS

Qualification 1

Qualification 2

Qualification 3

Qualification 4

Qualification 5

Qualification 6

Qualification 7

Qualification 8

Qualification 9

Qualification 10

CERTIFICATION

Hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of registrar

Evidence reviewed

Date filed

Aug. 2, 1963

165-211-036-165

(Be sure the information is complete and accurate)

State File No. De63-511
Local Reg. No.
Reg. Dist. No.

Federal Security Agency
United States Public Health Service

# CERTIFICATE OF BIRTH
## STATE OF IDAHO

RECEIVED JUL 16 1963 Bureau of Vital Statistics

**1. PLACE OF BIRTH**
a. COUNTY: ONEIDA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

**2. USUAL RESIDENCE OF MOTHER** (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location):

**3. CHILD'S NAME** (Type or print)
a. (First): Marie
b. (Middle):
c. (Last): Jones

**4. SEX**: F.

**5a. THIS BIRTH**: SINGLE [x] TWIN [ ] TRIPLET [ ]

**5b. IF TWIN OR TRIPLET** (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

**6. DATE OF BIRTH** (Month) (Day) (Year): Dec. 11, 1902

## FATHER OF CHILD

**7. FULL NAME**
a. (First): David
b. (Middle): W.
c. (Last): Jones

**8. COLOR OR RACE**: White

**9. AGE** (At time of this birth): 39 YEARS

**10. BIRTHPLACE** (State or foreign country) (City or Town): Willard, Utah

**11a. USUAL OCCUPATION**: Farmer

**11b. KIND OF BUSINESS OR INDUSTRY**: Farming

## MOTHER OF CHILD

**12. FULL MAIDEN NAME**
a. (First): Maria
b. (Middle): Williams
c. (Last): Jones

**13. COLOR OR RACE**: White

**14. AGE** (At time of this birth): 37 YEARS

**15. BIRTHPLACE** (State or foreign country) (City or Town): Malad, Idaho

**16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER** (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 5
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

**17. INFORMANT'S SIGNATURE OR NAME** (Relationship)

*I hereby certify that this child was born alive on the date stated above.*

**18a. SIGNATURE**: D E Raymond

**18b. ATTENDANT AT BIRTH**: M. D. [x] MIDWIFE [ ] OTHER (Specify)

**18c. ADDRESS**: 619 N. Arthur, Pocatello,

**18d. DATE SIGNED**: 7-7-1963

**19. DATE REC'D BY LOCAL REG.**: July 16, 1963

**20. REGISTRAR'S SIGNATURE**: W. W. Benson

**21. DATE ON WHICH GIVEN NAME ADDED BY** (Registrar)

## FOR MEDICAL AND HEALTH USE ONLY
*(This section MUST be filled out)*

**22a. LENGTH OF PREGNANCY**: WEEKS

**22b. WEIGHT AT BIRTH**: LBS. OZS.

**23.** Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 18 1963

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

### MEDICAL REPORT

**(Not for certified copies)**

**(To be used for Crippled Children, Maternal and Child Health Work)**

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

652-119-008-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-524

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOSEPH ALPHEUS WEBSTER | | | 2. Date of Birth (month) May (day) 19 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Boise | b. City or Town of Birth: Horseshoe Bend |
| **FATHER** | 6. Full Name of Father: Alpheus Thomas Webster | | | 7. State or Country of Father's Birth: Georgia |
| **MOTHER** | 8. Full Maiden Name of Mother: Lillie D. Smidt | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joseph A. Webster | | 11. Present Address of Registrant: Horseshoe Bend, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 28 1961 | 12. Signature of Notary: Louis W. Cosho | | 13. Notary Commission expires: Jan. 14 1963 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt Age 85 | By whom issued and signed: Cora E. Evans | Date Issued: Nobember 20, 1961 | Date Orig. Entry: ----- |
| | Date of Birth: May 19, 1902 | Birth Place: Horseshoe Bend, Boise County, Ida. | Full Name of Mother: Lillie D. Smidt | Name of Father: Alpheus Thomas Webster |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of Marriage License | By whom issued and signed: Lillian M. Campbell, Recorder | Date Issued: April 3, 1962 | Date Orig. Entry: November 26, 1929 |
| | Date of Birth: Age 27 | Birth Place: ----- | Full Name of Mother: ------- | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: App. for Insurance Company | By whom issued and signed: American Republic Insurance Company of Des Moines, Iowa | Date Issued: December 1, 1957 | Date Orig. Entry: November 18, 1957 |
| | Date of Birth: May 19, 1902 | Birth Place: Idaho Horseshoe Bend, | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: ec bm Betty Morris | Date Filed: July 24, 1963 |

FORM BH 56067

JUL 24 1962

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| REGISTRANT | 1. Full name at birth: JOSEPH ARTHUR WHITE | 2. Sex: Male | 3. Place of birth: County: ADAMS State: IDAHO |
| | 4. Date of birth: Month: MAY Day: 19 Year: 1902 | 5. City or town of birth: Horseshoe Bend | |
| FATHER | 6. Full name of father: Alphonse Thomas Webster | 7. State or country of father's birth: Georgia | |
| MOTHER | 8. Full maiden name of mother: Lillie D. Smith | 9. State or country of mother's birth: Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of applicant | 11. Present address of applicant: Horseshoe Bend, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on: November 28 1962 | 12. Signature of notary | 13. Notary Commission expires: [illegible] |

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1. | Type of document: Affidavit by Aunt Age 60 | 14. Name of person: Cora A. Evers | Date issued: November 2 1962 |
| | Name of issuer: Horseshoe Bend May 19 1902 | 15. Name of mother: Lillie D. Smith | Name of issuer: Raymond Jones |
| SUPPORTING RECORD 2. | Type of document: Certified copy of Marriage Record | 16. Name issued and signer: Lillian D. Smith, Recorder | Date issued: April 3 1962 |
| | Name of issuer: Blaine County, Idaho | Full name of father: ------ | Name of issuer: ------ |
| SUPPORTING RECORD 3. | Type of document: App. for Insurance Company | 17. Name issued and signed: American Combine Insurance Company of Los Angeles, Inc. | Date issued: December 7 1932 |
| | Name of issuer: Idaho Nov 19 1902 Horseshoe Bend | Full name of father: ------ | Name of issuer: ------ |
| ADDITIONAL INFORMATION | | | |

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date filed |
|---|---|---|
| Wm W. Temple | Betty Morris | July 2, 1962 |

134-205-016-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-557
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Julia Eliza Aldous | | 2. Date of Birth (month) Sept. (day) 5 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Oakley, Idaho-Cassia | b. City or Town of Birth: Oakley, Idaho |
| **FATHER** | 6. Full Name of Father: John J. Aldous | | 7. State or Country of Father's Birth: Huntsville, Weber Co. Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Ann Kelly | | 9. State or Country of Mother's Birth: Wellsville, Cashe Co. Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Julia A. Huffaker | 11. Present Address of Registrant: Salmon, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 21, 1963 | 12. Signature of Notary: Frederick Hughes Smith | 13. Notary Commission expires: Sept. 21, 1963 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Margaret Ann Kelly Aldous | Date Issued: March 26, 1954 | Date Orig. Entry |
| Class* | Date of Birth: Sept. 5, 1902 / Birth Place: Oakley, Idaho | Full Name of Mother: Margaret Ann Kelly Aldous | Name of Father: -------- | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record;-Church Membership Records | By whom issued and signed: Ella D. Jack, Custodian of LDS Church | Date Issued: April 5, 1954 | Date Orig. Entry: baptized Oct. 2, 1910 |
| Class | Date of Birth: Sept. 5, 1902 / Birth Place: Oakley, Idaho | Full Name of Mother: Margaret A. Kelly | Name of Father: John Aldous | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding hospital record; Steele Memorial Hospital, Salmon, Idaho | By whom issued and signed: Gerald J. Butler, Adminstrator | Date Issued: July 30, 1963 | Date Orig. Entry: Dec. 6, 1956 |
| Class | Date of Birth: Sept. 5, 1902 / Birth Place: Cassia, County Oakley, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: August 7, 1963 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 7 1963

STATE OF IDAHO

CERTIFICATE OF BIRTH

| | | | |
|---|---|---|---|
| CHILD | 1. Name of child (First, middle, last) | | 2. Date of birth (Month) Sept. (Day) 5 (Year) 1901 |
| | 3. Sex M | 4. Color or Race White | 5. Place of birth (County) Oneida, Idaho-Cassia |
| | | | 6. City or town of birth Oakley, Idaho |
| FATHER | 7. Full name of father John J. Aldous | | 8. State or country of father's birth Huntsville, Weber Co. Utah |
| MOTHER | 9. Full maiden name of mother Margaret Ann Kelly | | 10. State or country of mother's birth Wallsville, Cache Co. Utah |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. 12. Signature of Registrant | | 11. Present address of Registrant Salmon, Idaho |
| NOTARY | Subscribed and sworn to before me on 13. Signature of Notary | | 14. Notary Commission expires |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Supporting Record 1 | Type of document Affidavit by mother | By whom issued and signed Margaret Ann Kelly Aldous | Date issued March 20, 1901 |
| | Date of birth | Place of birth | Full name of mother Margaret Ann Kelly Aldous |
| | | | Name of father ------ |
| Supporting Record 2 | Type of document Church Record-Church Membership Record LDS Church | By whom issued and signed File, Jack, Clerk-Secretary of LDS Church | Date issued April 1, 1901 |
| | Date of birth 1902 | Place of birth Oakley, Idaho | Full name of mother Margaret A. Kelly |
| | | | Name of father John Aldous |
| Supporting Record 3 | Type of document Teton Memorial Hospital Birth Record | By whom issued and signed | Date issued July 20, 1902 |
| | Date of birth | Place of birth | Full name of mother ------ |
| | | | Name of father ------ |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

| | | |
|---|---|---|
| Registrar | Evidence reviewed by | Date filed August 7, 1902 |

652-102-026-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-560

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Bulan Taylor Webster | | | 2. Date of Birth (month) (day) (year): June 2nd 1902 |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Grant - Jefferson | b. City or Town of Birth: Grant Idaho |
| **FATHER** | 6. Full Name of Father: John Webster | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Lydia Almeda Taylor | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Bulan Taylor Webster | | 11. Present Address of Registrant: 1528 Ferry St |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 25th 1963 | 12. Signature of Notary: J. Woodine | | 13. Notary Commission expires: Oct 30 1963 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photo copy of own copy of marriage license | By whom issued and signed: George M. Melton, Justice of the Peace | Date Issued: --- | Date Orig. Entry: Nov. 14, 1941 |
| | Date of Birth: Age: 39 | Birth Place: Grant, Idaho | Full Name of Mother: Almeda Taylor | Name of Father: J. W. Webster |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister; born-1884 | By whom issued and signed: Julia Elizabeth Webster Ellis | Date Issued: July 19, 1963 | Date Orig. Entry: |
| | Date of Birth: June 2, 1902 | Birth Place: Fremont County ~~Grant,~~ Idaho | Full Name of Mother: Lydia Almeda Taylor Webster | Name of Father: John Webster |
| **SUPPORTING RECORD 3.** | Type of Document: L.D.S. Church Record | By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records | Date Issued: June 24, 1963 | Date Orig. Entry: blessed July 13, 1902 |
| | Date of Birth: June 2, 1902 | Birth Place: Grant, Idaho | Full Name of Mother: Lydia A. Taylor | Name of Father: John Webster |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: August 8, 1963 |

FORM BH 56067

AUG 8 1963

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

415-212-026-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-575

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alvaretta Davis | | | 2. Date Of Birth (month) February (day) 12 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lewisville, Jefferson Ida. | b. City or Town of Birth: Lewisville, Idaho |
| **FATHER** | 6. Full Name of Father: Frank Leroy Davis | | | 7. State or Country of Father's Birth: Nevada, USA |
| **MOTHER** | 8. Full Maiden Name of Mother: Alvaretta Harmon | | | 9. State or Country of Mother's Birth: Utah, USA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alvaretta D. Rytting | | 11. Present Address of Registrant: 163 E 2nd No, Tremonton, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 24 1963 | 12. Signature of Notary: Estlee B Hatch | | 13. Notary Commission expires: Feb. 13 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Frank L. Davis | Date Issued: June 25, 1963 | Date Orig. Entry: |
| | Date of Birth: Feb. 12, 1902 | Birth Place: Jefferson County Lewisville, Idaho | Full Name of Mother: Alvaretta Harmon | Name of Father: Frank L. Davis |
| **SUPPORTING RECORD 2.** | Type of Document: Church Record-L.D.S. Church | By whom issued and signed: L.D.S. Church, Salt Lake City, Utah | Date Issued: July 11, 1963 | Date Orig. Entry: June 5, 1910 |
| | Date of Birth: Feb. 12, 1902 | Birth Place: Fremont County Lewisville, Idaho | Full Name of Mother: Alvaretta Harmon | Name of Father: Frank L. Davis |
| **SUPPORTING RECORD 3.** | Type of Document: Notarized copy from page in Family Record--Page 35 | By whom issued and signed: R.J. Brough, Notary Public | Date Issued: Aug. 8, 1963 | Date Orig. Entry: obviously old |
| | Date of Birth: Feb. 12, 1902 | Birth Place: Fremont County Lewisville, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: August 14, 1963 |

FORM BH 56067 1 copy pd. #07467

AUG 14 1963

Copying

2. Date of Birth: February 12 1902

7. City or Town of Birth: Lewisville, Idaho

7. State or Country of Father's Birth: Canada, USA

9. State or Country of Mother's Birth: [illegible], USA

11. Present Address of Registrant: 165 N 2nd No. Tremonton, Utah

13. Notary Commission expires

351-218-001-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De63-585

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Essie Marie Leavell | | | 2. Date of Birth (month) (day) (year): September 18 1902 |
| | 3. Color or Race: white | 4. Sex: F. | 5. Place of Birth a. County: Idaho Ada | b. City or Town of Birth: (near) Boise, Idaho |
| **FATHER** | 6. Full Name of Father: Benjamin Franklin Leavell | | | 7. State or Country of Father's Birth: Iowa, U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Flora Markley | | | 9. State or Country of Mother's Birth: Iowa, U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Essie M. Talbert | | 11. Present Address of Registrant: 408 Sherman St. Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 22 19 63 | 12. Signature of Notary: Mary Jean Robinson | | 13. Notary Commission expires: October 5 19 64 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Age 77 Affidavit by Sister | By whom issued and signed: Grace I. Soper | Date Issued: Oct. 24 1962 | Date Orig. Entry: ---- |
| | Date of Birth: Sept. 18 1902 | Birth Place: Ada County, Idaho | Full Name of Mother: Flora Markley Leavell | Name of Father: Benjamin Franklin Leavell |
| **SUPPORTING RECORD 2.** | Type of Document: Notarized photo-copy of Family Bible Record | By whom issued and signed: Mary Jean Robinson, Notary Public, Boise, Idaho | Date Issued: Aug 22, 1963 | Date Orig. Entry: obviously old |
| | Date of Birth: Sept. 18 1902 | Birth Place: Ada County, Idaho | Full Name of Mother: Flora Markley | Name of Father: Benjamin F. Leavell |
| **SUPPORTING RECORD 3.** | Type of Document: Notarized statement regarding School Census Record | By whom issued and signed: S.S. Foote, Canyon County Recorder Caldwell, Idaho | Date Issued: Oct 24, 1962 | Date Orig. Entry: Sept. 1908 |
| | Date of Birth: Age 6 | Birth Place: ------- | Full Name of Mother: ----- | Name of Father: B. F. Leavell |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Joyce B. Foltz | Date Filed: Aug 22, 1963 |

FORM BH 56067

AUG 22 1963

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | |
|---|---|
| 1. Name of child at birth | Gregg Curtis Lanyell |
| 2. Sex | M |
| 3. Place of birth | Idaho |
| 4. County | Ada |
| 5. City or town of birth | (near) Boise, Idaho |
| 6. Date of birth | September 18 1953 |
| FATHER 7. Full name of father | Benjamin Franklin Lanyell |
| 8. Father's color or race | W |
| 9. Father's birthplace (state or country) | Iowa, U.S.A. |
| MOTHER 10. Full maiden name of mother | Flora Bradley |
| 11. Mother's color or race | W |
| 12. Mother's birthplace (state or country) | Iowa, U.S.A. |
| 13. Attendant | Certified from data on file in the Department of Health in the Bureau of Vital Statistics |
| 14. Signature of Attendant | |
| 15. Address of Attendant | |
| 16. Date attendant signed | |
| 17. Signature of Registrar | |
| 18. Address of Registrar | 208 Sherman St. Boise, Idaho |
| 19. Date Registrar signed | October 5 1964 |
| 20. Signature of Informant | Affidavit by Father |
| 21. Address of Informant | |
| 22. Date of Delayed Registration | Sept. 22 1962 |
| 23. Registrar's Signature | Grace I. Sopp |
| 24. Date Reg. Entry | ---- |
| RECORD 25. Type of record | Copy of Family Bible Record |
| 26. Date of birth | Sept. 18 1953 |
| 27. Birthplace | Ada County, Idaho |
| 28. Full name of father | Benjamin F. Lanyell |
| 29. Date issued | Sept. 18 1962 |
| 30. Issued by | Public Library, Idaho |
| 31. Date Reg. Entry | Obviously old |
| RECORD 32. Type of record | School Census Records |
| 33. Date of birth | Age 6 |
| 34. Birthplace | ------ |
| 35. Full name of father | ----- |
| 36. Date issued | Spr. 1962 |
| 37. Issued by | Accountability, Idaho |
| 38. Date Reg. Entry | |
| 39. Name of Registrar | R. E. Lanyell |
| 40. Remarks | |
| 41. Date of Verification | |
| VERIFICATION & CERTIFICATION (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which submits dates the facts set forth in the foregoing statement. |
| Date Registrar | R. V. Benson |
| Evidence reviewed by | Joyce H. Rolle |
| Date filed | Aug 22, 1963 |

FORM 4A 54027

795-218-006-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-589

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Drusilla Arvilla Prescott | | | 2. Date of Birth (month) Oct. (day) 18 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Basalt, Bingham, | b. City or Town of Birth: [redacted] |
| **FATHER** | 6. Full Name of Father: James Levi Prescott | | | 7. State or Country of Father's Birth: Ihaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Florence May Passey | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Drusilla Lambert | | 11. Present Address of Registrant: 556 No/3 E. Logan, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 24 June 1963 | 12. Signature of Notary: Helen C. Lamb, Hyde Park, Utah | | 13. Notary Commission expires: 5 June 1965. |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation (Duplicate Copy) | By whom issued and signed: J. Harry Darrington, Bishop | Date Issued: July 10, 1958 | Date Orig. Entry: baptized Oct. 23, 1910 |
| | Date of Birth: Oct.18,1902 | Birth Place: Bingham County Basalt, Idaho | Full Name of Mother: Florence M. Passey | Name of Father: James Levi Prescott |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister, age 75 | By whom issued and signed: May S. Hansen | Date Issued: June 13, 1963 | Date Orig. Entry: |
| | Date of Birth: Oct.18,1902 | Birth Place: Bingham County Basalt, Idaho | Full Name of Mother: Florence May Passey | Name of Father: James Levi Prescott |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding medical records | By whom issued and signed: Chas. A. Terhune, M.D. | Date Issued: Aug.16,1963 | Date Orig. Entry: Jan. 11, 1955 |
| | Date of Birth: Oct.18,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: August 23, 1963 |

FORM BH 56067

1-1-6

AUG 26 1963

Drusilla Lambert wrote July 23, 1977 stating that May S. Hansen is her sister rather than a neighbor. The affidavit used listed only that May S. Hansen "was there at the time of birth " and the person preparing the certificate incorrectly assumed that she was a neighbor. The original affidavit was dated June 13, 1963. The certificate was corrected to read "sister" September 20, 1977.

319-220-040-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-598

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice Marie Lavergne | | | 2. Date Of Birth (month) (day) (year): April 20 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Murray Idaho Shoshone | b. City or Town of Birth: Murray Idaho |
| **FATHER** | 6. Full Name of Father: Oscar Lavergne | | | 7. State or Country of Father's Birth: Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Hermaline Marie Lavigne | | | 9. State or Country of Mother's Birth: Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Alice M. Smith | | 11. Present Address of Registrant: 811 A St Coeur d'Alene Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 5th Day of May 1960 | 12. Signature of Notary: Olga K Lavey | | 13. Notary Commission expires: November 4 1961 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of Certificate of Marriage | By whom issued and signed: Frank J. Glover, Auditor Spokane County, Washington | Date issued: Aug. 13 1962 | Date Orig. Entry: Aug. 2, 1922 |
| | Date of Birth: Age: 20 | Birth Place: Idaho | Full Name of Mother: Hermaline Lavigne | Name of Father: Oscar Lavergne |
| **SUPPORTING RECORD 2.** | Type of Document: Photo copy of application for insurance | By whom issued and signed: Royal Neighbors of America | Date issued: ---- | Date Orig. Entry: Jan. 21, 1957 |
| | Date of Birth: April 20, 1902 | Birth Place: Murray, Idaho | Full Name of Mother: - --- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth; Age: 71 | By whom issued and signed: Mrs. Ruth Sellers | Date issued: June | Date Orig. Entry: 22, 1963 |
| | Date of Birth: April 20, 1902 | Birth Place: Murray, Idaho | Full Name of Mother: Hermeline Lavergne | Name of Father: Oscar Lavergne |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. H. Benson | sm Shirley Miller | August 28, 1963 |

FORM BH 56067

SEP 24 1963

JUN 1 1967

134-220-001-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De63-641

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Aldridge | | | 2. Date Of Birth (month) (day) (year): August 20, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Herbert Aldridge | | | 7. State or Country of Father's Birth: England |
| **MOTHER** | 8. Full Maiden Name of Mother: Virgena Annabelle Pease | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Badesheim | | 11. Present Address of Registrant: 1337-2½ St. Meridian, Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept 16 1963 | 12. Signature of Notary: Hazel L Hurlbert | | 13. Notary Commission expires: Sept. 28 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt, Age 78 | By whom issued and signed: Almorene Anders | Date Issued: ---- | Date Orig. Entry: April 26, 1963 |
| | Date of Birth: August 20, 1902 | Birth Place: Ada County Boise, Idaho | Full Name of Mother: Virgena Annabelle Pease | Name of Father: Herbert Aldridge |
| **SUPPORTING RECORD 2.** | Type of Document: Family Bible Record | By whom issued and signed: Family Bible | Date Issued: ---- | Date Orig. Entry: Obviously Old |
| | Date of Birth: August 20, 1902 | Birth Place: --- | Full Name of Mother: Virgena Pease | Name of Father: Herbet Aldridge |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho, File #184810 | Date Issued: ----- | Date Orig. Entry: Child born Sept. 13, 1930 |
| | Date of Birth: Age 28 | Birth Place: Boise, Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: bm Betty Morris | Date Filed: September 16, 1963 |

FORM BH 56067

SEP 16 1969

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 69[illegible]-[illegible]

| | | |
|---|---|---|
| CHILD | 1. Registrant's full name at birth<br>Gloria Bridge | 2. Date of birth (month, day, year)<br>August 2nd, 1942 |
| | 3. Place of birth (city or town, county, state)<br>Boise, Ada County, Idaho | 4. Sex<br>Female |
| FATHER | 5. Full name of father<br>Herbert A. Bridge | 6. Race<br>White |
| | 7. State or country of father's birth<br>Missouri | |
| MOTHER | 8. Full maiden name of mother<br>Margaret Adelle Pogue | 9. State or country of mother's birth<br>Missouri |
| AFFIDAVIT | I hereby declare under penalty that the above statements are true to the best of my knowledge and belief. | 10. Date of delayed registration<br>11. Place of delayed registration<br>12. Present address of registrant |
| NOTARY | Subscribed and sworn to before me on<br>Signature of notary<br>Notary Commission expires | |
| SUPPORTING RECORD | Type of document<br>Date issued<br>Name of issuer | Date orig. entry |
| | Date of birth as shown on document<br>Place of birth as shown on document<br>Name of mother<br>Name of father | |
| SUPPORTING RECORD | Type of document<br>Date issued<br>Name of issuer | Date orig. entry |
| | Date of birth as shown on document<br>Place of birth as shown on document<br>Full name of mother<br>Name of father | |
| CERTIFICATE OF INFORMATION | Date 22<br>Boise, Idaho | |
| SIGNATURE OF REGISTRAR | I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the information above. | |
| | State Registrar<br>Witness<br>Evidence reviewed by<br>Date filed<br>September 10, 1962 | |

415-212-001-447

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De63-643

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margarita Patricia Davis | | | 2. Date of Birth (month) June (day) 12, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Peter M. Davis | | | 7. State or Country of Father's Birth: New York |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret E. Duggan | | | 9. State or Country of Mother's Birth: Ireland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marguerite Wakefield | | 11. Present Address of Registrant: 3515 Collister Dr |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept 18 1963 | 12. Signature of Notary: Hazel L. Nurlent | | 13. Notary Commission expires: Sept 28 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement re. Matrimonial Records | | By whom issued and signed: St. John's Cathedral, Boise, Ida Rt. Rev. Msgr. K. F. Rowe | Date Issued: July 29 1963 | Date Orig. Entry: Married 5-18-27 baptized 6-16-1902 |
| | Date of Birth: June 12, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Margaret E. Duggan | Name of Father: Peter M. Davis | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement re hospital records | | By whom issued and signed: St. Alphonsus Hospital Boise, Idaho | Date Issued: July 26, 1963 | Date Orig. Entry: Sept 11, 1957 |
| | Date of Birth: June 12, 1902 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: Peter M. Davis | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement re hospital record | | By whom issued and signed: St. Alphonsus Hospital Boise, Idaho | Date Issued: July 30 1963 | Date Orig. Entry: Sept 23, 1928 |
| | Date of Birth: Age 26 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ---- | |

**QUALIFYING INFORMATION**

Own child's birth certificate, Idaho #170204, gives mother's age as 26 (child born April 13, 1929) and place of birth as Boise.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | bf Joyce B. Foltz | Sept 18, 1963 |

FORM BH 56067

SEP 18 1963

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. 63-[illegible]

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Name of child at birth or at | | 2. Date of birth (month) June (day) 12, (year) 1902 |
| | Margarita Patricia Davis | | |
| | 3. Sex: Female | 4. Place of birth: County Ada | City or town of birth Boise |
| FATHER | 5. Full name of father Peter H. Davis | | 7. State or country of father's birth New York |
| MOTHER | 8. Full maiden name of mother Margaret E. Duggan | | 9. State or country of mother's birth Ireland |
| AFFIDAVIT | 10. Affidavit of person who can best give the above information as to the birth of the child named and be | 11. Signature of Petitioner | 12. Present address of Petitioner |
| NOTARY SEAL | Subscribed and sworn to before me | 13. Signature of Notary | 14. Notary Commission expires 9-1-[illegible] |

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1 | Affidavit of Baptismal records | Affidavit - Do not write above this line. 3. Name of Baptismal Church Boise, Idaho St. Mary's Cathedral | Date issued July 25, 1963 Date reg. 5-15-27 Registered 8-15- |
| | Date of birth June 12, 1902 | Boise, Idaho | Full name of father Peter H. Davis |
| SUPPORTING RECORD 2 | Type of document Hospital records | Name of hospital or place St. Alphonsus Hospital Boise, Idaho | Date issued July 25, 1963 Date reg. Sept 11, [illegible] |
| | Place of birth Place Boise, Idaho | Full name of mother Margaret E. Duggan | Name of father Peter H. Davis |
| SUPPORTING RECORD 3 | Type of document Hospital record | By whom issued and signed St. Alphonsus Hospital Boise, Idaho | Date issued July 25 1963 Date reg. Sept 23, 1963 |
| | Date of birth Place Age 26 | Full name of mother ----- | Name of father ---- |

SUPPLYING INFORMATION: Own childs birth certificate, Idaho #[illegible], gives mothers age as 26 (child born April 12, 1902) and place of birth as Boise.

RECORDER'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

| State registrar | Evidence reviewed by | Date filed |
|---|---|---|
| W. W. Bonson | Joyce B. Foltz | Sept 18, 1963 |

Form 80 Rev.

415-206-028-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-657

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: RUTH PEARL DAVIS | | | 2. Date Of Birth (month) (day) (year): FEBRUARY 6, 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: IDAHO KOOTENAI | b. City or Town of Birth: COEUR D'ALENE |
| **FATHER** | 6. Full Name of Father: CHARLES N. DAVIS | | | 7. State or Country of Father's Birth: Washington U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: GRACE ALKIRE | | | 9. State or Country of Mother's Birth: Washington U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth Pearl Davis Stokey | | 11. Present Address of Registrant: 2708 E-4th Ave. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 8, 1963 | 12. Signature of Notary: J. W. Dishman | | 13. Notary Commission expires: April 10, 1965 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt, born 1886 | By whom issued and signed: Edna D. Nichols | Date Issued: July 3, | Date Orig. Entry: 1963 |
| | Date of Birth: Feb.6,1902 | Birth Place: Coeur d'Alene, Idaho | Full Name of Mother: Grace Alkire Davis | Name of Father: Charles N. Davis |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding church records | By whom issued and signed: Lyman W. Winkle, Pastor | Date Issued: Aug.3,1963 | Date Orig. Entry: May 26, 1912 |
| | Date of Birth: Feb.6,1902 | Birth Place: ----- | Full Name of Mother: ---- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Notarized photo copy of page from family Bible | By whom issued and signed: M. V. Riggs, Notary Public | Date Issued: Sept. 12, 1963 | Date Orig. Entry: obviously old |
| | Date of Birth: Feb.6,1902 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: September 19,1963 |

FORM BH 56067 / Copy Pd. # 08511

8-1-6

SEP 20 1963

493-215-044-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-670

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Martha Greenwood Dickerson | | 2. Date Of Birth (month) Feb. (day) 15 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Washington | b. City or Town of Birth: Weiser |
| **FATHER** | 6. Full Name of Father: Lewis Martin Dickerson | | 7. State or Country of Father's Birth: Independence, Montgomery, Kansas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Galloway | | 9. State or Country of Mother's Birth: Ada, Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Martha Greenwood Dickerson | 11. Present Address of Registrant: 1070 S.W. 2nd. Ave Ontario Oregon | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 27 1963 | 12. Signature of Notary: Joe C. O'Keif | 13. Notary Commission expires: MARCH 12 1963 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding application for insurance; | By whom issued and signed: The Prudential Insurance Co. of America;; W. Clark Super. Change Approver | Date Issued: Feb. 18, 1932 | Date Orig. Entry: Feb. 26, 1932 |
| | Date of Birth: Feb.15,1902 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: Thomas R. Scanlan, Ass't Pastor | Date Issued: July 23, 1963 | Date Orig. Entry: Baptized Sept. 15, 1945 |
| | Date of Birth: Feb.15,1902 | Birth Place: Weiser, Idaho | Full Name of Mother: Anna Galloway | Name of Father: Lewis M. Dickerson |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by uncle;more than 10 years older | By whom issued and signed: Guy Galloway | Date Issued: February 16, 1960 | Date Orig. Entry: |
| | Date of Birth: Feb.15,1902 | Birth Place: Washington County Weiser, Idaho | Full Name of Mother: Anna Dickerson | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: September 24, 1963 |

FORM BH 56067 3-17-60

SEP 24 1963

249-214-036-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-699

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Sarah Smith | | | 2. Date of Birth (month) (day) (year): September 14, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Oneida | b. City or Town of Birth: Malad |
| **FATHER** | 6. Full Name of Father: Ishmael Albert Smith | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Charlotte Richards | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Sarah Smith | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 25 September 1963 | 12. Signature of Notary: Elva Y. Nielsen | | 13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 1, 1965 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photo copy of application for insurance | By whom issued and signed: Beneficial Life Insurance Company | Date Issued: --- | Date Orig. Entry: Sept. 30, 1936 |
| | Date of Birth: Sept. 14, 1902 | Birth Place: Malad, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Utah Registered No. 8395-K | Date Issued: July 29, 1963 | Date Orig. Entry: child born July 20, 1923 |
| | Date of Birth: Age: 20 | Birth Place: Malad, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of application for marriage license | By whom issued and signed: Wendell Hansen, Clerk | Date Issued: July 30, 1963 | Date Orig. Entry: Oct. 5, 1920 |
| | Date of Birth: Sept. 14, 1902 | Birth Place: Malad, Idaho | Full Name of Mother: Charlotte Richards | Name of Father: Ishmael Smith |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: SM Shirley Miller | Date Filed: October 3, 1963 |

FORM BH 56067

OCT 3 1963

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| 1. Name of child (Type or print) | 2. Sex: Female | 3. Date of birth: January 20, 1920 | 4. Place of birth: Idaho |
| 5. Full name of father: [illegible] | | 6. Maiden name of mother: [illegible] | |
| 7. Place of birth: Idaho | | 8. Place of birth: Idaho | |
| 9. Occupation: Farmer | | 10. Occupation: Housewife | |
| 11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Signature of applicant: [illegible] | | 12. Signature of witness: [illegible] | |
| 13. Subscribed and sworn to before me on [illegible] | | 14. Signature of witness: [illegible] | |
| 15. Signature of witness: [illegible] | | 16. Address of witness: [illegible] | |
| 17. Supporting documents: [illegible] | | 18. Date of application: [illegible] | |

## SUPPORTING DOCUMENTS

| | | | |
|---|---|---|---|
| Supporting Document 1 | Type of document: Photo copy of application for marriage license | By whom issued and signature: [illegible] | Date issued: [illegible] |
| Supporting Document 2 | Type of document: Photo copy of [illegible] | By whom issued and signature: [illegible] | Date issued: [illegible] |
| Supporting Document 3 | Type of document: [illegible] | By whom issued and signature: [illegible] | Date issued: [illegible] |

## DELIVERY INSTRUCTIONS

Certificate was not found in the Division of Vital Statistics for this reason: [illegible] and that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible] department.

Signature of registrar: [illegible]

Evidence reviewed by: [illegible]

Date filed: [illegible]

748-224-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-718

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Olga Leora Guymon | | 2. Date of Birth (month) Jan. (day) 24 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Hayden, Idaho. Freemont | b. City or Town of Birth: Hayden, Idaho |
| **FATHER** | 6. Full Name of Father: Edward Wallace Guymon | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Preator | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Olga Leora Guymon Reed | 11. Present Address of Registrant: Salt Lake City, Utah. 2189 Village Circle | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 21 1963 | 12. Signature of: Boyd L. Lamish | 13. Notary Commission expires: Mar. 23 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother; born 1884 | By whom issued and signed: E. Ray Guymon | Date Issued: September 3, 1963 | Date Orig. Entry: |
| | Date of Birth: Jan. 24, 1902 / Birth Place: Hayden, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of application for marriage License | By whom issued and signed: Alvin Keddington, Clerk | Date Issued: Sept. 19, 1963 | Date Orig. Entry: June 30, 1924 |
| | Date of Birth: Jan. 24, 1902 / Birth Place: Haden, Idaho | Full Name of Mother: Elizabeth Preator | Name of Father: Edward Guymon | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding application for insurance; Penn Mutnal Life Ins. Co. | By whom issued and signed: Walter E. Trout, Supervisor of Claims | Date Issued: Sept. 5, 1963 | Date Orig. Entry: 1949 |
| | Date of Birth: Jan. 24, 1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. L. Benson | Evidence reviewed by: Shirley Miller | Date Filed: October 10, 1963 |

FORM BH 56067 1/64

OCT 21 1963

386-203-035-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-725

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Nellie Inez Thompson | | | 2. Date Of Birth (month) March (day) 3 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lewiston, Idaho, Fulton | b. City or Town of Birth: Lewiston, Idaho |
| **FATHER** | 6. Full Name of Father: William Henry Thompson | | | 7. State or Country of Father's Birth: Blue Rapids, KANSAS |
| **MOTHER** | 8. Full Maiden Name of Mother: Clarrie Alice Humes | | | 9. State or Country of Mother's Birth: Blue Rapids, KANSAS |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Nellie Inez Reimer | | 11. Present Address of Registrant: Rt 1, Box 92, Ellensburg, Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Sept 13 1963 | 12. Signature of Notary: Jeanette Geoghegan | | 13. Notary Commission expires Sept 1 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: James E. Lancaster, Recorder L.D.S. Church | Date Issued: ---- | Date Orig. Entry: baptized Feb. 9, 1913 |
| | Date of Birth: Mar.3,1902 | Birth Place: Lewiston, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt; Age: 91 | By whom issued and signed: Mary L. Yager | Date Issued: September 21, 1963 | Date Orig. Entry: |
| | Date of Birth: Mar.3,1902 | Birth Place: Lewiston, Idaho | Full Name of Mother: Clarrie Alice Thompson | Name of Father: William Henry Thompson |
| **SUPPORTING RECORD 3.** | Type of Document: Notarized photo copy of page from Family Bible | By whom issued and signed: Jeanette Geoghegan, Notary Public | Date Issued: Oct.9,1963 | Date Orig. Entry: obviously old |
| | Date of Birth: Mar.3,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Barron | Shirley Miller | October 11, 1963 |

FORM BH 56067

9-11-63

OCT 11 1963

239+12 1019-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-737

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joe J. Streeter | | | 2. Date Of Birth (month) October (day) 12 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Mackay |
| **FATHER** | 6. Full Name of Father: Edward G. Streeter | | | 7. State or Country of Father's Birth: Wyoming |
| **MOTHER** | 8. Full Maiden Name of Mother: Ella Blanch White | | | 9. State or Country of Mother's Birth: Nebraska |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joe J. Streeter | | 11. Present Address of Registrant: |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 14th 19 63 | 12. Signature of Notary: [signature] | | 13. Notary Commission expires: Jan 24 19 67 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photo copy of app. for Social Security Account Number | By whom issued and signed: U.S. Treasury Department, | Date Issued: --- | Date Orig. Entry: Aug. 8, 1938 |
| | Date of Birth: Oct. 12, 1902 | Birth Place: Mackey, Idaho | Full Name of Mother: Ella Blanch White | Name of Father: Edward G. Streeter |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Nebraska State File #F 2359 | Date Issued: Mar. 1, 1952 | Date Orig. Entry: child born Feb. 1r, 1935 |
| | Date of Birth: Age: 32 | Birth Place: Makkay, Idaho | Full Name of Mother: ---- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Employee's History Record | By whom issued and signed: Max Bacrin, Auditor, Elm Creek Alfalfa Mills | Date Issued: ---- | Date Orig. Entry: July 31, 1957 |
| | Date of Birth: Oct. 12, 1902 | Birth Place: McKay, Idaho | Full Name of Mother: Ella Blanch White | Name of Father: Edward G. Streeter |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Jenson | Evidence reviewed by: sm Shirley Miller | Date Filed: October 18, 1963 |

FORM BH 56067

OCT 17 1963

755-210-001-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be63-765

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Adeline Peer | | | 2. Date of Birth (month) June (day) 10, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Meridian |
| **FATHER** | 6. Full Name of Father: William Henry Peer | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Powson | | | 9. State or Country of Mother's Birth: New York State |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth Adeline Swisher | | 11. Present Address of Registrant: Jordan Valley Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 28 1963 | 12. Signature of Notary: Nina R. Carroll | | 13. Notary Commission expires: 4-5 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho, File #229729 | Date Issued: ----- | Date Orig. Entry: Child born Feb. 9, 1935 |
| | Date of Birth: Age 32 | Birth Place: Meridian, Idaho | Full Name of Mother: ---- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Sister, Age 73 | By whom issued and signed: Waneita O. Hatfield | Date Issued: ---- | Date Orig. Entry: March 9, 1963 |
| | Date of Birth: June 10, 1902 | Birth Place: Ada County Meridian, Idaho | Full Name of Mother: Mary Ann (Powson) Peer | Name of Father: William Henry Peer |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U.S. Dept. of Commerce, Bureau of the Census, Washington 25, D.C. | Date Issued: April 16, 1963 | Date Orig. Entry: January 1, 1920 |
| | Date of Birth: Age 17 | Birth Place: Meridian, Idaho Ada County | Full Name of Mother: Mary Peer | Name of Father: William H. Peer |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: bm Betty Morris | Date Filed: October 28, 1963 |

FORM BH 56067

OCT 29 1963

Birth Adelaide Peer

Female

Meridian

Illinois

New York State

Mary Ann Pearson

Meridian, Idaho

Ada County

Mary Peer

William H. Peer

June 10, 1902

Meridian, Idaho

Ada County

Mary Ann (Pearson) Peer

William Henry Peer

January 1, 1920

W. W. Benson

Betty Morris

October 22, 1963

365-227-090-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-779

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MABEL RHODA LONG | | | 2. Date Of Birth (month) January (day) 27 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Remale | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Gem |
| **FATHER** | 6. Full Name of Father: RICHARD C. LONG | | | 7. State or Country of Father's Birth: Kansas |
| **MOTHER** | 8. Full Maiden Name of Mother: CHARITY CLEMENTINE WILLIAMS | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Rhoda Long Hall | | 11. Present Address of Registrant: 2715 West 6th Place Kennewick, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August 1, 19 63 | 12. Signature of Notary: Kenneth E. Sevier | | 13. Notary Commission expires August 9 19 64 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy | By whom issued and signed: The Prudential Insurance Company of America | Date Issued: ---- | Date Orig. Entry: Aug. 3, 1936 |
| | Date of Birth: age next birthday 35 / Birth Place: ----- | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt; born 1892 | By whom issued and signed: Clara J. Craig | Date Issued: February 18, 1963 | Date Orig. Entry: |
| | Date of Birth: Jan.27,1902 / Birth Place: Shoshone County Gem, Idaho | Full Name of Mother: Charity Clementine Williams | Name of Father: Richard C. Long | |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Arkansas State File # 2209 | Date Issued: Sept. 6, 1951 | Date Orig. Entry: child born Mar. 1, 1934 |
| | Date of Birth: Age: 32 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. H. Benson | Evidence reviewed by: Shirley Miller | Date Filed: November 4, 1963 |

FORM BH 56067

NOV 7 1963

Mabel R. Hall

618-209-040-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-785

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Opel Violet Fay | | | 2. Date Of Birth (month) February (day) 9, (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County | b. City or Town of Birth: Kellogg, Idaho |
| **FATHER** | 6. Full Name of Father: Edward Patrick Fay | | | 7. State or Country of Father's Birth: Kansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Rhoda Wilson | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Opal V. Klickman | | 11. Present Address of Registrant: R. 1, Box 20, Ridgefield, Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on September 20, 19 63 | 12. Signature of Notary: H. G. Barnes | | 13. Notary Commission expires June 10, 1966 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of Marriage Return | | By whom issued and signed: Enid Goucher, Deputy Auditor | Date Issued: Aug.12,1963 | Date Orig. Entry: June 30, 1919 |
| | Date of Birth: Age: 17 | Birth Place: Idaho | Full Name of Mother: Rhoda Wilson | Name of Father: Ed Fay | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother; born;1889 | | By whom issued and signed: John Rankin Fay | Date Issued: November 1, 1963 | Date Orig. Entry: |
| | Date of Birth: Feb.9, 1902 | Birth Place: Kellogg, Idaho | Full Name of Mother: Rhoda Wilson | Name of Father: Edward Patrick Fay | |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of own child's birth certificate; Department | | By whom issued and signed: Tacoma., Washington Health Volume # 48- Reg. #29 | Date Issued: Nov.1,1963 | Date Orig. Entry: Dec.27,1924 |
| | Date of Birth: Age: 22 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: sm Shirley Miller | Date Filed: November 6, 1963 |

FORM BH 56067

NOV 6 1963

Fluckman

685-127-032-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-804

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Floyd Harris Wheeler | | | 2. Date of Birth (month) October (day) 27 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lincoln | b. City or Town of Birth: Shoshone |
| **FATHER** | 6. Full Name of Father: Joseph Warren Wheeler | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Lena May Harris | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Floyd H. Wheeler | | 11. Present Address of Registrant: 323-16 Ave So. Nampa Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 5 1963 | 12. Signature of Notary: Robert M. Sample | | 13. Notary Commission expires: Nov 1 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho, File #153397 | Date Issued: ---- | Date Orig. Entry: Child born July 24, 1927 |
| | Date of Birth: Age 24 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: App. for Insurance Policy | By whom issued and signed: Illinois Commercial Men's Asso. | Date Issued: ---- | Date Orig. Entry: June 24, 1952 |
| | Date of Birth: October 27, 1902 | Birth Place: Shoshone, Idaho | Full Name of Mother: ---- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Mother | By whom issued and signed: Mrs. Joseph Warren Wheeler | Date Issued: --- | Date Orig. Entry: March 11, 1942 |
| | Date of Birth: October 27, 1902 | Birth Place: Lincoln County Shoshone, Idaho | Full Name of Mother: Lena May Harris | Name of Father: Joseph Warren Wheeler |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Betty Morris | November 8, 1963 |

FORM BH 56067

NOV 8 1969

RELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Ghelen

| | | | |
|---|---|---|---|
| 1. Name of child: Joyce Marie Wheeler | | 2. Date of birth: October 27, 1942 | |
| 3. Place of birth: Shoshone | 4. County: Lincoln | 5. City or town of birth: Shoshone | |
| 6. Sex: Female | 7. Color or race: White | 8. Number of this child: One | |
| 9. Father's name: Joseph Warren Wheeler | | 10. Father's birthplace: USA | |
| 11. Mother's maiden name: Mary Morris | | 12. Mother's birthplace: USA | |
| 13. Informant: Mrs. Joseph Warren Wheeler | | 14. Mailing address of informant: Shoshone, Idaho | |
| 15. Date filed: November 8, 1969 | | | |

Attested by: Betty Morris

Registrar: W. W. Benson

Form BH 2027

| | | | |
|---|---|---|---|
| Supporting Record 1. | Type of document: Delayed birth certificate. File Idaho, File #153207 | By whom issued and signed: ---- | Date issued: ---- |
| | Place of birth: Idaho | Name of father: ---- | Date of birth: Child born July 24, 1922 |
| Supporting Record 2. | Type of document: App. for Insurance Policy | By whom issued and signed: Illinois Commercial Men's Asso. | Date issued: ---- |
| | Place of birth: Shoshone, Idaho | Name of father: ---- | Date of birth: June 24, 1922 |
| Supporting Record 3. | Type of document: Affidavit by Mother | By whom issued and signed: Mrs. Joseph Warren Wheeler | Date issued: --- |
| | Place of birth: October 27, 1942, Shoshone, Idaho | Full name of mother: Lena May Harris | Name of father: Joseph Warren Wheeler |
| Additional Information | | | |

Registrar's Certification (text): I hereby certify that to the best of my knowledge and belief the information and documentary evidence has been found, the birth certificate for this person, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson

Informant: Betty Morris

Date filed: November 8, 1969

459-109022-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-822

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Robert Gilbert Meikle, Jr. | | | 2. Date of Birth (month) (day) (year): September 9, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Fremont Leigh |
| **FATHER** | 6. Full Name of Father: Robert Gilbert Meikle, Sr. | | | 7. State or Country of Father's Birth: Smithfield Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Sophia Mack | | | 9. State or Country of Mother's Birth: Smithfield Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Robert G Meikle | | 11. Present Address of Registrant: 1840 Sequoia Idaho Falls |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 15, 1963 | 12. Signature of Notary: Richard L. Clayton | | 13. Notary Commission expires: Nov 15, 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: Idaho State File # 102834 | Date Issued: --- | Date Orig. Entry: child born June 2, 1922 |
| | Date of Birth: Age: 19 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: L. D. S. Church Record | By whom issued and signed: John H. Vandenberg, Presiding Bishop | Date Issued: June 6, 1963 | Date Orig. Entry: baptized Septe. 3, 1910 |
| | Date of Birth: Sept. 9, 1902 | Birth Place: Leigh, Idaho | Full Name of Mother: Annie S. Mack | Name of Father: Robert Gilbert Meikle |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Ordination to the Holy Priesthood | By whom issued and signed: A. H. Mickelsen, Clerk | Date Issued: ---- | Date Orig. Entry: ordained Mar. 8, 1920 |
| | Date of Birth: Sept. 9, 1902 | Birth Place: Fremont County Leigh, Idaho | Full Name of Mother: Annie S. Mack | Name of Father: Robert Gilber Meikle |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: November 20, 1963 |

FORM BH 56067 / Copy Pd. #10749

NOV 20 1963

JUL 7 1976

796-227-002-616

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De63-834

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Effie Elizabeth Grossen | | | 2. Date Of Birth (month) Jan. (day) 27 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Adams | b. City or Town of Birth: Council |
| **FATHER** | 6. Full Name of Father: Adolf Grossen | | | 7. State or Country of Father's Birth: Burn, Switzerland |
| **MOTHER** | 8. Full Maiden Name of Mother: Elise Grossen (Elise Wafler) | | | 9. State or Country of Mother's Birth: Burn, Switzerland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Effie Mizoman | | 11. Present Address of Registrant: 2308 N. 26th Boise, Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 22 1963 | 12. Signature of Notary: Clark A. Hart | | 13. Notary Commission Expires: June 8 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Notorized statement from Co. Recorder re Cert. Naturalization | By whom issued and signed: Marie McFadden, Clerk Adams County | Date Issued: November 14, 1963 | Date Orig. Entry: May 7, 1912 |
| | Date of Birth: Age 10 | Birth Place: ----- | Full Name of Mother: Elise Grossen | Name of Father: Adloph Grossen |
| **SUPPORTING RECORD 2.** | Type of Document: App. to Insurance Policy | By whom issued and signed: Northern Life Insurance Co Seattle, Washington | Date Issued: ---- | Date Orig. Entry: March 19, 1948 |
| | Date of Birth: January 27, 1902 | Birth Place: Council, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Own childs birth certificate | By whom issued and signed: On file Idaho, File #127377 | Date Issued: ----- | Date Orig. Entry: Child born Nov. 30, 1924 |
| | Date of Birth: Age 22 | Birth Place: Council, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Betty Morris | November 22, 1963 |

FORM BH 56067

NOV 26 1963

SUPPORTING RECORD 1.

Type of document: Notarized statement from Co. Marie McFadden, Clerk Recorder re Cert. Naturalization Adams County

Date of birth: ----

Place of birth: Age 10

Date issued: ----

Place issued: Elize Grossen

Date of marriage: March 19, 1928

Place of marriage: Northern Life Insurance Co Seattle, Washington

Name of father: ----

Name of mother: ----

SUPPORTING RECORD 2.

Type of document: A.O.L. to Insurance policy

Date of birth: January 22, 1927

Place of birth: Council, Idaho

Date issued: ----

Place issued: Child born

Date of marriage: Nov. 30, 1924

Place of marriage: ----

Name of father: ----

Name of mother: ----

SUPPORTING RECORD 3.

Type of document: Owe child's birth certificate on file Idaho, File #12727

Date of birth: ----

Place of birth: Age 22 Council, Idaho

Date issued: ----

Place issued: ----

Date of marriage: ----

Place of marriage: ----

Name of father: ----

Name of mother: ----

SUPPORTING'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate was found in the Bureau of Vital Statistics for this record and that these records are the evidence on which substantiate the facts as set forth in the foregoing certificate.

Date Rec'd: W. W. Benson

Evidence received: Betty Morris

Date Filed: November 22, 1963

Form 40 Seal

214-206-829-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-835

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gertrude Henrietta Sampson | | 2. Date Of Birth (month) June (day) 6 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Genesee |
| **FATHER** | 6. Full Name of Father: Glenn Franklin Sampson | | 7. State or Country of Father's Birth: Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Leora Geltz | | 9. State or Country of Mother's Birth: Michigan | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gertrude H. Gribble | 11. Present Address of Registrant: Genesee, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 18, 1963 | 12. Signature of Notary: Donald E. Springer | 13. Notary Commission expires: 9/8 1967 | |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Glenn Sampson | Date Issued: November | Date Orig. Entry: 5, 1963 |
| | Date of Birth: June 6, 1902 / Birth Place: Latah County Genesee, Idaho | Full Name of Mother: Emma L. Geltz | Name of Father: Glenn Sampson | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Montana State File # 1113 | Date Issued: Nov.13,1963 | Date Orig. Entry: Child born Mar. 10, 1938 |
| | Date of Birth: Age: 35 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism | By whom issued and signed: George S.A. Eyrich, Pastor | Date Issued: ---- | Date Orig. Entry: baptized Jan. 7, 1903 |
| | Date of Birth: June 6, 1902 / Birth Place: Latah County Genesee, Idaho | Full Name of Mother: Emma Leora Geltz | Name of Father: Glenn Sampson | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Shirley Miller | November 27, 1963 |

FORM BH 56067

NOV 27 1963

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

| | | | |
|---|---|---|---|
| CONSTRUCT ONE CERTIFICATE FROM THE FOLLOWING INFORMATION (Please type or print) | 1. Full name at birth | | 2. Date of birth (month) (day) (year) |
| | 3. Sex | 4. Place of birth County | 5. City or Town of birth |
| FATHER | 6. Full name of father | | 7. State or Country of Father's Birth |
| MOTHER | 8. Full maiden name of Mother | | 9. State or Country of Mother's Birth |
| CERTIFICATION | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 11. Signature of Registrant | 12. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on | 13. Signature of Notary | 14. Notary Commission expires |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| Type of Document | | Date issued and signed | Date filed |
| RECORD OF REGISTRATION | | Clerk Seal Sign | Registrar |
| | Date of birth | Birth place | Full name of father |
| | | | Name of Mother |
| SUPPLYING RECORD 2 | Type of Document | By whom issued and signed | Date issued |
| | Date of birth | Birth place | Full name of mother |
| | | | Name of Father |
| SUPPORTING RECORD 3 | Type of Document | By whom issued and signed | Date issued |
| | Date of birth | Birth place | Full name of mother |
| | | | Name of Father |

REGISTRATION INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|---|---|---|
| Date Registered | Examiner reviewed | Date Filed |
| | | Registrar of Vital Statistics |

219-203-025-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-63-861

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Ellen Barker | | | 2. Date of Birth (month) October (day) 3 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Canfield, Idaho. Idaho | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: George Washington Barker | | | 7. State or Country of Father's Birth: Littletown Ill. |
| **MOTHER** | 8. Full Maiden Name of Mother: Lillie Abbie Soutelle | | | 9. State or Country of Mother's Birth: Bowen Ill. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Ellen Hurley | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 26 1963 | 12. Signature of Notary: Paul G. Eimers | | 13. Notary Commission expires: February 25 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | | By whom issued and signed: Idaho State File No. 148017 | Date Issued: ---- | Date Orig. Entry: child born Nov. 16, 1926 |
| | Date of Birth: Age: 24 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of affidavit's for Marriage License | | By whom issued and signed: Carl T. Reuter, Co. Recorder | Date Issued: Nov.21,1963 | Date Orig. Entry: Oct. 6, 1923 |
| | Date of Birth: Age: 21 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Notarized photo copy of page from Family Bible | | By whom issued and signed: Paul G. Eimers, Notary Public | Date Issued: Nov.22,1963 | Date Orig. Entry: obviously old |
| | Date of Birth: Oct.3,1902 | Birth Place: Canfield, Idaho | Full Name of Mother: Lillie Soutelle | Name of Father: George W. Barker | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | December 10,1963 |

FORM BH 56067

DEC 11 1968

Hurley

219-209-003-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-012

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LUCY BARNES | | 2. Date Of Birth (month) (day) (year): December 9, 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Downey |
| **FATHER** | 6. Full Name of Father: OWEN EDMUND BARNES | | 7. State or Country of Father's Birth: Davis County, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY JANE PHILLIPS | | 9. State or Country of Mother's Birth: Bannock County, Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lucy Barnes Hahn | 11. Present Address of Registrant: Pingree, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 31, 1963 | 12. Signature of Notary: Edna R. Capps | 13. Notary Commission expires: January 31, 1966. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photo copy of application for insurance | By whom issued and signed: American National Insurance Company | Date Issued: December 2, 1940 | Date Orig. Entry |
| | Date of Birth: Dec.9,1902 | Birth Place: Downey, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Idaho State File No, 242942 | Date Issued: Sept. 29, 1959 | Date Orig. Entry: child born May 19, 1936 |
| | Date of Birth: Age: 33 | Birth Place: Downey, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: L.D.S. Church Record | By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records | Date Issued: Jan.15,1959 | Date Orig. Entry: blessed Feb. 1,1903 |
| | Date of Birth: Dec.9,1902 | Birth Place: Downey, Idaho | Full Name of Mother: Mary Jane Phillips | Name of Father: Owen E. Barnes |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: January 8, 1964 |

FORM BH 56067

JAN 14 1964

DECEASED

23421-029-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-022

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jerry Riley Sturman | | 2. Date of Birth (month) November (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: near Troy |
| **FATHER** | 6. Full Name of Father: John Sturman | | 7. State or Country of Father's Birth: Minnesota | |
| **MOTHER** | 8. Full Maiden Name of Mother: Rozella Shores | | 9. State or Country of Mother's Birth: Oregon | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jerry Riley Sturman | 11. Present Address of Registrant: 1618 G Street Lewiston, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on January 9 19 64 | 12. Signature of Notary: Owen L. Kroulton | 13. Notary Commission expires: December 12 19 67 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Employment record | By whom issued and signed: Potlatch Forests, Inc | Date Issued: 1942 | Date Orig. Entry: 2-3-42 |
| | Date of Birth: 11-21-02 | Birth Place: Idaho Latah County | Full Name of Mother: Not shown | Name of Father: John Sturman |
| **SUPPORTING RECORD 2.** | Type of Document: Medical Service Bur record | By whom issued and signed: bookkeeper Bill Kneisley | Date Issued: 10-1-55 | Date Orig. Entry: 2-1-53 |
| | Date of Birth: 11-21-02 | Birth Place: Not shown | Full Name of Mother: Not shown | Name of Father: Not shown |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit family friend at time of birth; Age: 80 | By whom issued and signed: Effie O. Denny | Date Issued: 1-8-64 | Date Orig. Entry: |
| | Date of Birth: 11-21-02 | Birth Place: Latah County Troy, Idaho | Full Name of Mother: Rozella Shores Sturman | Name of Father: John Sturman |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: January 10, 1964 |

FORM BH 56067

12-9-63

Kreulton

JAN 13 1964

253-212-011-145

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-023

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jeanette Ruth Ketchum | | 2. Date of Birth (month) January (day) 12 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County | b. City or Town of Birth: Naples, Idaho |
| **FATHER** | 6. Full Name of Father: Arthur Levi Ketchum | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Kate Irene Duncanson | | 9. State or Country of Mother's Birth: Kansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jean R Bennett | 11. Present Address of Registrant: 828 West 4th Street Laurel, Montana | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on January 7, 1964 | 12. Signature of Notary: Thomas S. Bradley | 13. Notary Commission expires: January 15, 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of Marriage License | By whom issued and signed: Irvin L. Osborn, Deputy Clerk | Date Issued: Nov. 26, 1963 | Date Orig. Entry: April 19, 1926 |
| | Date of Birth: Age: 24 | Birth Place: Naples, Idaho | Full Name of Mother: Kate Duncanson | Name of Father: Arthur Ketchum |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school census record; | By whom issued and signed: Ambernetta Klampe, Superintendent of Schools; Yellowstone Co., Montana | Date Issued: Nov. 26, 1963 | Date Orig. Entry: 1920 |
| | Date of Birth: Jan. 12, 1902 | Birth Place: ----- | Full Name of Mother: Kate Ketchum | Name of Father: Arthur Ketchum |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Registration | By whom issued and signed: Lucille Behrendt, Deputy Clerk | Date Issued: Nove. 26, 1963 | Date Orig. Entry: July 7, 1937 |
| | Date of Birth: Age: 35 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: January 13, 1964 |

FORM BH 56067

JAN 14 1964

Colorado

| | | | |
|---|---|---|---|
| 1. Name of child | 2. Sex: Female | 3. Place of birth: Naples, Idaho | 4. Date of birth: January 12, 1902 |
| 5. Name of father: Andrew Lars Kolstad | | 6. Place of birth: Illinois | 7. Date or Country of father's birth: Norway |
| 8. Name of mother: Ingeborg Lund Kolstad | | 9. Place of birth: Kansas | 10. Date or Country of mother's birth: Norway |
| 11. Informant's name and address: Andrew Lars Kolstad, Rt. 2, Box 2, Lawrence, Kansas | | 12. Signature of informant: Andrew L. Kolstad | 13. Date: January 15, 1902 |
| 14. Signature of registrar: [illegible] | | 15. Date: April 10, 1902 | |

384-210-001-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64--032

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ethel G. Church | | | 2. Date of Birth (month) January (day) 10 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Star |
| **FATHER** | 6. Full Name of Father: Almon F. Church | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Elmora G. Heavrin | | | 9. State or Country of Mother's Birth: Colorado |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ethel S. Handley | | 11. Present Address of Registrant: 908 E. 3rd Emmett Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 16 1964 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified photo-copy of marriage license | By whom issued and signed: Los Angeles County, California Ray E. Lee, Co. Recorder | Date Issued: Jan. 10 1964 | Date Orig. Entry: Jan. 28 1924 |
| | Date of Birth: Age 22 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 2.** | Type of Document: Photo-copy of application for Social Security | By whom issued and signed: U. S. Treasury Dept. | Date Issued: [illegible] 19[illegible] | Date Orig. Entry: Dec. 19 1949 |
| | Date of Birth: Jan 10 1902 | Birth Place: Star, Idaho | Full Name of Mother: Elmora G. Heavrin | Name of Father: Almon F. Church |
| **SUPPORTING RECORD 3.** | Type of Document: Childs own birth Certificate | By whom issued and signed: on file State of Idaho # 213817 | Date Issued: -------- | Date Orig. Entry: Child born July 22,1933 |
| | Date of Birth: Age 31 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: Jan. 16, 1964 |

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 10 1964

| | |
|---|---|
| 1. Name of child as it would have been at birth: Esther G. Church | 2. Sex: Female |
| 3. Color or race: White | 4. Date of birth (month, day, year): January 10, 1902 |
| 5. Place of birth (county): Ada | 6. City or town of birth: Star |
| 7. State or country of father's birth: Iowa | 8. Father's name: Almon F. Church |
| 9. State or country of mother's birth: Colorado | 10. Maiden name of mother: Elmore G. Heavrin |
| 11. Present address of applicant: | 12. Signature of applicant: |
| 13. Notary public: | 14. Signature of notary: |

| | |
|---|---|
| Certified photo-copy of marriage license | Age 22 Idaho |
| Photo-copy of application for social security | U. S. Treasury Dept. |
| Jan 10 1902 | Star, Idaho |
| Child's own birth Certificate | Age 31 Idaho |

| | |
|---|---|
| Date issued: Jan. 10 1964 | Date reg. entry: Jan. 28 1964 |
| Name of Issuer: Los Angeles County, California Ray E. Lee, Co. Recorder | Name of Father: |
| Date issued: Dec. 17 1949 | Date reg. entry: |
| Name of Issuer: on file State of Idaho # 21387 | Name of Father: Almon F. Church |
| Date issued: | Date reg. entry: Child born July 22, 1933 |

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

| | | |
|---|---|---|
| State Registrar: W. W. Bonsop | Evidence reviewed by: Florence Courtright | Date filed: Jan. 16, 1964 |

Form No. 1027

464-224-035-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-64-033

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Diane Iona Dodd | | | 2. Date Of Birth (month) February (day) 24 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: NezPerce | b. City or Town of Birth: Captain John Creek |
| **FATHER** | 6. Full Name of Father: Marcus B. Dodd | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Grace E. Craig | | | 9. State or Country of Mother's Birth: West Virginia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: × Diane Iona Dodd | | 11. Present Address of Registrant: 3115 NE 59th Ave, Portland, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 21 1963 | 12. Signature of Notary: × Jeannette A. Fassler | | 13. Notary Commission expires: My Commission Expires Feb. 15, 1964 19 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Grace E. Dodd | Date Issued: November | Date Orig. Entry: 26, 1963 |
| | Date of Birth: Feb.24,1902 | Birth Place: Captain John Creek, Idaho | Full Name of Mother: Grace E. Craig | Name of Father: Marcus B. Dodd |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: U.S. Bureau of the Census Washington, D.C. | Date Issued: Nov.20,1963 | Date Orig. Entry: April 15, 1910 |
| | Date of Birth: Age: 8 | Birth Place: Idaho | Full Name of Mother: Grace Dodd | Name of Father: Marcus B. Dodd |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of Marriage Record | By whom issued and signed: Toinette Habershann Co.Auditor | Date Issued: Oct. 30, 1963 | Date Orig. Entry: Sept. 29, 1920 |
| | Date of Birth: Age: 18 | Birth Place: Nez Perce, County Idaho | Full Name of Mother: Grace Craig | Name of Father: Burt Dodd |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: January 16,1964 |

FORM BH 56067

Clerk, City

572-206-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-048

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Thelma Egbert | | | 2. Date of Birth (month) (day) (year): February 6, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Fremont | b. City or Town of Birth: Marysville |
| **FATHER** | 6. Full Name of Father: Joseph Hollis Egbert | | | 7. State or Country of Father's Birth: St. Joseph, Nevada |
| **MOTHER** | 8. Full Maiden Name of Mother: Emmeline Whittle | | | 9. State or Country of Mother's Birth: Richmond, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Thelma Egbert Hendricks | | 11. Present Address of Registrant: 290 Collins Blackfoot, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 18 1964 | 12. Signature of Notary: Orson Packham | | 13. Notary Commission expires: January 30 1966 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: Idaho State File # 368734 | Date Issued: ---- | Date Orig. Entry: child born Feb. 5, 1943 |
| | Date of Birth: Age: 40 | Birth Place: Marysville, Idaho | Full Name of Mother: ----- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: Eli M. Harris, Bishop | Date Issued: ---- | Date Orig. Entry: baptized June 3, 1910 |
| | Date of Birth: Feb. 6, 1902 | Birth Place: Fremont County Marysville, Idaho | Full Name of Mother: Emmeline Whittle | Name of Father: Jos. H. Egbert |
| **SUPPORTING RECORD 3.** | Type of Document: L.D.S. Church record | By whom issued and signed: Noel A. Benson, Ward Clerk | Date Issued: Jan. 17, 1964 | Date Orig. Entry: blessed May 4, 1902 |
| | Date of Birth: Feb. 6, 1902 | Birth Place: Marysville, Idaho | Full Name of Mother: Emmeline Whittle | Name of Father: Joseph Hollis Egbert |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: [illegible] | Evidence reviewed by: sm Shirley Miller | Date Filed: January 23, 1964 |

FORM BH 56067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 24 1964

| | | | |
|---|---|---|---|
| CHILD | 1. Registrant's full name at birth: [illegible] | 2. Date of birth (month) (day) (year): February 5, 1942 | |
| | 3. Color or race: White | 4. Sex: Male | 5. Place of birth (county): Fremont |
| | 6. Town or city of birth: Newdale | | |
| FATHER | 7. Full name of father: Joseph Edgar Jobert | 8. State or country of father's birth: St. Joseph, Canada | |
| MOTHER | 9. Full maiden name of mother: Emmeline Ella Le | 10. State or country of mother's birth: Wisconsin, USA | |
| AFFIDAVIT | I swear (affirm) under oath that the above statements are true to the best of my knowledge and belief. | 11. Signature of Registrant | 12. Present address of Registrant: [illegible] |
| NOTARY PUBLIC | Subscribed and sworn to before me on January 15, 1964 | 13. Signature of Notary: [illegible] | 14. Notary Commission expires: January 30, 1964 |

SUPPORTING RECORD 1.

| | | |
|---|---|---|
| Type of Document: Fremont County Probate Court | By whom issued and signed: Fred A. Turner, Judge | Date issued: ---- |
| Date of Birth: [illegible] | Full Name of Mother: Emmeline Ella Le | Date filed: ---- |
| | | Name of Father: Joseph E. Jobert |

SUPPORTING RECORD 2.

| | | |
|---|---|---|
| Type of Document: [illegible] | By whom issued and signed: [illegible] | Date issued: ---- |
| Date of Birth: [illegible] | Full Name of Mother: [illegible] | Name of Father: [illegible] |

QUALIFYING INFORMATION

| | | |
|---|---|---|
| | | |

BY SIGNATURE OF CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been issued in the State of Utah for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing certificate.

| | | |
|---|---|---|
| Signature, title: [illegible] | Evidence reviewed by: [illegible] | Date filed: January 23, 1964 |

244-21-004-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-060

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ora Amelia Budge | | | 2. Date of Birth (month) Sept. (day) 19 (year) 1902 |
| | 3. Color or Race: Caucasian | 4. Sex: Female | 5. Place of Birth a. County: Paris, Bear Lake County | b. City or Town of Birth: Paris, Idaho |
| **FATHER** | 6. Full Name of Father: Alfred Budge | | | 7. State or Country of Father's Birth: Providence, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Ella Amelia Hoge | | | 9. State or Country of Mother's Birth: Paris, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Ora Budge Cleary | 11. Present Address of Registrant: 1118 Warm Springs, Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 23 1964 | | 12. Signature of Notary: Alice C Elmer | 13. Notary Commission expires: February 7 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Ella H. Budge | Date Issued: Dec. 9, 1964 | Date Orig. Entry: ------- |
| | Date of Birth: Sept. 19 1902 | Birth Place: Paris, Idaho | Full Name of Mother: Ella Hoge Budge | Name of Father: Alfred Budge |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Western States Life Ins. Marshall C. Harris, President | Date Issued: Sept 28 1925 | Date Orig. Entry: ------- |
| | Date of Birth: Sept. 19 1902 | Birth Place: Paris, Idaho | Full Name of Mother: --------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Record | By whom issued and signed: Gabrielle M. Amos Medical Records Librarian | Date Issued: May 11 1955 | Date Orig. Entry: ------ |
| | Date of Birth: Age 52 | Birth Place: Idaho | Full Name of Mother: Mrs. Alfred Budge | Name of Father: Alfred Budge |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Florence Curtright | Jan. 29, 1964 |

FORM BH 56067

JAN 30 1964

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Name at birth | | 2. Date of birth: Sept. 14, 1922 |
| | Ora Amelia Burge | | |
| FATHER | 3. Full name of father | | 4. Place of birth (State or country) |
| | Cassey Burr | | Franklin, Idaho |
| MOTHER | 5. Full maiden name of mother | | 6. Place of birth (State or country) |
| | Ella Angelia Burge | | Paris, Idaho |
| AFFIDAVIT | 7. Signature of witness | | 8. Address |
| | Ella H. Budge | | Alfred Burge, Boise, Idaho |
| NOTARY | 9. Signature of Notary | | 10. Notary Commission expires |
| | | | February 7, 1966 |
| SUPPORTING RECORD 1 | Insurance Policy | Ella Rose Budge | Alfred Burge |
| SUPPORTING RECORD 2 | Morgical Record | Gabrielle M. Amos | Alfred Budge |
| | Age 32 Idaho | Mrs. Alfred Budge | |
| REGISTRAR'S CERTIFICATION | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Division reviewed by: Florence Dorrbright | Date filed: Jan. 29, 1964 |

559-229-003-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-138

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CELIA ETTA VERLEY | | | 2. Date of Birth (month) November (day) 29 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Pocatello, Bannock Co. Idaho | b. City or Town of Birth: Pocatello, Idaho |
| **FATHER** | 6. Full Name of Father: WILLIS EDWARD VERLEY | | | 7. State or Country of Father's Birth: Hastings, Nebraska |
| **MOTHER** | 8. Full Maiden Name of Mother: NORA DOVER | | | 9. State or Country of Mother's Birth: Promontory, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Celia Etta Verley Stuart | | 11. Present Address of Registrant: 225 Whitaker Road Pocatello, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 28 1964 | 12. Signature of Notary: Earl R. Morgan | | 13. Notary Commission expires: September 13 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: Idaho State File # 105362 | Date Issued: ---- | Date Orig. Entry: child born Sept. 18, 1922 |
| | Date of Birth: Age: 19 | Birth Place: Pocatello, Idaho | Full Name of Mother: ------ | Name of Father: ------- |
| **SUPPORTING RECORD 2.** | Type of Document: Family Record | By whom issued and signed: Family Record | Date Issued: Obviously old | Date Orig. Entry: |
| | Date of Birth: Nov.29,1902 | Birth Place: ---- | Full Name of Mother: Nora Dover Verley | Name of Father: Willis Edward Verley |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of affidavit for marriage license | By whom issued and signed: Sarah Devaney, Clerk | Date Issued: Feb.19,1964 | Date Orig. Entry: Dec. 23, 1918 |
| | Date of Birth: Age: 16 | Birth Place: ---- | Full Name of Mother: Nora Verley | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: sm Shirley Miller | | Date Filed: February 26, 1964 |

FORM BH 56067

2-11-64

FEB 27 1964

DECEASED

652-212-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-64-142

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Florence Elvira Westerberg | | | 2. Date Of Birth (month) May (day) 12, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | a. County: Oneida; b. City or Town of Birth: Mink Creek |
| **FATHER** | 6. Full Name of Father: Charles A Westerberg | | | 7. State or Country of Father's Birth: V. Vingaker, Sodermanland, Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie C Peterson | | | 9. State or Country of Mother's Birth: Mink Creek, Idaho, Oneida Co. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Florence Elvira Westerberg Bowen | | 11. Present Address of Registrant: |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 21 1964 | 12. Signature of Notary: Keith J. Stahle | | 13. Notary Commission expires: May 15 1967 Bear Lake County, Idaho |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Blessing | By whom issued and signed: Neil E. Peterson, Bishop | Date Issued: --- | Date Orig. Entry: blessed July 6, 1902 |
| | Date of Birth: May 12, 1902 | Birth Place: Oneida County Mink Creek, Idaho | Full Name of Mother: Annie Peterson | Name of Father: Charles Westerberg |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own marriage license | By whom issued and signed: Iver L. Larsen, Clerk | Date Issued: Jan. 13, 1964 | Date Orig. Entry: Feb. 10, 1926 |
| | Date of Birth: Age: 23 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Idaho State File # 261654 | Date Issued: June 13, 1956 | Date Orig. Entry: child born Nov. 13, 1937 |
| | Date of Birth: Age: 35 | Birth Place: Mink Creek, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | sm Shirley Miller | February 27, 1964 |

FORM BH 56067

FEB 27 1964

433-211-022-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-149

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margaret McCulloch | | 2. Date of Birth (month) April (day) 11 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: Burton Ward a. County: Fremont | b. City or Town of Birth: Rexburg |
| **FATHER** | 6. Full Name of Father: John Smith McCulloch | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Lottie Althea Hill | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Margaret Robertson | 11. Present Address of Registrant: Rexburg, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 17th day February 1964 | 12. Signature of Notary: Malvine Nave | 13. Notary Commission expires: January 17 1967 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: Idaho State File # 188825 | Date Issued: ---- | Date Orig. Entry: child born Feb. 7, 1931 |
| | Date of Birth: Age: 28 | Birth Place: Rexburg, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Blessing | By whom issued and signed: Mark G. Ricks, Bishop | Date Issued: Sept. 4, 1902 | Date Orig. Entry: blessed Sept. 14, 1902 |
| | Date of Birth: April 11, 1902 | Birth Place: Fremont County Burton Ward, Idaho | Full Name of Mother: Lottie Hill | Name of Father: John S. McCulloch |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt; 10 years older | By whom issued and signed: Belle McCulloch Young | Date Issued: February 17, 1964 | Date Orig. Entry: |
| | Date of Birth: April 11, 1902 | Birth Place: Fremont County Rexburg, Idaho | Full Name of Mother: Lottie Althea Hill McCulloch | Name of Father: John Smith McCulloch |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Shirley Miller | February 28, 1964 |

FORM BH 56067

Robertson

FEB 28 1964

213-208-028-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-151

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary C. Sala | | | 2. Date Of Birth (month) March (day) 8 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Harrison |
| **FATHER** | 6. Full Name of Father: Louis Sala | | | 7. State or Country of Father's Birth: Italy |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Sciuchetti | | | 9. State or Country of Mother's Birth: Italy |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary C. Magnuson | | 11. Present Address of Registrant: 311 1/2 Bank, Wallace |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 21, 1964 | 12. Signature of Notary: Richard G. Magnuson | | 13. Notary Commission expires: March 22 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photo copy of application for insurance | By whom issued and signed: Idaho Hospital Service and Health Service | Date Issued: January 1, 1954 | Date Orig. Entry |
| | Date of Birth: Mar.8,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Hospital Record | By whom issued and signed: Ernest Gnaedinger, M.D. Wallace Hospital | Date Issued: Feb.19,1964 | Date Orig. Entry: July 21, 1938 |
| | Date of Birth: Mar.8,1902 | Birth Place: Harrison, ---- | Full Name of Mother: Margaret Scuichetti | Name of Father: Louis Sala |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by uncle; Age: 82 | By whom issued and signed: Sam Sciuchetti | Date Issued: February 17, 1964 | Date Orig. Entry |
| | Date of Birth: Mar.8,1902 | Birth Place: Harrison, Idaho | Full Name of Mother: Margaret Sciuchetti | Name of Father: Louis Sala |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Miller | Date Filed: February 28, 1964 |

FORM BH 56067

MAR 2 1964
MAY 24 1999

255/14.029-279

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-153

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joseph Irwin Keeney | | | 2. Date of Birth (month) November (day) 14 (year) 1902 |
| | 3. Color or Race: Cau | 4. Sex: M | 5. Place of Birth a. County: Viola Latah | b. City or Town of Birth: Viola, Idaho |
| **FATHER** | 6. Full Name of Father: James Irwin Keeney | | | 7. State or Country of Father's Birth: Arkansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Spray | | | 9. State or Country of Mother's Birth: Washington Territory |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joseph Irwin Keeney | | 11. Present Address of Registrant: Albion, Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 23, 19 64 | 12. Signature of Notary: Orallis A. Fried | | 13. Notary Commission expires: October 7, 19 67 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Keeney Leverenz | Date Issued: February | Date Orig. Entry: 12, 1964 |
| | Date of Birth: Nov.14,1902 / Birth Place: Viola, Idaho | Full Name of Mother: Mary Spray | Name of Father: James Irwin Keeney | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Idaho State File No.151238 | Date Issued: Jan.19,1945 | Date Orig. Entry: child born April 11, 1927 |
| | Date of Birth: Age: 24 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Photo copy of app. for social security account number | By whom issued and signed: U. S. Treasury Department | Date Issued: August | Date Orig. Entry: 25, 1941 |
| | Date of Birth: Nov.14,1902 / Birth Place: Latah County Biola, Idaho | Full Name of Mother: Mary Spray | Name of Father: James Irwin Keeney | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: March 2, 1964 |

FORM BH 56067

MAR 3 1964

215710-040-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-176

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Felix Lee Banister | | | 2. Date of Birth (month) (day) (year): September 10, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Gem |
| **FATHER** | 6. Full Name of Father: Joseph Maynard Banister | | | 7. State or Country of Father's Birth: Missouri - Newton County |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Mae Kirby | | | 9. State or Country of Mother's Birth: Missouri - Lawrence County |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Felix Lee Banister | | 11. Present Address of Registrant: 29 Chapel Dr., Lafayette, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 19 1964 | 12. Signature of Notary: Vernon Rouner | | 13. Notary Commission expires: VERNON C. ROUNER, NOTARY PUBLIC In and for the County of Contra Costa, State of California ~~My Commission Expires Dec. 16, 1965~~ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by friend of family at time of birth; Age: 61 | By whom issued and signed: Hattie Owen | Date Issued: July 11, 1942 | Date Orig. Entry |
| | Date of Birth: Sept. 10, 1902 / Birth Place: Gem, Idaho | Full Name of Mother: Alice Mae Kirby Banister | Name of Father: Joseph Maynard Banister | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License | By whom issued and signed: Geo. E. Gross, Co. Clerk | Date Issued: October 11, 1929 | Date Orig. Entry |
| | Date of Birth: Age: 27 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Photo copy of own child's birth certificate | By whom issued and signed: California Local Reg. #2284 | Date Issued: ---- | Date Orig. Entry: child born July 8, 1931 |
| | Date of Birth: Age: 28 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Shirley Miller | | Date Filed: March 10, 1964 |

FORM BH 56067

MAR 13 1964

Earister

855-222-035-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-193

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Daisy D. Henry | | | 2. Date Of Birth (month) Oct. (day) 22nd (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Lewiston Nez Perce | b. City or Town of Birth: Lewiston |
| **FATHER** | 6. Full Name of Father: Loren Grant Henry | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Jane (Sarah Jane) Pearsall | | | 9. State or Country of Mother's Birth: Washington Territory |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Daisy (Henry) Dodge | | 11. Present Address of Registrant: Route 2-Post Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 25th 19 64 | 12. Signature of Notary: Gretchen M. Rollis | | 13. Notary Commission expires: Nov. 24 19 66 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of marriage license affidavit | By whom issued and signed: Jeanne Loomer, Deputy | Date Issued: Feb. 14, 1964 | Date Orig. Entry: Mar. 20, 1926 |
| | Date of Birth: Age: 23 | Birth Place: ----- | Full Name of Mother: ---- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Photo copy of application for life insurance | By whom issued and signed: Westland Life Insurance Co. | Date Issued: October 5, 1954 | Date Orig. Entry: |
| | Date of Birth: Oct. 22, 1902 | Birth Place: ---- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by brother; Age: 76 | By whom issued and signed: Ora Beck | Date Issued: March | Date Orig. Entry: 12, 1964 |
| | Date of Birth: Oct. 22, 1902 | Birth Place: Lewiston, Idaho | Full Name of Mother: Sara Jane Pearsall | Name of Father: Loren Grant Henry |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: sm Shirley Miller | Date Filed: March 16, 1964 |

FORM BH 56067

Dodge

MAR 17 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME (Given name at birth) | 1. Registrant's full name at birth | 2. Date of birth (Month, day, year) | |
| | 3. Place of birth (City or town, county, state) | 4. Sex | 5. Legal birth | Res Place |
| FATHER | 6. Full name of father | | |
| MOTHER | 7. Maiden name of mother | 8. Place of birth (City or town, county, state) | |
| AFFIDAVIT | I hereby swear and affirm that the above statements are true to the best of my knowledge and belief. | 9. Signature of Registrant | 10. Present address of Registrant |
| NOTARY | Subscribed and sworn to before me on | 11. Signature of Notary | 12. Notary Commission expires |
| | Feb. 25th 19 64 | | Nov. 24 19 |

DO NOT WRITE BELOW THIS LINE

| | | | |
|---|---|---|---|
| SUPPORTING RECORD 1: | Type of Document | By whom issued or signed | Date Issued / Date Orig. Entry |
| | Date of Birth / Place | Full Name of Mother | Name of Father |
| SUPPORTING RECORD 2: | Type of Document | By whom issued or signed | Date Issued / Date Orig. Entry |
| | Date of Birth / Place | Full Name of Mother | Name of Father |
| SUPPORTING RECORD 3: | Type of Document | By whom issued or signed | Date Issued / Date Orig. Entry |
| | Date of Birth / Place | Full Name of Mother | Name of Father |
| SPECIFICATION INFORMATION | | | |
| REGISTRAR'S CERTIFICATION | I hereby certify that a prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the attached application. | | |
| | State Registrar | Idaho Reviewed by | Date filed |

212-207-044-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-64-198

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Doris Elizabeth Kane | | | 2. Date of Birth (month) October (day) 7 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Idaho: Washington Co | b. City or Town of Birth: near Council Idaho |
| **FATHER** | 6. Full Name of Father: Patrick H Kane | | | 7. State or Country of Father's Birth: Pennsylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: Cora Elizabeth Biggerstaf | | | 9. State or Country of Mother's Birth: Texas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Doris E. Squires | | 11. Present Address of Registrant: 1022 Albany St. Caldwell, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 12 1964 | 12. Signature of Notary: Ruth Yeoman | | 13. Notary Commission expires: Oct 1 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: College Transcript | By whom issued and signed: Doris J. DeLurme, Registrar College, Of Idaho | Date Issued: Mar.12,1964 | Date Orig. Entry: Sept. 13, 1921 |
| | Date of Birth: Oct.7,1902 | Birth Place: Council, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt; Age: 76 | By whom issued and signed: Edna M. Hart | Date Issued: October 17, 1963 | |
| | Date of Birth: Oct.7,1902 | Birth Place: Council, Idaho | Full Name of Mother: Cora E. Kane | Name of Father: P. H. Kane |
| **SUPPORTING RECORD 3.** | Type of Document: Photo copy of app. for life insurance | By whom issued and signed: The Equitable Life Assurance Society of the U. S. | Date Issued: October | Date Orig. Entry: 28, 1929 |
| | Date of Birth: Oct.7,1902 | Birth Place: Council, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller | Date Filed: March 17, 1964 |

FORM BH 56067

MAR 17

APR 7 1965

239 395-220-014-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-64-239

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vivian Louisa Liechty | | | 2. Date of Birth (month) Feb. (day) 20 (year) 1902 |
| | 3. Color or Race: W. | 4. Sex: F. | 5. Place of Birth a. County: Nampa canyon | b. City or Town of Birth: Nampa |
| **FATHER** | 6. Full Name of Father: Christian Hyrum-Liechty | | | 7. State or Country of Father's Birth: Utah Provo |
| **MOTHER** | 8. Full Maiden Name of Mother: Louisa-Margaret-Andrews | | | 9. State or Country of Mother's Birth: Provo-Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vivian Brown | | 11. Present Address of Registrant: R.4. Box 197 Nampa Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 2 1964 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1964 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt 80 years | By whom issued and signed: Anna E. Stephens | Date Issued: April 1 1964 | Date Orig. Entry: ------ |
| | Date of Birth: Feb. 20 1902 / Birth Place: Nampa, Idaho | Full Name of Mother: Louisa Margaret Liechty | Name of Father: Christian Hyrum Liechty | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: L.D. S. Church Marvin E. Channer, Pres. | Date Issued: | Date Orig. Entry: Baptised Oct. 20 1911 |
| | Date of Birth: Feb 20 1902 / Birth Place: Nampa, Idaho | Full Name of Mother: Louisa M. Andrews | Name of Father: Christian Leichty | |
| **SUPPORTING RECORD 3.** | Type of Document: Notorized statement of school record census | By whom issued and signed: County of Canyon S. S. Foote | Date Issued: March 19 1964 | Date Orig. Entry: Attended school Sept. 1908 |
| | Date of Birth: 6 years / Birth Place: Nampa, Idaho | Full Name of Mother: ------ | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: April 2, 1964 |

FORM BH 56067

APR 2 1964

693-212-033-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-64-272

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Laura Dell ~~Smith~~ Wilson | | | 2. Date of Birth (month) Nov. (day) 12 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Madison | b. City or Town of Birth: Rexburg |
| **FATHER** | 6. Full Name of Father: John Henry Wilson | | | 7. State or Country of Father's Birth: Swan Lake Idaho 5-18-1870 |
| **MOTHER** | 8. Full Maiden Name of Mother: Dona Carter | | | 9. State or Country of Mother's Birth: Pueblo Colo 3-1-1879 |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Laura Dell Wilson Seater | | 11. Present Address of Registrant: Carmen Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 5 1964 | 12. Signature of Notary: W B Hagerman | | 13. Notary Commission expires: Jan. 1 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photocopy of hospital record | By whom issued and signed: D. Ferrin, R. N. | Date Issued: September 5, 1942 | Date Orig. Entry |
| | Date of Birth: Nov.12,1902 | Birth Place: Rexburg, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Statement by Optometrist regarding office records | By whom issued and signed: D. G. Mathisen, Optometrist | Date Issued: Mar.28,1963 | Date Orig. Entry: Nov. 22, 1955 |
| | Date of Birth: Age: 53 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt; Age: 84 | By whom issued and signed: Mrs.Charles Wilson | Date Issued: April 7, | Date Orig. Entry: 1964 |
| | Date of Birth: Nov.12,1902 | Birth Place: Rexburg, Idaho | Full Name of Mother: Dona Carter | Name of Father: John Henry Wilson |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Shirley Miller sm | Date Filed: April 10, 1964 |

FORM BH 56067

APR 13 1964

Eaton

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

959229 1003-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-64-277

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ethel May Reid | | | 2. Date Of Birth (month) (day) (year): September 29, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Bannock | b. City or Town of Birth: Soda Springs |
| **FATHER** | 6. Full Name of Father: Thomas Reid | | | 7. State or Country of Father's Birth: Chicago, Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Rose Coffman | | | 9. State or Country of Mother's Birth: Clay Center, Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ethel May Rosser | | 11. Present Address of Registrant: Box 368 Torrington Wyo |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 9 1964 | 12. Signature of Notary: James P. Back | | 13. Notary Commission expires: MY COMMISSION EXPIRES APRIL 24, 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding hospital records; | | By whom issued and signed: Maisie Kanaly, Medical Record Librarian | Date Issued: Mar. 12, 1964 | Date Orig. Entry: April 14, 1954 |
| | Date of Birth: Sept. 29, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Application for insurance | | By whom issued and signed: The Guarenteed Securities Life Insurance Company | Date Issued: May 18, 1933 | Date Orig. Entry: |
| | Date of Birth: Sept. 29, 1902 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Photo copy of page from Family Bible | | By whom issued and signed: Family Bible | Date Issued: Obviously Old | Date Orig. Entry: |
| | Date of Birth: Sept. 29, 1902 | Birth Place: Soda Springs, Idaho | Full Name of Mother: Rosie A. Coffman | Name of Father: Thomas Reid | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: SM Shirley Miller | Date Filed: April 13, 1964 |

FORM BH 56067

APR 14 1964

# OFFICIAL CERTIFICATE OF BIRTH
## STATE OF IDAHO

Facsimile

| | | | |
|---|---|---|---|
| 1. Name of child (if any) | | 2. Date of birth (month) (day) (year) | |
| | | September 25, 1963 | |
| 3. Sex | 4. Place of birth | | 5. County |
| Female | Idaho | | Bannock |
| 6. Full name of father | | 7. Maiden name of mother | |
| [illegible] | | [illegible] | |
| 8. Birthplace of father | | 9. Birthplace of mother | |
| Idaho | | Idaho | |
| 10. Mailing address of parents | | 11. Signature of informant | |
| [illegible] | | [illegible] | |
| 12. Signature of attendant | | 13. Date signature | |
| [illegible] | | [illegible] | |
| 14. Type of delivery | | 15. Name of attendant | |
| Spontaneous | | [illegible] | |
| 16. Date filed | | 17. Registrar's signature | |
| April 14, 1964 | | [illegible] | |

Facsimile of the original record on file in the Bureau of Vital Statistics, State of Idaho.

415217029-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-350

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mamie Alice Davis | | 2. Date of Birth (month) 12 (day) 17 (year) 02 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Latah Co. ~~State~~ b. City or Town of Birth: Deary Idaho |
| **FATHER** | 6. Full Name of Father: Franklin A. Davis | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Ivy E Harrison | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x Mamie A. Wurrell | 11. Present Address of Registrant: 210 6th Ave N. Lewiston Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 1, 1964 19 ___ | 12. Signature of Notary: W. Nelson | 13. Notary Commission expires: June 10, 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photodopy of application for Social Security #519-05-0925 | By whom issued and signed: Treasury Department | Date Issued: ---- | Date Orig. Entry: July 29, 1937 |
| | Date of Birth: Dec. 17, 1902 / Birth Place: Deary, Latah Co. Idaho | Full Name of Mother: Ivy Harrison | Name of Father: Frank C. Davis | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Aunt (13 years older than applicant) | By whom issued and signed: Pearl B. Aas | Date Issued: February 16, 1960 | Date Orig. Entry: --- |
| | Date of Birth: Dec. 17, 1902 / Birth Place: Deary, Latah County, Idaho | Full Name of Mother: Ivy Harrison Davis | Name of Father: Frank Davis | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy (certified) of application for marr. license | By whom issued and signed: Asotin County, Washington Toinette Habershan, Auditor | Date Issued: March 10, 1964 | Date Orig. Entry: June 30, 1951 |
| | Date of Birth: age 48 / Birth Place: Deary, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda M. Larson | Date Filed: May 11, 1964 |

FORM BH 56067 1-29-60 one copy paid #19811

MAY 15 1984

418-219-010-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De. 64-377

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edna Day | | | 2. Date of Birth (month) April (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Bonneville | b. City or Town of Birth: Ammon |
| **FATHER** | 6. Full Name of Father: Abraham J. Day | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Lucy May Bloxham | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edna Day Empey | | 11. Present Address of Registrant: 257-2nd Idaho Falls, Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 13, 1964 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 9-24 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of Certificate of Blessing | By whom issued and signed: LDS Church, Ammon Ward, L. J. Nielsen, Clerk | Date Issued: --- | Date Orig. Entry: Blessed Aug. 7, 1910 |
| | Date of Birth: April 19, 1902 / Birth Place: Ammon, Idaho | Full Name of Mother: May Bloxham | Name of Father: Abraham J. Day | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Ammon Ward, L. J. Nielsen, Clerk | Date Issued: --- | Date Orig. Entry: Baptized Aug. 5, 1911 |
| | Date of Birth: April 19, 1902 / Birth Place: Ammon, Bonneville County, Idaho | Full Name of Mother: May Bloxham | Name of Father: A. J. Day | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by employee of father at time of birth-age:76 | By whom issued and signed: Tom Shurtliff | Date Issued: Sept. 24, 1964 | Date Orig. Entry: --- |
| | Date of Birth: April 19, 1902 / Birth Place: Ammon, Idaho | Full Name of Mother: Lucy May Bloxham | Name of Father: Abraham J. Day | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda M. Larson | May 20, 1964 |

FORM BH 56067

4-11-66

MAY 21 1964

583-231-003-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-397

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Florence Edna Eytchison | | | 2. Date of Birth (month) July (day) 31 (year) 1902 |
| | 3. Color or Race: W. | 4. Sex: F. | 5. Place of Birth a. County: Bannock. | b. City or Town of Birth: Pocatello. |
| **FATHER** | 6. Full Name of Father: Delbert O. Eytchison. | | | 7. State or Country of Father's Birth: Kansas. |
| **MOTHER** | 8. Full Maiden Name of Mother: Francis Winfred Lee | | | 9. State or Country of Mother's Birth: Penn. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Florence E. Owens | | 11. Present Address of Registrant: 1110 W. Richmond St |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 27 1964 | 12. Signature of Notary: Harold A. Davis | | 13. Notary Commission expires: HAROLD A. DAVIS My Commission Expires Sept. 13, 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding school records; Independent School District of Boise City | By whom issued and signed: T.C. Bird, Superintendent | Date Issued: Mar. 23, 1964 | Date Orig. Entry: Jan. 26, 1917 |
| | Date of Birth: July 31, 1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: D. O. Eytchison |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt; Age: 77 | By whom issued and signed: Nora Eytchison | Date Issued: March | Date Orig. Entry: 23, 1964 |
| | Date of Birth: July 31, 1902 | Birth Place: Pocatello, Idaho | Full Name of Mother: Frances Lee Eytchison | Name of Father: Delbert O. Eytchison |
| **SUPPORTING RECORD 3.** | Type of Document: Census record | By whom issued and signed: Bureau of Census U. S. Dept. of Commerce | Date Issued: May 21, 1964 | Date Orig. Entry: January 1, 1920 |
| | Date of Birth: age: 17 | Birth Place: Idaho | Full Name of Mother: Fanny Eytchison | Name of Father: Delbert Eytchison |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: sm Glenda M. Larson | Date Filed: June 1, 1964 |

FORM BH 56067

5-12-64 ml

Owner

239-210-040-755

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-407
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Nadine Elizabeth Strena | | 2. Date of Birth (month) (day) (year): August 10 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho; b. City or Town of Birth: Wallace |
| **FATHER** | 6. Full Name of Father: Hugo Edwin Strena | | 7. State or Country of Father's Birth: Cardiff, Wales |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Isabelle Peel | | 9. State or Country of Mother's Birth: Truckee, California |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Nadine Eliz. Strena Wright | 11. Present Address of Registrant: 1103 N.E. 78th Seattle, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 27 1964 | 12. Signature of Notary: Carl A. Carlson | 13. Notary Commission expires: May 13th 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: notarized copy of marriage Christ Episcopal Register | By whom issued and signed: Christ Church, Seattle, Wash. David S. Alkins, Rev. | Date Issued: Janu. 11, 1956 | Date Orig. Entry: married June 30, 1924 |
| Class* | Date of Birth: age 21 / Birth Place: --- | Full Name of Mother: Mary (Peel) Strena | Name of Father: H. Edwin Strena | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school record (notarized) | By whom issued and signed: Seattle Public Schools Dorothy Croman, clerk | Date Issued: Feb. 16, 1956 | Date Orig. Entry: February 1917 |
| Class | Date of Birth: August 10, 1902 / Birth Place: Wallace, Idaho | Full Name of Mother: --- | Name of Father: H. E. Strena | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth Age: 76 | By whom issued and signed: Daisy Gibbs Barnard | Date Issued: April 26, 1957 | Date Orig. Entry: --- |
| Class | Date of Birth: August 10, 1902 / Birth Place: Wallace, Idaho | Full Name of Mother: Isabelle Peel Strena | Name of Father: H. Edwin Strena | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda M. Larson | Date Filed: June 5, 1964 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 16 1964

854428'004-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-411

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Frank Harold Hemmert, Sr. | | | 2. Date of Birth (month) July (day) 28, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho Bear Lake | b. City or Town of Birth: (St. Charles Ward) |
| **FATHER** | 6. Full Name of Father: William Hyrum Hemmert | | | 7. State or Country of Father's Birth: Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Charlotte Osterlin | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Frank Harold Hemmert | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 28th April 1964 | 12. Signature of Notary: L Hugh Shepherd | | 13. Notary Commission expires: Oct 10-19 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certifieate of Baptism and Confirmation | By whom issued and signed: Delbert P. Hymas, Clerk | Date Issued: --- | Date Orig. Entry: baptized Aug. 14, 1910 |
| | Date of Birth: July 28, 1902 / Birth Place: Bear Lake County St. Charles Ward | Full Name of Mother: | Name of Father: | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Ordination to the office of Teacher | By whom issued and signed: LDS Church, St. Charles, Ward John A. Blade, Clerk | Date Issued: --- | Date Orig. Entry: Ordained April 29, 1918 |
| | Date of Birth: July 28, 1902 / Birth Place: St. Charles Ward Idaho | Full Name of Mother: Anna C. Osterlin | Name of Father: Wm. Hemmert | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by person who worked in home at birth age: 84 | By whom issued and signed: Mina Pugmire | Date Issued: June 4, 1964 | Date Orig. Entry: --- |
| | Date of Birth: July 28, 1902 / Birth Place: St. Charles, Idaho | Full Name of Mother: Anna Charlotte Osterlin | Name of Father: William Hyrum Hemmert | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: SM Glenda M. Larson | Date Filed: June 10, 1964 |

FORM BH 56067

JUN 10 1964

814-219-003-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-413

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lelah Elizabeth Hammon | | | 2. Date of Birth (month) July (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Perry Idaho Bannock | b. City or Town of Birth: Perry Idaho |
| **FATHER** | 6. Full Name of Father: Daniel Jeddiah Hammon | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Hansen | | | 9. State or Country of Mother's Birth: Denmark. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lelah Hammon Talbot | | 11. Present Address of Registrant: 9100 Linda Rio Drive Sacramento Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 10th 1963 | 12. Signature of Notary: Albert Wayne Kincher | | 13. Notary Commission expires: MY COMMISSION EXPIRES MAR. 19, 1967 19 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Certificate of Birth | | By whom issued and signed: LDS Church, Weber Stake, | Date Issued: December 19, 1963 | Date Orig. Entry: Prior to May 5, 1907 |
| | Date of Birth: July 19, 1902 | Birth Place: Perry, Bannock County, Idaho | Full Name of Mother: Annie Hansen | Name of Father: Daniel Jeddiah Hammon | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate #470 | | By whom issued and signed: Salt Lake Co., Utah, Vital Statistics, John W. Wright | Date Issued: May 22, 1964 | Date Orig. Entry: child born May 7, 1929 |
| | Date of Birth: age: 26 | Birth Place: Perry, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Record of Membership | | By whom issued and signed: LDS Church, Ella D. Jack, Custodian of Records | Date Issued: Oct. 11, 1963 | Date Orig. Entry: baptized Sept. 4, 1910 |
| | Date of Birth: July 19, 1902 | Birth Place: Perry, Idaho | Full Name of Mother: Annie Hansen | Name of Father: Daniel J. Hammon | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda Larson | June 11, 1964 |

FORM BH 56067 1-27-60

JUN 14 1960

439227.022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-431

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leath McIntier | | 2. Date of Birth (month) July (day) 27 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Archer |
| **FATHER** | 6. Full Name of Father: John McIntier | | 7. State or Country of Father's Birth: North Ogden, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Charlotte E. Smith | | 9. State or Country of Mother's Birth: Smithfield, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs Leath Anderson | 11. Present Address of Registrant: Box 46 Thornton, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 28 19 64 | 12. Signature of Notary: Rhea Zullmer | 13. Notary Commission expires June 25 1967 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: School Census Report Dist. no. 30 | By whom issued and signed: Jeanette Burnside, Deputy Madison County | Date Issued: May 19, 1964 | Date Orig. Entry: Oct. 1, 1914 |
| | Date of Birth: age: 12 | Birth Place: --- | Full Name of Mother: Lottie McIntyre | Name of Father: John McIntyre |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Blessing | By whom issued and signed: LDS Church, Archer Ward George Briggs Jr., Clerk | Date Issued: --- | Date Orig. Entry: Blessed Jan. 4, 1903 |
| | Date of Birth: July 27, 1902 | Birth Place: Archer, Fremont County, Idaho | Full Name of Mother: Charlotte E. Smith | Name of Father: John McIntier |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt Age:81 present at birth | By whom issued and signed: Lydia McIntier Butler | Date Issued: June 5,1964 | Date Orig. Entry: --- |
| | Date of Birth: July 27, 1902 | Birth Place: Archer, Idaho | Full Name of Mother: Charlotte E. Smith | Name of Father: John McIntier |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda M. Larson | Date Filed: June 16, 1964 |

FORM BH 56067

6-1-64 (2)

Anderson

JUN 16 1964

436219.022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-440

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Pearl McArthur | | | 2. Date of Birth (month) July (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Wilford Fremont | b. City or Town of Birth: |
| **FATHER** | 6. Full Name of Father: George McArthur | | | 7. State or Country of Father's Birth: ~~Fo~~ Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Elizabeth Birch | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Pearl Johnston | | 11. Present Address of Registrant: 701 E. Elva Idaho Falls |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 8th day of May 1964 | 12. Signature of Notary: W. R. Haskinson | | 13. Notary Commission expires: 8th day of January 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Elizabeth Birch McArthur | Date Issued: May 8, 1964 | Date Orig. Entry: --- |
| | Date of Birth: July 19, 1902 / Birth Place: Wilford, Idaho | Full Name of Mother: Mary Elizabeth Birch | Name of Father: George McArthur | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #88526 | By whom issued and signed: Beneficial Life Insurance Company of Utah | Date Issued: Jan. 4, 1930 | Date Orig. Entry: Dec. 19, 1928 |
| | Date of Birth: July 19, 1902 / Birth Place: Wilford, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #320003 | Date Issued: --- | Date Orig. Entry: child born Aug. 4, 1941 |
| | Date of Birth: Age: 39 / Birth Place: Wilford, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda M. Larson | Date Filed: June 17, 1964 |

FORM BH 56067

JUN 26 1984

Jefferson

TWIN FALLS COUNTY
STATE OF IDAHO

168-215-014-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De-64-462

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Vern Johnson | | | 2. Date Of Birth (month) July (day) 15, (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Parma, Idaho Canyon | b. City or Town of Birth: Parma |
| **FATHER** | 6. Full Name of Father: Jonas Otis Johnson | | | 7. State or Country of Father's Birth: Goutenberg, Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Frances Matilda Stansberry | | | 9. State or Country of Mother's Birth: Wheeling, West Virginia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gladys Vern Hoffman | | 11. Present Address of Registrant: 441 N.E. Yamhill, Sheridan, ~~Oregon~~ |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 15 19 63 | 12. Signature of Notary: [signature] | | 13. Notary Commission expires: May 22 1965 My Commission Expires May 22, 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Notarized photo copy of school record | By whom issued and signed: J.A. Hebert, Notary Public | Date Issued: Nov.15,1963 | Date Orig. Entry: obviously old |
| | Date of Birth: Age: 6 | Birth Place: ------ | Full Name of Mother: ---- | Name of Father: J. O. Johnson |
| **SUPPORTING RECORD 2.** | Type of Document: Notarized photo copy of page from Family Bible | By whom issued and signed: J.A. Hebert, Notary Public | Date Issued: Nov.15,1963 | Date Orig. Entry: obviously old |
| | Date of Birth: July 15, 1902 | Birth Place: ----- | Full Name of Mother: ------ | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: 11 years older Affidavit by sister | By whom issued and signed: Leonora Johnson McKenzie | Date Issued: January 6, 1964 | Date Orig. Entry: |
| | Date of Birth: July 15, 1902 | Birth Place: Parma, Idaho | Full Name of Mother: Frances Matilda Johnson | Name of Father: Jonas Otis Johnson |

**QUALIFYING INFORMATION**

photocopy of application for social security #543 05 5108 issued by treasury dept. gives Parma, Idaho as place of birth, July 15, 1902 as date of birth, parents' names as Jonas Otis Johnson (father) and Francis Matilda Stansberry (mother) for Gladys Vern Johnson Hoffman. date of original entry Jan. 21, 1937

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | sm Glenda M. Larson | June 25, 1964 |

FORM BH 56067

JUN 26 1964

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Name of child (full name at birth) | 2. Sex | 3. Date of birth (month, day, year) |
| | Gladys Anne Johnson | | July 15, 1909 |
| | 4. Place of birth (county) | | 5. Town of birth |
| | Ada | | Boise |
| | 6. Place of birth (state) | | |
| | Idaho | | |
| FATHER | 7. Full name of father | | 8. State or country of father's birth |
| | Jones Otis Johnson | | Southampton, England |
| MOTHER | 9. Maiden name of mother | | 10. State or country of mother's birth |
| | Josephine Lillian Stanbury | | Berkeley, West Virginia |
| | 11. Person signing upon oath that the above statements are true to the best of his knowledge and belief | | 12. Present address of the signer |
| | | | Mr. Kenneth Stanbury, Eugene, Oregon |
| | 13. Signature of affiant | | 14. Notary Commission expires |
| | | | |
| | 15. Signature of notary | | |
| | | | |

Subscribed and sworn to before me on November 13, 1963

| | | | |
|---|---|---|---|
| SUPPORTING DOCUMENT 1 | Type of document: Hospital birth record | By whom issued and signature: L. A. Hungerford, Nursing Director | Date issued: Nov. 13, 1963 |
| | Date of birth: July 15, 1909 | Town of birth: Boise | Name of father: Jones Otis Johnson |
| SUPPORTING DOCUMENT 2 | Type of document: Delayed birth certificate | By whom issued and signature: Leonard Johnson Mackenzie | Date issued: January 7, 1964 |
| | Date of birth: July 15, 1909 | Town of birth: Boise, Idaho | Full name of mother: Josephine Lillian Stanbury |
| SUPPORTING DOCUMENT 3 | Type of document: Hospital birth record | By whom issued and signature: L. A. Hungerford, Nursing Director | Date issued: Nov. 13, 1963 |
| | Date of birth: July 15, 1909 | Town of birth: Boise | Name of father: Jones Otis Johnson |

SUPPORTING INFORMATION

Application of application for social security card of child issued by Treasury dept. Ages from. Idaho on place of birth, July 15, 1909 is date of birth, correct! Names on forms Otis Johnson (father) and Frances Josephine Stanbury (mother) for Gladys Anne Johnson Hoffman, date of original entry Jan. 21, 1964

I hereby certify that on prior with certificate has been found in the division of vital statistics for this registrant and that no secondary evidence has been required, which substantiates the facts as set forth in the foregoing document.

| | | |
|---|---|---|
| EXAMINER'S CERTIFICATION (seal) | Name registrar: M. M. Hudson | Evidence reviewed by: Glenda M. Larson |
| | Date filed: June 25, 1964 | |

363-204-028-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-480

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mildred Eleanor Collins | | | 2. Date of Birth (month) April (day) 4, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: 513 South Jefferson St. Latah | b. City or Town of Birth: Moscow, Idaho |
| **FATHER** | 6. Full Name of Father: Marion Milford Collins | | | 7. State or Country of Father's Birth: Iowa, U. S. A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ella Snow | | | 9. State or Country of Mother's Birth: Kansas, U. S. A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mildred Collins Bennett | | 11. Present Address of Registrant: 1116 N. Cedar St., Tacoma, Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 9, 19 64 | 12. Signature of Notary: [signature] | | 13. Notary Commission expires March 13, 19 65 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by relative Age:91 | By whom issued and signed: Abraham L. Stewart | Date Issued: June 24, 1964 | Date Orig. Entry: --- |
| | Date of Birth: April 4, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: Mary Ella Collins | Name of Father: Marion M. Collins | |
| **SUPPORTING RECORD 2.** | Type of Document: notarized photocopy of hospital record of own child's birth cert. | By whom issued and signed: St. Joseph's Hospital, Sisters of St. Francis, Tacoma, Wash | Date Issued: June 9, 1964 | Date Orig. Entry: child born March 19, 1935 |
| | Date of Birth: April 4, 1902 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: notarized photocopy of school record | By whom issued and signed: University of Idaho, Moscow, Idaho | Date Issued: June 9, 1964 | Date Orig. Entry: Sept. 13, 1920 |
| | Date of Birth: April 4, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: July 8, 1964 |

FORM BH 56067

3-6-64

LIBRARY OF CONGRESS
FOR OFFICIAL USE ONLY

342-122-036495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-484

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: John D. Lusk | | | 2. Date Of Birth (month) 2 (day) 22 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Malad Idaho Oneida | b. City or Town of Birth: Malad |
| **FATHER** | 6. Full Name of Father: Alma Lusk | | | 7. State or Country of Father's Birth: Malad Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Hattie M Lusk | | | 9. State or Country of Mother's Birth: Malad Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John D. Lusk | | 11. Present Address of Registrant: Sugar City Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 1 1964 | 12. Signature of Notary: Maxine Nave | | 13. Notary Commission expires: January 17 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Sugar Ward Fred. J. Heath, Clerk | Date Issued: June 5, 1910 | Date Orig. Entry: baptized June 4, 1910 |
| | Date of Birth: Feb. 22, 1902 | Birth Place: Malad, Oneida County, Idaho | Full Name of Mother: Hattie M. Dredge | Name of Father: Alma Lusk |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #243423 | Date Issued: --- | Date Orig. Entry: child born July 26, 1932 |
| | Date of Birth: age: 30 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: School census report, school Dist. #4 | By whom issued and signed: School Dist. #4, Madison County, Idaho | Date Issued: June 11, 1964 | Date Orig. Entry: September 18, 1917 |
| | Date of Birth: Age: 15 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: July 8, 1964 |

FORM BH 56067

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JUL 9 1964
MAY 24 1967

U96 613-202-002-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-496

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazel Ann Waldo | | | 2. Date of Birth (month) (day) (year): July 2nd, 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Idaho a. County: Adams | b. City or Town of Birth: Indian Valley |
| **FATHER** | 6. Full Name of Father: William Henry Waldo | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Eunice Lucinda Harris | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Hazel Ann Mullikin | | 11. Present Address of Registrant: 701 L Avenue LaGrande, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 2 1964 | 12. Signature of Notary: W. W. Benson | | 13. Notary Commission expires: Jan 23 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Arthur J. Stanley, Minister Christian Church | Date Issued: | Date Orig. Entry: Baptized April 9, 1944 |
| | Date of Birth: July 2 1902 | Birth Place: Indian Valley | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother Age 75 | By whom issued and signed: Porter Waldo | Date Issued: March 2 1964 | Date Orig. Entry: ------- |
| | Date of Birth: July 2 1902 | Birth Place: Indian Valley | Full Name of Mother: Eunice Lucinda Harris | Name of Father: William Henry Waldo |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U. S. Cept. of Commerce Bureau of the Census | Date Issued: April 1 1964 | Date Orig. Entry: Census taken Jan. 1, 1920 |
| | Date of Birth: Age 18 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: July 10, 1964 |

FORM BH 56067

Milliken

JUL 10 1964

793-229-001-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-497

| | | | | | |
|---|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Birdell Gillespie | | | 2. Date Of Birth (month) June (day) 29, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Boise | |
| **FATHER** | 6. Full Name of Father: Frank D. Gillespie | | | 7. State or Country of Father's Birth: 7 Feb. 1857 Bountiful-Davis, UTAH | |
| **MOTHER** | 8. Full Maiden Name of Mother: Rhoda Hickman | | | 9. State or Country of Mother's Birth: 28 MAR. 1864 JORDON-SL. UTAH | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Birdell Schultz | | 11. Present Address of Registrant: 1229 Beverly Dr. Carson City Nev. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 19th 1964 | 12. Signature of Notary: Dwight Phalan | | 13. Notary Commission expires: _____ 19__ | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Photo copy of family record | | By whom issued and signed: Family Bible Record | Date Issued: Obviously Old | Date Orig. Entry |
| | Date of Birth: June 29, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Rohoda Gillespie | Name of Father: F. D. Gillespie | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement of school record | | By whom issued and signed: Class A School Dist. #411 Twin Falls, Idaho | Date Issued: June 25, 1964 | Date Orig. Entry: school census Sept. 1, 1910 |
| | Date of Birth: Age 8 | Birth Place: --- | Full Name of Mother: Rhoda Gillespie | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister-in-law at least ten yrs. older | | By whom issued and signed: Louise Gillespie | Date Issued: April 2, 1964 | Date Orig. Entry: --- |
| | Date of Birth: June 29, 1902 | Birth Place: Boise, Ada County Idaho | Full Name of Mother: Rhoda Hickman | Name of Father: Franklin D. Gillespie | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: sm Glenda Larson | Date Filed: July 10, 1964 |

FORM BH 56067

JUL 13 1964

Please May I Have two Copy
one for My Self. one For Social Security
thank you
B. Schultze

363-210-003-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-502

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Bessie Cole | | | 2. Date of Birth (month) 8 (day) 10 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Treasurton Bannock | b. City or Town of Birth: Treasureton |
| **FATHER** | 6. Full Name of Father: John Alferd Cole | | | 7. State or Country of Father's Birth: Utah Bexelder 1/31/1874 |
| **MOTHER** | 8. Full Maiden Name of Mother: Jane Millington | | | 9. State or Country of Mother's Birth: Idaho Bannock 9/22/1881 |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Bessie Cole Reeder | | 11. Present Address of Registrant: Preston Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 10th July 1964 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 5-27 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Copy of Certificate of Blessing | By whom issued and signed: LDS Church, Treasureton Ward, Oneida Stake, D. Barger, Clerk | Date Issued: June 30 1964 | Date Orig. Entry: Blessed Sept. 7, 1902 |
| | Date of Birth: August 10, 1902 | Birth Place: Treasureton, Idaho | Full Name of Mother: Jane Millington | Name of Father: John A. Cole |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #138206 | Date Issued: --- | Date Orig. Entry: Child born Jan. 3, 1926 |
| | Date of Birth: Age:23 | Birth Place: Treasureton, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Treasureton Ward, David Nelson, Clerk | Date Issued: June 4, 1911 | Date Orig. Entry: Baptized June 3, 1911 |
| | Date of Birth: August 10, 1902 | Birth Place: Treasureton, Idaho | Full Name of Mother: Jane Millington | Name of Father: John A. Cole |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: July 14, 1964 |

FORM BH 56067

6—

Reeder

JUL 14 1964

213-222-028-5-92

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-506

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Millie O. (initial only) Balkow | | 2. Date Of Birth (month) January (day) 22 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Kootenai | b. City or Town of Birth: Rathdrum |
| **FATHER** | 6. Full Name of Father: LOUIS WILLIAM BALKOW | | 7. State or Country of Father's Birth: GERMANY | |
| **MOTHER** | 8. Full Maiden Name of Mother: Rosina Regina Erkert | | 9. State or Country of Mother's Birth: Germany | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Millie O. Rothfork | 11. Present Address of Registrant: 1015 W. 14th Avenue. Spokane, Wash | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 2 19 64 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires May 2 19 66 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding hospital record | By whom issued and signed: Sacred Heart Hospital, Spokane Washington | Date Issued: May 25, 1964 | Date Orig. Entry: Nov. 28, 1943 |
| | Date of Birth: Jan. 22, 1902 | Birth Place: Rathdrum, Idaho | Full Name of Mother: Rosina Erkert | Name of Father: Lewis Balkow |
| **SUPPORTING RECORD 2.** | Type of Document: Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: June 19, 1964 | Date Orig. Entry: census of April 1, 1940 |
| | Date of Birth: Age 38 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of naturalization for step-father | By whom issued and signed: United States of America B. F. Manring, Clerk Superior | Date Issued: July 18, Court 1938 | Date Orig. Entry: June 24, 1914 |
| | Date of Birth: Age: 12 | Birth Place: --- | Full Name of Mother: Rose R. | Name of Father: -- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: July 14, 1964 |

FORM BH 56067

7-8-66

JUL 15 1964
JUL 15 1971

554 957-230-036-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-554

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Wilson Susie Ingram | | | 2. Date of Birth (month) (day) (year): May 16 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Malade Idaho Oneida | b. City or Town of Birth: Malad, Idaho |
| **FATHER** | 6. Full Name of Father: George A Wilson | | | 7. State or Country of Father's Birth: Edgar Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Body Wilson | | | 9. State or Country of Mother's Birth: Wales |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Susie Ingram | | 11. Present Address of Registrant: Smith River Box 190 California |
| **NOTARY** (Seal) (over) | Subscribed and sworn to before me on: July 22 1964 | 12. Signature of Notary: John C Moe | | 13. Notary Commission expires: March 10 1968 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Aunt Age 74 | By whom issued and signed: Martha Wilson | Date Issued: July 22 1964 | Date Orig. Entry: -------- |
| | Date of Birth: May 20 1902 | Birth Place: Malad, Idaho | Full Name of Mother: Mary Ann Body Wilson | Name of Father: George A. Wilson |
| **SUPPORTING RECORD 2.** | Type of Document: Report of Census Record | By whom issued and signed: U. S. Dept. of Commerce Richard M. Scammon | Date Issued: Feb. 13, 1963 | Date Orig. Entry: Census taken Jan. 1920 |
| | Date of Birth: Age 17 | Birth Place: Malad Idaho | Full Name of Mother: Mary A. Wilson | Name of Father: George A. Wilson |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of Marriage License | By whom issued and signed: County of Humboldt, Calif. A. E. Torrey, County Recorder | Date Issued: July 1, 1968 | Date Orig. Entry: Married July 25, 1921 |
| | Date of Birth: Age 19 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: Aug. 10, 1964 |

FORM BH 56067

AUG 10 1964

JOHN C. MOE
NOTARY PUBLIC
Humboldt County, California
My commission expires Mar. 10, 1968

168-14-022-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-578

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LLOYD NEPHI JOHNSON | | | 2. Date of Birth (month) December (day) 14 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Marysville |
| **FATHER** | 6. Full Name of Father: Otto H. Johnson | | | 7. State or Country of Father's Birth: Brigham City, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Rosella Salisbury Johnson | | | 9. State or Country of Mother's Birth: Granger, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lloyd N. Johnson | | 11. Present Address of Registrant: 4044 Fernwood Street San Mateo, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on San Mateo, Calif. August 15 1964 | 12. Signature of Notary: John F. Condon JOHN F. CONDON | My Commission Expires Oct. 30, 1967 | 13. Notary Commission expires: Oct 30, 1967 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Rosella Salisbury Johnson | Date Issued: Feb. 25, 1964 | Date Orig. Entry: --- |
| | Date of Birth: Dec. 14, 1902 / Birth Place: near Marysville, Fremont, Idaho | Full Name of Mother: Rosella Salisbury Johnson | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: Fresno County, California J. L. Brown, Co. Recorder | Date Issued: July 15, 1964 | Date Orig. Entry: child born April 15, 1942 |
| | Date of Birth: Age 39 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Church certificate of birth | By whom issued and signed: LDS Church, Fremont Stake, Marysville Ward | Date Issued: Feb. 25, 1964 | Date Orig. Entry: Feb. 8, 1903 |
| | Date of Birth: Dec. 14, 1902 / Birth Place: Marysville, Fremont County, Idaho | Full Name of Mother: Rosella Salisbury | Name of Father: Otto H. Johnson | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | | Date Filed: August 18, 1964 |

FORM BH 56067 NR searched Fremont Co. 7-23-64 (J) (copy pd rec # 1337)

Johnson

AUG 19 1904

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|---|---|---|---|
| CHILD'S NAME | 1. Full name of child | | 2. Sex |
| | 3. Date of birth | 4. Place of birth (County) | 5. City or town of birth |
| FATHER | 6. Full name of father | | 7. State or Country of father's birth |
| MOTHER | 8. Full maiden name of mother | | 9. State or Country of mother's birth |
| AFFIDAVIT | 10. Name and address of affiant | 11. Signature of affiant | 12. Legal address of affiant |
| NOTARY | 13. Notary's signature | 14. Notary's address | 15. Notary's commission expires |
| | 16. Date issued | 17. Name and title of issuing officer | |
| SUPPORTING EVIDENCE | 18. Date of document | 19. Nature of document | 20. Date issued and signed |
| | 21. Place of birth of child | 22. Full name of mother | 23. Date issued |
| | 24. Date issued and signed | 25. Name of issuer | 26. Date issued |
| | 27. Place of birth | 28. Full name of mother | 29. Date issued |
| | 30. Date issued and signed | | |
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (Year) | I hereby certify that the above certificate has been found in the file of the Registrar for this registration and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar | Persons reviewed by | Date filed |
| | V. S. Johnson | Florence Johnson | August 19, 1904 |

Form 10 (Revised 1-23-47) (4) (Revised 1-1-47)

355-119-016-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-580

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lucius Lee. | | | 2. Date of Birth (month) April (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M. | 5. Place of Birth a. County: Cassia | b. City or Town of Birth: Marion Mail Oakley |
| **FATHER** | 6. Full Name of Father: Joseph B. Lee | | | 7. State or Country of Father's Birth: Goodville, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Mecham | | | 9. State or Country of Mother's Birth: Goodville, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Lucius Lee | | 11. Present Address of Registrant: 207 So. 5 W. Kelso Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 3 1964 | 12. Signature of Notary: A. H. Nielson | | 13. Notary Commission expires: June 22 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother Age 78 | By whom issued and signed: Joseph V. Lee | Date Issued: Aug. 8, 1964 | Date Orig. Entry: --- |
| | Date of Birth: April 19, 1902 / Birth Place: Oakley, Cassia County, Idaho | Full Name of Mother: Mary Ann Mecham | Name of Father: Joseph B. Lee | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application to insurance company | By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho | Date Issued: --- | Date Orig. Entry: Feb. 15, 1943 |
| | Date of Birth: April 19, 1902 / Birth Place: Oakley, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement by notary public regarding family Bible | By whom issued and signed: A. H. Nielson, atty. & notary public re: family records | Date Issued: Aug. 7, 1964 | Date Orig. Entry: obviously old |
| | Date of Birth: April 19, 1902 / Birth Place: Marion, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: August 18, 1964 |

FORM BH 56067 1 copy paid rec. #944 7-29-64 (L)

AUG 19 1964

Lee

912-214-004-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De64-598

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: BARDELLA ANNIE RASMUSSEN | | | 2. Date of Birth (month) (day) (year): DEC. 14 1902 |
| | 3. Color or Race: WHITE | 4. Sex: F | 5. Place of Birth a. County: Bear LAKE | b. City or Town of Birth: BLOOMINGTON, IDAHO |
| **FATHER** | 6. Full Name of Father: JOSEPH RASMUSSEN | | | 7. State or Country of Father's Birth: BLOOMINGTON, IDAHO |
| **MOTHER** | 8. Full Maiden Name of Mother: ANNIE CHRISTINE JENSEN | | | 9. State or Country of Mother's Birth: COPENHAGEN, DENMARK |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Bardella Annie Rasmussen | | 11. Present Address of Registrant: 204 Woodland St. Montpelier Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 29, 1964 | 12. Signature of Notary: Ruth Aland | | 13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires March 6, 1968 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License and Certificate | By whom issued and signed: On file Idaho #56-0519 | Date Issued: --- | Date Orig. Entry: Jan. 19, 1956 |
| | Date of Birth: Age 53 / Birth Place: Bloomington, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #212849 | Date Issued: --- | Date Orig. Entry: child born Oct. 26, 1932 |
| | Date of Birth: Age 29 / Birth Place: Bloomington, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: 519-36-7620 Application for Social Security Account Number | By whom issued and signed: Treasury Dept. | Date Issued: ----- | Date Orig. Entry: June 16, 1952 |
| | Date of Birth: Dec. 14 1902 / Birth Place: Bear Lake County Bloomington, Idaho | Full Name of Mother: Annie C. Jensen | Name of Father: Joseph Rasmussen | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Joyce B. Foltz | | Date Filed: August 31, 1964 |

FORM BH 56067

7-13-

SEP 1 1964

993218.004-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-630

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Virginia Ida Rich | | | 2. Date of Birth (month) August (day) 18 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: St. Charles |
| **FATHER** | 6. Full Name of Father: Thomas Grover Rich | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Anina Wilhelmsen Brewer | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Virginia Ida Rich Paterson | | 11. Present Address of Registrant: 858 Grant, Montpelier, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 27 1964 | 12. Signature of Notary: Eugene D. Shepherd | | 13. Notary Commission expires: Oct 9th 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Record of blessing | By whom issued and signed: LDS Church, Gene H. Passey, Ward Clerk | Date Issued: --- | Date Orig. Entry: blessed Nov. 2, 1902 |
| | Date of Birth: Aug. 18, 1902 | Birth Place: St. Charles, Bear Lake County, Idaho | Full Name of Mother: Anina Wilhelmsen Brewer | Name of Father: Thomas Grover Rich |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Anina Brewer Rich | Date Issued: Aug. 27, 1964 | Date Orig. Entry: --- |
| | Date of Birth: Aug. 18, 1902 | Birth Place: St. Charles, Bear Lake Co., Idaho | Full Name of Mother: Anina Brewer Rich | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: own child's birth certificate | By whom issued and signed: on file Idaho #179340 | Date Issued: --- | Date Orig. Entry: child born March 25, 1930 |
| | Date of Birth: Age 27 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda Larson | Sept. 15, 1964 |

FORM BH 56067

SEP 16 1964

437217.040-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-631

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edna Blanche McGillivray | | 2. Date Of Birth (month) October (day) 17 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Kingston, Idaho |
| **FATHER** | 6. Full Name of Father: Ally McGillivray | | 7. State or Country of Father's Birth: Michigan | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ina Pearl Smith | | 9. State or Country of Mother's Birth: Michigan | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edna Blanche Burdner | 11. Present Address of Registrant | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 8/26 1964 | 12. Signature of Notary: Wendell D. Schutt | 13. Notary Commission expires Sept. 6 1968 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of application for Social Security #518 26 6854 | By whom issued and signed: Treasury Department | Date Issued: --- | Date Orig. Entry: Sept. 15, 1943 |
| | Date of Birth: Oct. 17, 1902 / Birth Place: Kingston, Shoshone County, Idaho | Full Name of Mother: Ina Pearl Smith | Name of Father: Ally McGillivray | |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: On file Idaho #137721 | Date Issued: --- | Date Orig. Entry: Nov. 4, 1925 child born |
| | Date of Birth: Age 23 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: April 26, 1963 | Date Orig. Entry: April 15, 1910 |
| | Date of Birth: Age 7 / Birth Place: Idaho | Full Name of Mother: Pearl McGillivray | Name of Father: Ally McGillivray | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda Larson | Sept. 15, 1964 |

FORM BH 56067

SEP 16 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Blecker

| | | | |
|---|---|---|---|
| 1. Name of child (first, middle, last) | | | |
| 2. Sex | 3. Place of birth (county) Shoshone | 4. Date of birth (month, day, year) | |
| 5. Mother's maiden name | | | |
| 6. Father's name | | | |
| 7. Place of birth (city or town) Kellogg, Idaho | | | |
| 8. State or country of father's birth | | | |
| 9. State or country of mother's birth | | | |
| 10. Signature of applicant | | 11. Present address of applicant | |
| 12. Signature of notary | | 13. Notary Commission expires | |
| 14. Date of birth | 15. Place of birth | 16. Date filed | 17. Date delay. Birth |
| 18. Name of father | | | |
| 19. Date of birth | 20. Place of birth Idaho | 21. Date filed | 22. Date delay. Birth |
| 23. Name of father | | | |
| 24. Date of birth | 25. Place of birth | 26. Date filed | 27. Date delay. Birth |
| 28. Name of father | | | |
| 29. Date of birth Aug 7 | 30. Place of birth Idaho | 31. Date filed | 32. Date delay. Birth |
| 33. Name of father | | | |

ADDITIONAL INFORMATION

SUPPLEMENTAL CERTIFICATE

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this legal and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

| | | |
|---|---|---|
| State Registrar | Signature received by | Date filed |
| Mrs. Ferrero | [illegible] | Sept. 15, 1965 |

Form of Affidavit

962-124.009-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-657

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: WILLIAM EDWARD ROSHOLT | | | 2. Date of Birth (month) AUG. (day) 24 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: M | 5. Place of Birth a. County: BONNER | b. City or Town of Birth: SANDPOINT |
| **FATHER** | 6. Full Name of Father: EILERT JOHNSON ROSHOLT | | | 7. State or Country of Father's Birth: NORWAY |
| **MOTHER** | 8. Full Maiden Name of Mother: ANNA REGINA DANIELSON | | | 9. State or Country of Mother's Birth: NORWAY |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Edward Rosholt | | 11. Present Address of Registrant: NW-1904 MONTGOMERY SPOKANE, WASH. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 31 1964 | 12. Signature of Notary: Catherine Walker | | 13. Notary Commission expires: May 20 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy #1076700 | By whom issued and signed: The Travelers Insurance Co. Hartford, Connecticut | Date Issued: Dec. 19, 1924 | Date Orig. Entry: Dec. 5, 1924 |
| | Date of Birth: August 24, 1902 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: Edward J. Rosholt | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Confirmation | By whom issued and signed: Emmanuel's Lutheran Church of Sandpoint Idaho | Date Issued: --- | Date Orig. Entry: confirmed Oct. 6, 1918 |
| | Date of Birth: August 24, 1902 / Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certificate of Baptism | By whom issued and signed: Methodist Episcopal Church | Date Issued: --- | Date Orig. Entry: baptized Oct. 1, 1902 |
| | Date of Birth: August 24, 1902 / Birth Place: Sandpoint, Idaho | Full Name of Mother: Anna Rosholt | Name of Father: Cilert Rosholt | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Sept. 25, 1964 |

FORM BH 56067

Rabb

SEP 28 1964

864209.006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-674

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ora Hodge | | | 2. Date of Birth (month) Aug (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Iona, Ida. b. City or Town of Birth: Brigham | |
| **FATHER** | 6. Full Name of Father: Abram Hodge | | | 7. State or Country of Father's Birth: Sugar House Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Agatha Carson | | | 9. State or Country of Mother's Birth: Fairfield Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ora Hodge | | 11. Present Address of Registrant: 805-12th St Idaho Falls Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 18 1964 | 12. Signature of Notary: Lonnie Seyer | | 13. Notary Commission expires: Oct 13 1967 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt born Aug. 4, 1886 (16 yrs. Old at birth) | By whom issued and signed: Edna Carson Sullivan | Date Issued: Aug. 18, 1964 | Date Orig. Entry: --- |
| | Date of Birth: Aug. 9, 1902 | Birth Place: Iona, Idaho | Full Name of Mother: Agatha Carson | Name of Father: Abram Robert Hodge |
| **SUPPORTING RECORD 2.** | Type of Document: Statement from church records | By whom issued and signed: LDS Church, Idaho Falls, Idaho 11th Ward, Gordon Birch, Clerk | Date Issued: --- | Date Orig. Entry: baptized March 6, 1912 |
| | Date of Birth: Aug. 9, 1902 | Birth Place: Iona, Idaho | Full Name of Mother: Agatha Carson Hodge | Name of Father: Abraham Hodge |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy #D-7174 | By whom issued and signed: American Home Benefit Association, Inc. Boise, Idaho | Date Issued: Sept. 21, 1939 | Date Orig. Entry: Sept. 21, 1939 |
| | Date of Birth: Aug. 9, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: Oct. 7, 1964 |

FORM BH 56067

OCT 7 1964

959-28-044-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-704

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: REININGER, Edwin | | | 2. Date of Birth (month) Dec (day) 28 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Weiser Washington | b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: REININGER, Christopher Calvin | | | 7. State or Country of Father's Birth: Oreg., Benton, Heppner |
| **MOTHER** | 8. Full Maiden Name of Mother: Kelley, Phebe Jane | | | 9. State or Country of Mother's Birth: Idaho, Washington, Weiser |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edwin Reininger | | 11. Present Address of Registrant: Springfield, Oregon 792 So 70th St. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 1 19 64 | 12. Signature of Notary: Robert L. Adams | | 13. Notary Commission expires October 22 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Census record | By whom issued and signed: U. S. Department of Commerce Bureau of the Census | Date Issued: Mar. 4, 1964 | Date Orig. Entry: census of Apr. 15, 1910 |
| | Date of Birth: age:7 | Birth Place: Idaho | Full Name of Mother: Phebe J. Reininger | Name of Father: Chris C. Reininger |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school census records | By whom issued and signed: Class A School Dist. #431 Weiser, Idaho | Date Issued: Nov. 26, 1963 | Date Orig. Entry: census for the year 1919 |
| | Date of Birth: Dec. 28, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: C. C. Reininger |
| **SUPPORTING RECORD 3.** | Type of Document: Military record verification of service data | By whom issued and signed: John W. Gross, Chief, Military Personnel Rec. Branch | Date Issued: Oct. 8, 1964 | Date Orig. Entry: Oct. 3, 1919 |
| | Date of Birth: Dec. 28, 1902 | Birth Place: Weiser, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Oct. 20, 1964 |

FORM BH 56067

OCT 21 1964

362-215.001-167

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 64-771

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ada Jane Coble | | 2. Date of Birth (month) (day) (year): September 15 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Sam Coble | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Lelia Joplin | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Ada Slane | 11. Present Address of Registrant: 1920 Verna Lane |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 5 1964 | 12. Signature of Notary: Hazel L. Hurlbert | 13. Notary Commission expires: Sept. 28 1968 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of Marriage Record in Ada County | By whom issued and signed: Otto F. Peterson Recorder | Date Issued: August 18 1951 | Date Orig. Entry: Married April 29, 1922 |
| | Date of Birth: Age 19 | Birth Place: Boise, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: on file with state of Idaho # 267830 | Date Issued: ----- | Date Orig. Entry: child born May 31, 1938 |
| | Date of Birth: Age 35 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Photo-copy of original appl. for Social Sec. # | By whom issued and signed: Treasury Dept. Int. Rev. # 519-16-8977 | Date Issued: | Date Orig. Entry: July 31, 1941 |
| | Date of Birth: Sept. 15 1902 | Birth Place: Boise, Ada Co. | Full Name of Mother: Sam Co Lelia Joplin | Name of Father: Sam Coble |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | | Date Filed: Nov. 23, 1964 |

FORM BH 56067

Slam

NOV 23 1964

JAN 2 1969

414-120-029-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-782

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Glen Eugene Madison | | | 2. Date of Birth (month) June (day) 20, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Moscow |
| **FATHER** | 6. Full Name of Father: Martin Madison | | | 7. State or Country of Father's Birth: Norway |
| **MOTHER** | 8. Full Maiden Name of Mother: Etta Madison | | | 9. State or Country of Mother's Birth: Vermillion, South Dakota |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Glen Eugene Madison | | 11. Present Address of Registrant: Post Falls Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov. 20. 1964 | 12. Signature of Notary: Gretchen M. Rollis. | | 13. Notary Commission expires: 11/24/ 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of own child's hospital birth certificate | By whom issued and signed: Lakeside Hospital, Coeur d' Alene, Idaho | Date Issued: ---- | Date Orig. Entry: child born Sept. 10,1939 |
| | Date of Birth: June 20, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: ----- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding employment records | By whom issued and signed: Kaiser Aluminum & Chemical Corp. Spokane, Washington | Date Issued: Aug.10,1964 | Date Orig. Entry: May 6, 1946 |
| | Date of Birth: June 20, 1902 / Birth Place: Moscow, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement from school records | By whom issued and signed: Grant County Supt. of schools Ephrata, Washington | Date Issued: Nov. 17, 1964 | Date Orig. Entry: May 1, 1910 |
| | Date of Birth: June 20, 1902 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: Martin Madison | |

**QUALIFYING INFORMATION**

A record from the school record dated May 1, 1911 gives mother's name as Etta Madison birthdate as June 20, 1902, record issued by Elizabeth Baumgarten, Co. Supt. of Schools, Ephrata, Washington

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barson | gml Glenda Larson | Nov. 27, 1964 |

FORM BH 56067

NOV 27 1964

312-117-025-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-807

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Guy Wesley Cash | | | 2. Date of Birth (month) August (day) 17, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: male | 5. Place of Birth a. County: Idaho | b. City or Town of Birth: Grangeville, Idaho |
| **FATHER** | 6. Full Name of Father: John Charles Cash | | | 7. State or Country of Father's Birth: Posy County, Indiana |
| **MOTHER** | 8. Full Maiden Name of Mother: Eliza Ellen Bottomley | | | 9. State or Country of Mother's Birth: Posy County, Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Guy Wesley Cash | | 11. Present Address of Registrant: Nezperce, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: November 12 19 64 | 12. Signature of Notary: John Kopp | | 13. Notary Commission expires: May 28 1966 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother Age 74 | By whom issued and signed: Walter Charles Cash | Date Issued: Nov.16,1964 | Date Orig. Entry: ----- |
| | Date of Birth: August 17, 1902 / Birth Place: S.W. Grangeville, Idaho Co., Idaho | Full Name of Mother: Eliza Ellen Cash | Name of Father: John Charles Cash | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #320453 | Date Issued: ---- | Date Orig. Entry: child born August 2, 1941 |
| | Date of Birth: Age 38 / Birth Place: Grangeville, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: notarized photocopy of family scroll | By whom issued and signed: family records | Date Issued: ---- | Date Orig. Entry: obviously old |
| | Date of Birth: August 17, 1902 / Birth Place: ----- | Full Name of Mother: Eliza Ellen Cash | Name of Father: John Charles Cash | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Barnum | Glenda Larson | Dec. 10, 1964 |

FORM BH 56067

DEC 10 1964

Cash

617-107-028-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-852

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CHARLES - MARION - WAGGONER | | | 2. Date of Birth (month) (day) (year): FEB - 7 - 1902 |
| | 3. Color or Race: WHITE | 4. Sex: MALE | 5. Place of Birth a. County: POST FALLS - KOOTENAI | b. City or Town of Birth: POST FALLS - |
| **FATHER** | 6. Full Name of Father: CHARLES - FRANCIS - WAGGONER | | | 7. State or Country of Father's Birth: IOWA - U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: EVA - MARTHA - FLEMING | | | 9. State or Country of Mother's Birth: BELFAST - IRELAND |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Charles Marion Waggoner | 11. Present Address of Registrant: #46 - SILVERTON, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 17, 19 64 | | 12. Signature of Notary: [signature] | 13. Notary Commission expires: NOTARY PUBLIC, Kellogg, Idaho 19 My Commission Expires Nov. 14, 1965 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy #1798780 | | By whom issued and signed: Sun Life Assurance Company of Canada | Date Issued: March 30, 1948 | Date Orig. Entry: Feb. 28, 1948 |
| | Date of Birth: Feb. 7, 1902 | Birth Place: Post Falls, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 2.** | Type of Document: Lodge Record Statement | | By whom issued and signed: Samaritan Lodge No. 29 Kellogg, Idaho | Date Issued: July 14, 1964 | Date Orig. Entry: Sept. 4, 1929 |
| | Date of Birth: Age 27 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for social security #519-36-3361 | | By whom issued and signed: Treasury Department | Date Issued: ----- | Date Orig. Entry: March 27, 1952 |
| | Date of Birth: Feb.7,1902 | Birth Place: Post Falls, Idaho Kootenai County | Full Name of Mother: Evelyn M. Flemming | Name of Father: Charles Francis Waggoner | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | Dec. 31, 1964 |

FORM BH 56067

12-7-64

JAN 4 1965

Wagons

165128 001-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-015

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: OPHEL BOOTH JONES | | | 2. Date of Birth (month) November (day) 28 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho | a. County: Ada; b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Samuel Jones | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellnor E. Niccholls | | | 9. State or Country of Mother's Birth: Colorado |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ophel Booth Jones | | 11. Present Address of Registrant: 5615 Leeds Street South Gate, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec. 28 1964 | 12. Signature of Notary: Eva Berlin | | 13. Notary Commission expires: EVA BERLIN My Commission Expires March 6, 1965 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: notarized photocopy of page from family Bible | By whom issued and signed: family records, Emma Lou Sprague, Notary | Date Issued: Dec.21,1964 | Date Orig. Entry: ---- obviously old |
| | Date of Birth: Nov.28, 1902 | Birth Place: Boise, Idaho | Full Name of Mother: Ellnor E. Nichols | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt (b.d. Aug.15,1886) | By whom issued and signed: Mary A. Ragsdale | Date Issued: Dec.19,1964 | Date Orig. Entry: ----- |
| | Date of Birth: Nov.28,1902 | Birth Place: Boise, Idaho | Full Name of Mother: Nellie Jones | Name of Father: Samuel Jones |
| **SUPPORTING RECORD 3.** | Type of Document: notarized photocopy of records from Children's Home | By whom issued and signed: Children's Home Finding & Aid Society of Idaho | Date Issued: Dec.21,1964 | Date Orig. Entry: May 1, 1908 |
| | Date of Birth: Nov.28,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Jan.8, 1965 |

FORM BH 56067

Coughlan

JAN 8 1965

319-123-021-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-045

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: David Nels Larson | | 2. Date of Birth (month) October (day) 23 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Franklin | b. City or Town of Birth: Mapleton, Idaho |
| **FATHER** | 6. Full Name of Father: Nels Larson | | 7. State or Country of Father's Birth: Denmark | |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah S. Davis | | 9. State or Country of Mother's Birth: Idaho, Franklin County | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: David Nels Larson | 11. Present Address of Registrant: 224 W. Sublette, Pocatello, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan 15th 1965 | 12. Signature of Notary: David L. Larson | 13. Notary Commission expires: May 6 1966 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Sarah S. Larson | Date Issued: Dec.21,1964 | Date Orig. Entry: ---- |
| | Date of Birth: Oct.23,1902 / Birth Place: Mapleton, Idaho | Full Name of Mother: Sarah S. Davis Larson | Name of Father: Nels Larson | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #277664 | Date Issued: ----- | Date Orig. Entry: child born March 13, 1939 |
| | Date of Birth: Age 36 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Plan | By whom issued and signed: International Brotherhood of Boiler Makers, Iron ship builders & helpers of America | Date Issued: Apr.13,1938 | Date Orig. Entry: Apr.13,1938 |
| | Date of Birth: Age 35 / Birth Place: ---- | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Jan. 19, 1965 | |

FORM BH 56067

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JAN 19 1965

Larson

343216-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-068

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Maggie Mae Cutler | | | 2. Date of Birth (month) Sept (day) 16 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: McCammon Bannock | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: Andrew Oscar Cutler | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Maggie Jane Martin | | | 9. State or Country of Mother's Birth: Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Maggie May Cutler | | 11. Present Address of Registrant: Pocatello, R2 Idaho Box 16-A |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 1-21-1965 | 12. Signature of Notary: E P Brennan | | 13. Notary Commission expires: Feb 11 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage License | By whom issued and signed: Box Elder County, Utah | Date Issued: Nov. 25, 1922 | Date Orig. Entry: Nov. 25, 1922 |
| | Date of Birth: Age 20 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #141042 | Date Issued: ----- | Date Orig. Entry: child born April 16, 1926 |
| | Date of Birth: Age 23 / Birth Place: McCammon, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt Age: 86 | By whom issued and signed: Mary M. Hutchinson | Date Issued: Jan. 20, 1965 | Date Orig. Entry: ---- |
| | Date of Birth: Sept. 16, 1902 / Birth Place: McCammon, Idaho | Full Name of Mother: Maggie J. (Martin) Cutler | Name of Father: Andrew O. Cutler | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Jan. 28, 1965 |

FORM BH 56067

JAN 29 1965

Cate

363207. 026-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-122

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vida Caroline Cole | | | 2. Date of Birth (month) 10 (day) 7 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Grant Ida. | b. City or Town of Birth: Grant Idaho |
| **FATHER** | 6. Full Name of Father: James Aseph Cole | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Hannah Eliza Winder | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vida Caroline Ward | | 11. Present Address of Registrant: Box 15-2 Eagle Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 2-8 1965 | 12. Signature of Notary: Ruth Grunder | | 13. Notary Commission expires 4-26 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by friend of family | By whom issued and signed: Myrtle E. Sheets AGE 72 | Date Issued: Feb.8,1965 | Date Orig. Entry: ----- |
| | Date of Birth: Oct.7,1902 / Birth Place: Grant, Idaho | Full Name of Mother: Hannah Eliza Winder | Name of Father: James Aseph Cole | |
| **SUPPORTING RECORD 2.** | Type of Document: own child's birth certificate | By whom issued and signed: On file Idaho #131016 | Date Issued: ----- | Date Orig. Entry: child born March 2, 1925 |
| | Date of Birth: Age 22 / Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding hospital records | By whom issued and signed: St. Luke's Hospital Boise, Idaho, P.L.Ross, MRL Asst. | Date Issued: Feb.10,1965 | Date Orig. Entry: ---- |
| | Date of Birth: Age 37 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Feb. 15, 1965 |

FORM BH 56067

FEB 17 1965

962-121-029-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-152

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Cecil Stanley Roberts | | 2. Date Of Birth (month) 11 (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Kendrick |
| **FATHER** | 6. Full Name of Father: Cyrus Sheets Roberts | | 7. State or Country of Father's Birth: Penn. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Bell Long | | 9. State or Country of Mother's Birth: Illinois | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cecil S. Roberts | 11. Present Address of Registrant: Box 120 Troy Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: FEBRUARY 10 1965 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: OCTOBER 5 1967. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own childs birth certificate | By whom issued and signed: On file Idaho #133511 | Date Issued: ---- | Date Orig. Entry: child born July 31, 1925 |
| | Date of Birth: Age 22 | Birth Place: Kendrick | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: replacement certificate of insurance policy #12352 | By whom issued and signed: Great Northwest Life ins. Co. Spokane, Washington | Date Issued: Nov. 27, 1959 | Date Orig. Entry: Oct. 29, 1940 |
| | Date of Birth: Nov.21,1902 | Birth Place: Kendrick, Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: Frank Benscoter, (b.d. 9/9/1890) | Date Issued: Feb.15,1965 | Date Orig. Entry: ------ |
| | Date of Birth: Nov.21,1902 | Birth Place: Kendrick, Latah County, Idaho | Full Name of Mother: Anna Bell Long Roberts | Name of Father: Cyrus S. Roberts |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Glenda Larson | Date Filed: March 4, 1965 |

FORM BH 56067

Roberts

MAR 4 1913

-213-209-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-211

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rena M. Bates | | | 2. Date of Birth (month) Dec. (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Oakley, Ida. Cassia | b. City or Town of Birth: Oakley, Idaho |
| **FATHER** | 6. Full Name of Father: Erin Lafayette Bates | | | 7. State or Country of Father's Birth: Tooele, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Hulda Mary Bailey | | | 9. State or Country of Mother's Birth: Grantsville, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Rena M Bates | | 11. Present Address of Registrant: 246 4th. Ave. East Twin Falls, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 11 1965 | 12. Signature of Notary: Edythe D. Koontz | | 13. Notary Commission expires: August 25 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister | By whom issued and signed: Mary V. Darrington, (10 years old at time of birth) | Date Issued: Mar.11,1965 | Date Orig. Entry: ------ |
| | Date of Birth: Dec.9,1902 | Birth Place: Oakley, Idaho | Full Name of Mother: Hulda Mary Bates | Name of Father: Erin L. Bates |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #136422 | Date Issued: ------ | Date Orig. Entry: child born Sept.14,1925 |
| | Date of Birth: Age: 22 | Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding hospital records | By whom issued and signed: Magic Valley Memorial Hospital, Twin Falls, Idaho | Date Issued: Mar.10,1965 | Date Orig. Entry: April 2, 1957 |
| | Date of Birth: Dec.9,1902 | Birth Place: Oakley, Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | | Date Filed: March 31, 1965 |

FORM BH 56067

MAR 31 1965

281-206-016-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De65-236

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: STELLA ZUA SHANGLE | | | 2. Date of Birth (month) (day) (year): JANUARY 6, 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Malta, Idaho | b. City or Town of Birth: Malta, Idaho |
| **FATHER** | 6. Full Name of Father: GEORGE W. SHANGLE | | | 7. State or Country of Father's Birth: IDAHO |
| **MOTHER** | 8. Full Maiden Name of Mother: OLIVE J. SHANGLE | | | 9. State or Country of Mother's Birth: UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Stella Zua Shangle (Hurt) | | 11. Present Address of Registrant: c/o Samson Trailer Court Mountain Home, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 25, 1964 | 12. Signature of Notary: N. W. Sanders | | 13. Notary Commission expires: March 3, 1965 |

N. W. SANDERS, Notary Public
Residing at Mtn. Home, Elmore Co. Id.
My Commission Expires March 3, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by cousin Age 82 | By whom issued and signed: Mrs. Edna McWilliams | Date Issued: June 25 1964 | Date Orig. Entry: ---------- |
| | Date of Birth: Jan. 6, 1902 | Birth Place: Malta, Idaho | Full Name of Mother: Olive J. Shangle | Name of Father: George W. Shangle |
| **SUPPORTING RECORD 2.** | Type of Document: Childs own birth certificate | By whom issued and signed: on file with state of Idaho # 140792 | Date Issued: ------- | Date Orig. Entry: Child born April 19, 1926 |
| | Date of Birth: Age 24 | Birth Place: Idaho | Full Name of Mother: --------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Certified Statement Regarding Marriage | By whom issued and signed: Frank B. Kearns, Recorder Cassia County, Burley, Idaho | Date Issued: Oct. 23, 1964 | Date Orig. Entry: Married Nov. 23, 1920 |
| | Date of Birth: Jan. 6 1902 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: April 6, 1965 |

FORM BH 56067

APR 6 1965
JUN 3 1965

235-216-036-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-267

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Cassie Stephenson | | 2. Date of Birth (month) June (day) 16 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Mapleton |
| **FATHER** | 6. Full Name of Father: Harris A. Stephenson | | 7. State or Country of Father's Birth: Richfield, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Sophronia Bennett | | 9. State or Country of Mother's Birth: ~~Coal~~ Cove ville, Utah (Cache Co.) | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cassie S. Bell | 11. Present Address of Registrant: Preston, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 2 1965 | 12. Signature of Notary: Rod B. Larsen | 13. Notary Commission expires: May 12 1966 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of application for license to marry | By whom issued and signed: Cache County, Utah | Date Issued: Feb.13,1964 | Date Orig. Entry: May 15, 1923 |
| | Date of Birth: June 16,1902 / Birth Place: Mapleton,Idaho | Full Name of Mother: Sophronia Bennett | Name of Father: Harris Stephenson | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding church records | By whom issued and signed: LDS Church,Preston 4th ward Oneida Stake | Date Issued: March 29, 1965 | Date Orig. Entry: baptized May 7, 1911 |
| | Date of Birth: June 16,1902 / Birth Place: ---- | Full Name of Mother: Saphronia Bennett | Name of Father: Harris A. Stephenson | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: California-Western States Life Ins. Co. Sacramento,Cal. | Date Issued: ----- | Date Orig. Entry: Feb.6,1934 |
| | Date of Birth: June 16,1902 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda Larson | April 26, 1965 |

FORM BH 56067

11-21

Bell

APR 27 1965

493-129-036-5-95

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-287

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Wayne Miller | | | 2. Date Of Birth (month) January (day) 29 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Preston |
| **FATHER** | 6. Full Name of Father: ~~xx~~ Nicolai Christensen miller | | | 7. State or Country of Father's Birth: Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Anne Christine Nielsen | | | 9. State or Country of Mother's Birth: Denmark |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James Wayne Miller | | 11. Present Address of Registrant: Burley, Cassia Co., Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 24 1965 | 12. Signature of Notary: Ted B. Larson | | 13. Notary Commission expires: May 12 1965 |

**APPLICANT — DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister | By whom issued and signed: Anna Morrison Age 79 | Date Issued: Mar.24,1965 | Date Orig. Entry: ------ |
| | Date of Birth: Jan.29,1902 / Birth Place: Preston, Oneida County, Idaho | Full Name of Mother: Anne Christine Nielsen | Name of Father: Nicolai Christensen Miller | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Preston 3rd Ward | Date Issued: July 19,1910 | Date Orig. Entry: Baptized July 19, 1910 |
| | Date of Birth: Jan.29,1902 / Birth Place: Preston, Oneida County, Idaho | Full Name of Mother: Annie Nielson | Name of Father: N. C. Miller | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of Certificate of Ordination office of Deacon | By whom issued and signed: LDS Church, Preston 1st Ward | Date Issued: Mar.1,1914 | Date Orig. Entry: ordained March 1, 1914 |
| | Date of Birth: Jan.29,1902 / Birth Place: Preston, Oneida County, Idaho | Full Name of Mother: Annie C. Nielsen | Name of Father: Nicolai C. Miller | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: May 3, 1965 |

FORM BH 56067 NR

Miller

MAY 7 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child — Given name or birth

2. Date of birth (month) (day) (year)

3. Place of birth — County

4. City or town of birth

FATHER

5. Full name of father

6. Place of birth (country)

7. State or Country of father's birth

MOTHER

8. Maiden name of mother

9. Place of birth (country)

10. State or Country of mother's birth

11. Name of person who attended birth

12. Address of physician

13. Address of hospital

14. Name of person who in person or through an agent presented the child for baptism

15. Date of baptism

16. Name of church or religious society

17. Place of baptism

18. Name of minister

19. Date issued and signature of person who issued the baptismal certificate

20. Date of this certificate

21. Signature of person who prepares this certificate

22. Relationship to child

23. Address

24. Date issued

25. Date of this certificate

26. Signature of person who issued this certificate

27. Relationship to child

28. Address

29. Date issued

30. Date of this certificate

31. Signature of person who issued this certificate

32. Relationship to child

33. Address

34. Date issued

35. Date of this certificate

36. Signature of person who issued this certificate

261 - 229 - 035 - 249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-322

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Grace Edna Swanson | | 2. Date of Birth (month) March (day) 29th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nezperce now Lewis; b. City or Town of Birth: Fletcher Ida |
| **FATHER** | 6. Full Name of Father: Peter Swanson | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Birdie Ada Burk | | 9. State or Country of Mother's Birth: Texas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Grace Edna Swanson Darr | 11. Present Address of Registrant: Box 26. Orofino Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Sept. 30 1959 | 12. Signature of Notary: J. M. Mahatt | 13. Notary Commission expires March 6 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Affidavit by mother, age 82 | Birdie Ada Swanson | 9-30-59 | |
| | Date of Birth: March 29, 1902 / Birth Place: Nezperce Co., now Lewis Fletcher, Idaho | Full Name of Mother: Birdie Ada Burk Swanson | Name of Father: Peter Swanson | |
| **SUPPORTING RECORD 2.** | Federal Census Record | U.S. Department of Commerce Bureau of the Census. | Apr. 20, 1965 | Jan. 1, 1920 |
| | Date of Birth: Age 17 / Birth Place: Idaho | Full Name of Mother: Birdie Swanson | Name of Father: Peter Swanson | |
| **SUPPORTING RECORD 3.** | Marriage Record | Nez Perce County, Idaho | 1-6-60 | June 6, 1933 |
| | Date of Birth: age 31 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda Larson | May 25, 1965 |

FORM BH 56067

JUN 16 1965

Peter Swanson

Date issued

Jun 20, 1965

Federal Omega Records

Idaho

1-5-60

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415-208-010-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-329

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Malinda June Davis | | 2. Date of Birth (month) June (day) 8 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: Female | 5. Place of Birth a. County: Milo | b. City or Town of Birth: Milo, Bingham now Bonneville Co. Idaho |
| **FATHER** | 6. Full Name of Father: Parley John Davis | | 7. State or Country of Father's Birth: Tredegar Wales | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hannah Davis | | 9. State or Country of Mother's Birth: Provo. Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Malinda June Davis | 11. Present Address of Registrant: Ucon, Idaho Box 123 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 19 1965 | 12. Signature of Notary: Alene M. Hill | 13. Notary Commission expires: June 25 1967 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy #260952 | By whom issued and signed: Beneficial Life Insurance Co. | Date Issued: Dec.12,1945 | Date Orig. Entry: Dec. 11, 1944 |
| | Date of Birth: June 8,1902 / Birth Place: Milo, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Milo Ward Book 2 No. 10 | Date Issued: Dec.30,1910 | Date Orig. Entry: baptized July 2, 1910 |
| | Date of Birth: June 8,1902 / Birth Place: Milo, Bingham County, Idaho | Full Name of Mother: Hannah Davis | Name of Father: Parley J. Davis | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by life long friend of the family | By whom issued and signed: Emily Tyler Cramer Age 76 | Date Issued: Apr.19,1965 | Date Orig. Entry: ----- |
| | Date of Birth: June 8,1902 / Birth Place: Milo, Idaho | Full Name of Mother: Hannah Davis | Name of Father: Parley John Davis | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Glenda Larson | Date Filed: May 26, 1965 |

FORM BH 56067

5426

MAY 26 1965

313 - 209 - 033 - 893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-337

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice Caldwell | | | 2. Date Of Birth (month) (day) (year): February 9, 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: was Fremont now Madison | b. City or Town of Birth: Rexburg |
| **FATHER** | 6. Full Name of Father: Moroni Caldwell | | | 7. State or Country of Father's Birth: Salt Lake City, Utah. |
| **MOTHER** | 8. Full Maiden Name of Mother: Harriet Williamson Hill | | | 9. State or Country of Mother's Birth: England, Kilamarsh, Derbyshire |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Caldwell | | 11. Present Address of Registrant: 691 N. 4 E. Logan, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 4th May 1965 | 12. Signature of Notary: Margaret C. Hickman | | 13. Notary Commission expires: 12 January 1967. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: Beneficial Life Insurance Co. Salt Lake City, Utah | Date Issued: ----- | Date Orig. Entry: May 31, 1953 |
| | Date of Birth: Feb.9,1902 / Birth Place: Rexburg, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Notice of Removal from Twin Groves Ward | By whom issued and signed: LDS Church | Date Issued: May 22,1912 | Date Orig. Entry: May 22,1912 |
| | Date of Birth: Feb.9,1902 / Birth Place: Rexburg, Fremont County, Idaho | Full Name of Mother: Harriett Hill | Name of Father: Moroni Caldwell | |
| **SUPPORTING RECORD 3.** | Type of Document: notarized photocopy of pages from family record book | By whom issued and signed: Family records | Date Issued: ----- | Date Orig. Entry: obviously old |
| | Date of Birth: Feb.9,1902 / Birth Place: Rexburg, Idaho | Full Name of Mother: Harriet Williamson Hill Caldwell | Name of Father: Moroni Caldwell | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: May 27, 1965 |

FORM BH 56067

MAY 27 1965

Caldwell

793222-035-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-346

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Laura Mae Gillespie | | | 2. Date of Birth (month) Nov. (day) 22 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Idaho Nez Perce | b. City or Town of Birth: Southwick |
| **FATHER** | 6. Full Name of Father: James Clark Gillespie | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura Angeline Powell | | | 9. State or Country of Mother's Birth: Sherbourne Co. Minn. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mae G. Smith | | 11. Present Address of Registrant: Kooskia, Ida |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 1 1965 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Laura Angeline Gillespie | Date Issued: Mar.12,1965 | Date Orig. Entry: ------ |
| | Date of Birth: Nov.22,1902 / Birth Place: Southwick,Idaho | Full Name of Mother: Laura Angeline Gillespie | Name of Father: James Clark Gillespie | |
| **SUPPORTING RECORD 2.** | Type of Document: Page from Family Bible | By whom issued and signed: Family Bible | Date Issued: --- | Date Orig. Entry: obviously old |
| | Date of Birth: Nov.22,1902 / Birth Place: Southwick, Idaho Nez Perce County | Full Name of Mother: Laura A. Gillespie | Name of Father: James C. Gillespie | |
| **SUPPORTING RECORD 3.** | Type of Document: School census records, School Dist. #39 | By whom issued and signed: Nez Perce County, Idaho County recorder | Date Issued: Dec.31,1964 | Date Orig. Entry: Oct. 27, 1916 |
| | Date of Birth: Age 13 / Birth Place: ----- | Full Name of Mother: ------ | Name of Father: J, C. Gillespie | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Barron | Evidence reviewed by: Glenda Larson | | Date Filed: June 1, 1965 |

FORM BH 56067

JUN 1 1965

253-101-003-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-348

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Heber Pleasant Bell | | | 2. Date Of Birth (month) (day) (year): January 1, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Lava Hot Springs |
| **FATHER** | 6. Full Name of Father: William Bell | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Mathilda Ranstrom | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x Heber P. Bell | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 1 1965 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Birth from L. D. S. Church | By whom issued and signed: Joseph Smith, Historian of Church & Custodian of Records | Date Issued: May 15 1964 | Date Orig. Entry: ------- |
| | Date of Birth: Jan 1 1902 | Birth Place: Lava Hot Springs | Full Name of Mother: Mathilda Ranstrom | Name of Father: William Bell |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage License | By whom issued and signed: Anna Keepe, Recorder Bannock | Date Issued: Jan. 24 1951 | Date Orig. Entry: Married Jan. 24, 1951 |
| | Date of Birth: Age 49 | Birth Place: Lava Hot Springs | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Honorable Discharge from National Guard of U S. | By whom issued and signed: Adjutant General, Commanding Officer | Date Issued: Sept. 1, 1922 | Date Orig. Entry: Sept. 1 1922 Discharged |
| | Date of Birth: Jan. 1 1902 | Birth Place: Lava Hot Springs | Full Name of Mother: ---------- | Name of Father: --------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: June 1, 1965 |

FORM BH 56067

JUN 1 1995

Fisher Pleasant Soil

January 1, 1902

White Male Bannock Lava Hot Springs

Idaho

William Bell

Merilda Ransrom

Sweden

Certificate of Birth from
L. D. Church
Jan 1

Joseph Smith, Historian of
Church & Custodian of Records

May 15
1964

1902 Lava Hot Springs

Merilda Ransrom
Anna Keepe, Recorder
Bannock

William Bell
Jan. 29
1951

Married
Jan. 29, 1951

Marriage License

Age 49 Lava Hot Springs

Honorable Discharge from
National Guard of U S.
Jan. 1

Adjutant General,
Commanding Officer

Sept. 1,
1922

Sept. 1
1922 Discharged

1902 Lava Hot Springs

W. W. Benson

Florence Cutright

June 1, 1905

295-120-001-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-369

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jess A. Breshears | | | 2. Date of Birth (month) April (day) 20, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Eagle |
| **FATHER** | 6. Full Name of Father: Thomas Carter Breshears | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Adah Bertha Batdorf | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jess A. Breshears | | 11. Present Address of Registrant: Emmett Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 8 1965 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Idaho Mutual Benefit Assn. Ins. Policy | By whom issued and signed: D. Clarence Borup President | Date Issued: Feb. 24, 1942 | Date Orig. Entry: Feb. 18 1942 |
| | Date of Birth: April 20 1902 / Birth Place: Eagle, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file with state of Idaho # 214758 | Date Issued: --------- | Date Orig. Entry: child born August 9, 1933 |
| | Date of Birth: Age 31 / Birth Place: Eagle, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Aunt Age 79 | By whom issued and signed: Minnie Etychison | Date Issued: May 17 1965 | Date Orig. Entry: -------- |
| | Date of Birth: April 20 1902 / Birth Place: Eagle, Idaho | Full Name of Mother: Adah Bertha Batdorf | Name of Father: Thomas Carter Breshears | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: June 8, 1965 |

FORM BH 56067

JUN 8 1965

Form 55-169

Joe A. Breshears — April 20, 1902

Eagle — Ada — Idaho

Thomas Carter Breshears — Missouri

Martha Bedford — Kansas

Fort Benefit Ass. — D. Clarence Horig — Feb. 24, 1942 — Feb. 18 1942

Eagle, Idaho — Eagle, Idaho

On file with state of Idaho # 214758 — Child born August 9, 1933

Eagle, Idaho

Affidavit by Joe, Age 79 April 20 1902 Eagle, Idaho — Mamie Breshears — 1965 — Thomas Carter Breshears

W. W. Benson — Florence Cartright — June 8, 1965

294-228-001-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-394
Local Reg. No.
Reg. Dist. No.

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: NINA MARIE BRUNK | | | 2. Date of Birth (month) September (day) 28 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Meridian, IDAHO |
| **FATHER** | 6. Full Name of Father: Miller Michael Brunk | | | 7. State or Country of Father's Birth: RAY County, Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: SUSAN Virginia Sandy | | | 9. State or Country of Mother's Birth: RAY County, Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Nina B. White | | 11. Present Address of Registrant: 4811 Monument Avenue Richmond, Virginia 23230 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 24 1965 | 12. Signature of Notary: Bernice J. Latimer | | 13. Notary Commission expires: May 30 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | | By whom issued and signed: St.Paul's Church, Brookline, Mass., | Date Issued: ----- | Date Orig. Entry: Baptized May 11, 1940 |
| Class* | Date of Birth: Sept.28,1940 | Birth Place: ----- | Full Name of Mother: Susan V. Sandy | Name of Father: Miller M. Brunk | |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census Record | | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: June 18,1964 | Date Orig. Entry: April 15, 1910 |
| Class | Date of Birth: Age 7 | Birth Place: Idaho | Full Name of Mother: Susan B. Brunk | Name of Father: Miller M. Brunk | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | | By whom issued and signed: Susan V. Brunk. | Date Issued: Nov.27,1954 | Date Orig. Entry: ----- |
| Class | Date of Birth: Sept. 28, 1902 | Birth Place: Meridian, Idaho | Full Name of Mother: Susan V. Brunk | Name of Father: M. M. Brunk | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: June 11, 1965 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 22 1965

Bureau of Vital Statistics
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Name of person at birth: Mildred Alice Johnson

2. Color or race: White | 3. Sex: Female | 4. Place of birth: Idaho County, Idaho

5. Date of birth: Sept. 29, 1920

FATHER

6. Full name of father: Walter Alan Johnson

MOTHER

7. Full maiden name of mother: Susan Virginia Sidney

AFFIDAVIT

I hereby swear upon oath that the above statements are true to the best of my knowledge and belief.

8. Signature of deponent: Mildred Johnson

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 19, 1965

9. Signature of Notary: [illegible]

10. Notary Commission expires: Jan. 29, 1966

SUPPORTING RECORD 1.

Type of document: Official Census Record

Date of birth: Sept. 29, 1920 | Birth place: Idaho

Class: [illegible]

By whom issued and signed: [illegible]

Date issued: ----

Date orig. entry: [illegible]

Name of father: [illegible]

Full name of mother: Susan [illegible]

SUPPORTING RECORD 2.

Type of document: Official Census Record

Date of birth: Sept. 29, 1920 | Birth place: Idaho

Class: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible]

Date orig. entry: [illegible]

Name of father: [illegible]

Full name of mother: Susan [illegible]

SUPPORTING RECORD 3.

Type of document: Certificate by mother

Date of birth: Sept. 29, 1920 | Birth place: Middleton, Idaho

Class: [illegible]

By whom issued and signed: [illegible]

Date issued: Nov. 20, 1965

Date orig. entry: ----

Name of father: [illegible]

Full name of mother: Susan [illegible]

SUPPLEMENTARY INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that the above birth certificate has been found registered and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

(Seal)

Date signed: Nov. 19, 1965

Evidence reviewed by: Olenia Larson

Date filed: Nov. 19, 1965

Class A Records are those made and taken before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

Form HDS 0005

219-227-029-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-397

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Edith Mae ~~Mitchell~~ Bartlett | | | 2. Date of Birth (month) Dec. (day) 27 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Fem. | 5. Place of Birth a. County: Latah | b. City or Town of Birth: Moscow |
| **FATHER** | 6. Full Name of Father: William Quincy Bartlett | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Lyddie Jane Tyrrell | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Edith Mae Mitchell | | 11. Present Address of Registrant: Steptoe, Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 18th 1965 | 12. Signature of Notary: Sam K. Randall | | 13. Notary Commission expires: 12-5- 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding registration records precinct #8 | By whom issued and signed: Pauline H. Lust, Auditor Whitman County, Washington | Date issued: Mar.18,1965 | Date Orig. Entry: Feb.1,1936 |
| | Date of Birth: AGE 33 / Birth Place: Moscow, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of own child's birth certificate 32074 | By whom issued and signed: Vital Statistics, State of Washington | Date issued: May 27,1965 | Date Orig. Entry: child born March 18, 1938 |
| | Date of Birth: Age 35 / Birth Place: Moscow, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by brother | By whom issued and signed: Lee Roy Bartlett Age 80 | Date issued: May 26,1965 | Date Orig. Entry: ----- |
| | Date of Birth: Dec. 27,1902 / Birth Place: near Moscow, Idaho Latah County | Full Name of Mother: Lyddie Bartlett | Name of Father: William Quincy Bartlett | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: June 11, 1965 |

FORM BH 56067

JUN 11 1965

Mitchell

818-114-044-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-418

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Gilbert Hayes | | 2. Date of Birth (month) May (day) 14 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Washington | b. City or Town of Birth: Weiser |
| **FATHER** | 6. Full Name of Father: Willis Hayes | | 7. State or Country of Father's Birth: Mt. Vernon, Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Julia Book | | 9. State or Country of Mother's Birth: Mt. Vernon, Illinois | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: George G Hayes | 11. Present Address of Registrant: R#2. Box.499. Hood River, Oregon | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 15 1965 | 12. Signature of Notary: Hazel L. Hurlbert | 13. Notary Commission expires: Sept. 28 1968 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Bible | By whom issued and signed: Family Bible | Date Issued: ----- | Date Orig. Entry: obviously old |
| | Date of Birth: May 14,1902 | Birth Place: ----- | Full Name of Mother: Julia A. Hayse | Name of Father: Willis N. Hayse |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #5,642,967 | By whom issued and signed: The Mutual Life Insurance Co. of New York | Date Issued: Sept. 11, 1940 | Date Orig. Entry: Sept. 6, 1940 |
| | Date of Birth: May 14,1902 | Birth Place: Weiser, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by cousin whose mother was the midwife | By whom issued and signed: Effie J. Adams Age 76 | Date Issued: June 15,1965 | Date Orig. Entry: ------ |
| | Date of Birth: May 14,1902 | Birth Place: Weiser, Idaho | Full Name of Mother: Julia A. Hayse | Name of Father: Willis N. Hayse |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: June 22, 1965 | |

FORM BH 56067 In office 6-15-65 - I.C.S. paid - Rec. # 16094

JUN 22 1965

319-126-021-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-431

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Harold Larson | | | 2. Date of Birth (month) (day) (year): November 26, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Franklin (Oneida) | b. City or Town of Birth: Preston |
| **FATHER** | 6. Full Name of Father: John Andrew Larson | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mira Allen | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Harold Larson | | 11. Present Address of Registrant: Star Route Preston, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 24 1965 | 12. Signature of Notary: T. M. Gowdie | | 13. Notary Commission expires: November 29 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of application for insurance policy #1233555 | By whom issued and signed: Metropolitan Life Ins. Co. | Date Issued: ------ | Date Orig. Entry: July 27, 1927 |
| | Date of Birth: Nov.26,1902 / Birth Place: Preston, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by friend of family at time of birth. lived close | By whom issued and signed: Peter T. Hansen Age 74 | Date Issued: Dec.31,1964 | Date Orig. Entry: ----- |
| | Date of Birth: Nov. 26,1902 / Birth Place: Preston, Oneida County, Idaho | Full Name of Mother: Mira Allen | Name of Father: John Andrew Larson | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding church records | By whom issued and signed: LDS Church, Elmer Palmer, clerk of Preston 7th Ward | Date Issued: ---- | Date Orig. Entry: blessed Jan.4,1903 |
| | Date of Birth: Nov.26,1902 / Birth Place: Preston, Idaho | Full Name of Mother: Mira E. Allen | Name of Father: John A. Larson | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: July 1, 1965 |

FORM BH 56067

141 526

JUL 1 1985

719-207-029-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-433

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margaret Lucille Garnette | | 2. Date Of Birth (month) 6 (day) 7 (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Moscow - Latah | b. City or Town of Birth: Moscow - Idaho |
| **FATHER** | 6. Full Name of Father: James William Garnette | | 7. State or Country of Father's Birth: Wisconsin - | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Manella Sheffer | | 9. State or Country of Mother's Birth: Indiana | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lucille G. Muller | 11. Present Address of Registrant: 7005 E. Rugby-St | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 23 1965 | 12. Signature of Notary: Helen B. Beaver | 13. Notary Commission expires: HELEN B. BEAVER ~~My Commission Expires June 3, 1966~~ 19 | |

HELEN B. BEAVER Notary Public State of California Principal Office in Los Angeles County My Commission Expires June 3, 1966 4227 Grand Ave Los Angeles 8, Calif.

Hunting Park 6 11 E

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: notarized photocopy of page from family Bible | By whom issued and signed: Notary Family Bible/Helen B. Beaver | Date Issued: Feb. 23, 1965 | Date Orig. Entry: ---- |
| | Date of Birth: June 7, 1902 | Birth Place: Moscow, Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate #18442 | By whom issued and signed: Vital Statistics, City of Los Angeles, California | Date Issued: Mar. 14, 1952 | Date Orig. Entry: child born Dec. 27, 1927 |
| | Date of Birth: Age 25 | Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: June 2, 1965 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age 17 | Birth Place: Idaho | Full Name of Mother: Nellie S. Garnette | Name of Father: James W. Garnette |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | July 1, 1965 |

FORM BH 56067

JUL 1 1965

Filters

449 247109-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE65 449

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Orvel Jay Buxton | | | 2. Date of Birth (month) (day) (year): October 9 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont County (Now Teton) | b. City or Town of Birth: Clawson, Idaho |
| **FATHER** | 6. Full Name of Father: John Alfred Buxton | | | 7. State or Country of Father's Birth: Richmond, Cache Co., Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Alice Carson | | | 9. State or Country of Mother's Birth: Richmond, Cache Co., Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Orvel Jay Buxton | | 11. Present Address of Registrant: 1412 Hays St., Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 7, 1965 | 12. Signature of Notary: N. C. Hamblin | | 13. Notary Commission expires: N. C. HAMBLIN, Notary Public Boise, Idaho. Comm. exp. 3/5/67 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of family record | By whom issued and signed: Family Record | Date Issued: July 7 1965 | Date Orig. Entry: original obviously old |
| | Date of Birth: Oct. 9 1902 | Birth Place: Clawson, * Idaho | Full Name of Mother: Alice Carson | Name of Father: John Alfred Buxton |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file with state of Idaho # 337811 | Date Issued: ---------- | Date Orig. Entry: child born Feb. 15, 1942 |
| | Date of Birth: Age 39 | Birth Place: Clawson, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor Age 74 | By whom issued and signed: Lyman Earl Floyd | Date Issued: July 8, 1965 | Date Orig. Entry: -------- |
| | Date of Birth: Oct. 9, 1902 | Birth Place: Clawson, Idaho | Full Name of Mother: Martha Alice Carson | Name of Father: John Alfred Buxton |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: July 8, 1965 |

FORM BH 56067

JUL 8 1969

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165-218-006-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-483

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Kathleen Jones | | 2. Date of Birth (month) June (day) 18 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Moreland |
| **FATHER** | 6. Full Name of Father: Evan Jones | | 7. State or Country of Father's Birth: Wales | |
| **MOTHER** | 8. Full Maiden Name of Mother: Cathryn Hannah Griffiths | | 9. State or Country of Mother's Birth: Utah USA | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Kathleen Jones Robertson | 11. Present Address of Registrant: 15602 Wheatstone Hawaiian Gardens Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 25 1965 | 12. Signature of Notary: Wilhelmina C. Lenhart | 13. Notary Commission expires: WILHELMINA C. LENHART, Notary Public in and for the State of California My Commission Expires March 27, 1969 | |

Wilhelmina C. Lenhart
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of Certificate of membership | By whom issued and signed: LDS Church, Robert L. Pearce, Ward Clerk | Date Issued: June 10,1965 | Date Orig. Entry: blessed Aug.3,1902 |
| | Date of Birth: June 18,1902 | Birth Place: Moreland, Idaho Bingham County | Full Name of Mother: Cathryn Hannah Griffiths | Name of Father: Evan Jones |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #181031 | Date Issued: ---- | Date Orig. Entry: child born May 5, 1930 |
| | Date of Birth: Age 27 | Birth Place: Moreland, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of hospital record | By whom issued and signed: LDS Hospital, Idaho Falls, Idaho, Lelia Garland, Med. Lib. | Date Issued: Mar.4,1964 | Date Orig. Entry: June 23,1959 |
| | Date of Birth: June 18,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: July 27, 1965 | |

FORM BH 56067

JUL 27 1965

Robertson

381-115-636-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-495

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Floyd Chapman | | | 2. Date of Birth (month) Aug. (day) 15, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho, Oneida | b. City or Town of Birth: Preston |
| **FATHER** | 6. Full Name of Father: Alexander McQueen | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Caroline (Carrie) Chapman | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Floyd Chapman | | 11. Present Address of Registrant: Madison, Wisconsin |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 30 1965 | 12. Signature of Notary: Ruth Carr | | 13. Notary Commission expires: 7/31 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #271726 | Date Issued: ---- | Date Orig. Entry: child born Sept. 20, 1938 |
| | Date of Birth: Age 36 / Birth Place: Preston, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #9108 | By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho | Date Issued: Aug.16,1934 | Date Orig. Entry: Aug.13,1934 |
| | Date of Birth: Aug.15,1902 / Birth Place: Preston, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Wage statement request to Social Security office | By whom issued and signed: Social Security Administration | Date Issued: ---- | Date Orig. Entry: Sept.10,1957 |
| | Date of Birth: Aug.15,1902 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |

**QUALIFYING INFORMATION**: Decision of High Council of the Oneida Stake of Zion gives parent's names mother: Carrie Chapman Father: Alexander McQueen infant son born August 15, 1902 Decision issued June 16, 1903 signed by Geo. C. Parkinson, Sol. H. Hale and Jos. S. Geddes, Stake Presidency.

**REGISTRAR'S CERTIFICATION** (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | gml Glenda Larson | July 28, 1965 |

FORM BH 56067

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JUL 28 1966

562-119-007-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-520

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: James Alexander Noble | | | 2. Date Of Birth (month) Feb. (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Blaine | b. City or Town of Birth: near Moore, Lost River Area, Idaho |
| **FATHER** | 6. Full Name of Father: Alexander Reid Noble | | | 7. State or Country of Father's Birth: Scotland |
| **MOTHER** | 8. Full Maiden Name of Mother: Selina Smith | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: James A. Noble | | 11. Present Address of Registrant: Moore, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 11 19 65 | 12. Signature of Notary: Edna H. McFarlane | | 13. Notary Commission expires October 15, 19 66 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Moore Ward | Date Issued: Feb.22,1911 | Date Orig. Entry: baptized April 30, 1910 |
| | Date of Birth: Feb.19,1902 / Birth Place: Lost River, Blaine County, Idaho | Full Name of Mother: Selina Smith | Name of Father: Alexander R. Noble | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for insurance policy 199384 | By whom issued and signed: Beneficial Life Ins. Co. | Date Issued: ----- | Date Orig. Entry: Dec. 19,1939 |
| | Date of Birth: Feb.19,1902 / Birth Place: Moore, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: Maude E. Babcock Age 78 | Date Issued: July 16,1965 | Date Orig. Entry: ----- |
| | Date of Birth: Feb.19,1902 / Birth Place: Lost River area near Moore, Idaho | Full Name of Mother: Selina Smith Noble | Name of Father: Alexander Reid Noble | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: August 3, 1965 |

FORM BH 56067

AUG 3

251-222-010-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-581

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mariamie Elizabeth Beasley | | 2. Date Of Birth (month) May (day) 22, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bonneville | b. City or Town of Birth: Route 3, Idaho Falls |
| **FATHER** | 6. Full Name of Father: Abel Howard Beasley | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mabel Irena Gray | | 9. State or Country of Mother's Birth: Oregon | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mariamie Elizabeth Beasley | 11. Present Address of Registrant: 11427 - 11th Ave. SW Seattle, Washington | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 9, 1965 | 12. Signature of Notary: Dorothy Gunnell | 13. Notary Commission expires: May 10, 1969 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by friend and neighbor at time of birth | By whom issued and signed: Arthur W. Holden Age 88 | Date Issued: Aug.9,1965 | Date Orig. Entry: ------ |
| | Date of Birth: May 22,1902 | Birth Place: Idaho Falls, Idaho Bonneville County | Full Name of Mother: Mabel Irena Gray | Name of Father: Abel Howard Beasley |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #143909 | Date Issued: ---- | Date Orig. Entry: child born July 3, 1926 |
| | Date of Birth: Age 24 | Birth Place: Idaho Falls, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Photocopy of school record | By whom issued and signed: High School, Idaho Falls, Idaho | Date Issued: ----- | Date Orig. Entry: Sept.4,1918 |
| | Date of Birth: May 22,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: A. H. Beasley |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: August 19, 1965 |

FORM BH 56067

AUG 19 1966

APR 11 1973

STATE OF IDAHO

| | |
|---|---|
| 1. Registrant's full name at birth: Harold Howard Beasley | 2. Date of birth (month, day, year): 22, 1902 |
| 3. Sex: Male | 4. Place of birth: Bonneville County, Idaho |
| 5. Color or race: White | 6. Residence: Route 2, Idaho Falls |
| 7. Name of father: Joel Howard Beasley | 8. Birthplace of father: Illinois |
| 9. Maiden name of mother: Irene Gray | 10. Birthplace of mother: Oregon |
| 11. Signature of registrant: | 12. Address of registrant: 1427 - 11th Ave. Ext. Seattle, Washington |
| 13. Signature of witness: | 14. Date: May 10, 1969 |

| | | | |
|---|---|---|---|
| Type of document: Delayed and Amended | Date issued and signed: Arthur V. Watkins, Sec 22 | Date issued: ---- | Date reg. entry: ---- |
| Place of birth: Bonneville County | Full name at birth: | Name of father: ---- | |
| Type of document: | Date issued and signed: On file Vital Statistics | Date issued: ---- | Date reg. entry: |
| Place of birth: Idaho Falls, Idaho | Full name at birth: ---- | Name of father: ---- | |
| Type of document: Delayed | Date issued and signed: High School, Idaho Falls, Idaho | Date issued: ---- | Date reg. entry: Sept. 1, 1966 |
| Date of birth: 22, 1902 | Place of birth: ---- | Full name at birth: ---- | Name of father: A. H. Beasley |

ADDITIONAL INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that the vital statistics has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar: [signature]

Evidence reviewed by: Frank Jensen

Date filed: August 10, 1966

651-224-030-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 65-641

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Daisy Flora Yearian | | | 2. Date Of Birth (month) (day) (year): August 24, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lemhi | b. City or Town of Birth: Leadore, Idaho |
| **FATHER** | 6. Full Name of Father: George W. Yearian | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie M. Purcell | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Daisy Flora Haines | | 11. Present Address of Registrant: 4005 Pasadena Dr. Boise |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 20 1965 | 12. Signature of Notary: C. E. May | | 13. Notary Commission expires: August 15 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother Age 89 | By whom issued and signed: Annie M. Yearian | Date Issued: ----- | Date Orig. Entry: June 23 1965 |
| | Date of Birth: 1902 Aug. 24, | Birth Place: Lemhi County Leadore, Idaho | Full Name of Mother: Annie M. Purcell | Name of Father: George W. Yearian |
| **SUPPORTING RECORD 2.** | Type of Document: Statement of School Record | By whom issued and signed: Nelson D. Reynolds, Manager Links School of Business | Date Issued: July 13 1965 | Date Orig. Entry: Attended school Jan. 26, 1921 |
| | Date of Birth: Age 18 | Birth Place: Leadore, Idaho | Full Name of Mother: --------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy Certificate of Marriage | By whom issued and signed: Elmer H. Bartlett County Auditor | Date Issued: July 31 1965 | Date Orig. Entry: Married July 31, 1923 |
| | Date of Birth: Age 20 | Birth Place: Leadore, Idaho | Full Name of Mother: -------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: Sept. 20, 1965 |

FORM BH 56067

SEP 20 1965

296-229-041-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-644

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice Brown | | | 2. Date of Birth (month) December (day) 29 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Teton | b. City or Town of Birth: Victor |
| **FATHER** | 6. Full Name of Father: William George Brown | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Ann Elizabeth Beddes | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice Brown Schieme | | 11. Present Address of Registrant: R # 3 Buhl, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 18, 19 65 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: February 4, 1969 19 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Andrew May, Bishop | Date Issued: Feb.3,1918 | Date Orig. Entry: baptized Feb.3,1918 |
| | Date of Birth: Dec.29,1902 | Birth Place: Victor, Idaho | Full Name of Mother: Annie E. Beddis | Name of Father: William Brown |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school records Rockland High School | By whom issued and signed: Rockland School Dist.#382, Idaho, Robert G. Thomas, Supt. | Date Issued: July 7,1965 | Date Orig. Entry: Sept.13,1920 |
| | Date of Birth: Age 17 | Birth Place: ---- | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for Social Security #518-40-1385 | By whom issued and signed: Social Security Administration, Treasury Department | Date Issued: ---- | Date Orig. Entry: Feb.16,1954 |
| | Date of Birth: Dec.29,1902 | Birth Place: Victor, Idaho Teton County | Full Name of Mother: Elizebeth Ann Beddes | Name of Father: William George Brown |
| **QUALIFYING INFORMATION** | | | | |

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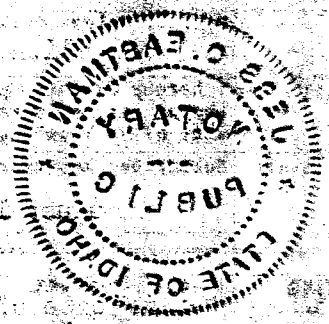
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Sept.22,1965 |

NR FORM BH 56067

SEP 22 1995



336-125-030-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-695

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: PHILANDER OLIVER CLOUGH | | 2. Date of Birth (month) July (day) 25 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Lemhi County, Idaho | b. City or Town of Birth: Salmon City, Idaho |
| **FATHER** | 6. Full Name of Father: OLIVER THOMAS CLOUGH | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: EMMA A. ROCHE | | 9. State or Country of Mother's Birth: Missouri | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Philander Oliver Clough | 11. Present Address of Registrant: 126 West Cumberland Rd. Glendale, California | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 5-22- 1965 | 12. Signature of Notary: J O Slapak | 13. Notary Commission expires: J. O. SLAPAK My Commission ~~Expires Nov. 13, 1968~~ 19 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy of marriage records | By whom issued and signed: County recorder Los Angeles County, California | Date Issued: May 28,1965 | Date Orig. Entry: Nov.20,1935 |
| | Date of Birth: Age 33 | Birth Place: Salmon City,Idaho | Full Name of Mother: Emma A. Roche | Name of Father: Oliver T. Clough |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Mar.2,1965 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age 17 | Birth Place: Idaho | Full Name of Mother: Emma Clough | Name of Father: Oliver Clough |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: Pacific Mutual Life Ins. Co. | Date Issued: July 30,1943 | Date Orig. Entry: July 30, 1943 |
| | Date of Birth: July 25,1902 | Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W M Benson | gml Glenda Larson | Sept. 30, 1965 |

FORM BH 56067

Calough

SEP 30 1985

296-112-026-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-736

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Taylor Brown | | | 2. Date Of Birth (month) June (day) 12, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Grant Jefferson | b. City or Town of Birth: Grant Precinct |
| **FATHER** | 6. Full Name of Father: Joseph Hyrum Daniels Brown | | | 7. State or Country of Father's Birth: New York |
| **MOTHER** | 8. Full Maiden Name of Mother: Eliza Jane Taylor | | | 9. State or Country of Mother's Birth: England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: George Taylor Brown | | 11. Present Address of Registrant: Rt # 1 Box 347 Rigby, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 13, 19 65 | 12. Signature of Notary: Howard E Graham | | 13. Notary Commission expires: January 5, 19 68 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of application for insurance Policy | By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho | Date Issued: ----- | Date Orig. Entry: Jan. 21, 1948 |
| | Date of Birth: June 12,1902 / Birth Place: ----- | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother Age 74 | By whom issued and signed: James L. Brown | Date Issued: Aug.16,1965 | Date Orig. Entry: ------ |
| | Date of Birth: June 12,1902 / Birth Place: Grant, Idaho | Full Name of Mother: Eliza Jane Taylor | Name of Father: Joseph Hyrum Daniels Brown | |
| **SUPPORTING RECORD 3.** | Type of Document: IDS Church record. photocopy | By whom issued and signed: Bishop Max A. Gardner, Rigby 3rd Ward, Rigby, Idaho | Date Issued: Oct.6,1965 | Date Orig. Entry: baptized June 12,1910 |
| | Date of Birth: June 12,1902 / Birth Place: Grant, Idaho | Full Name of Mother: Eliza J. Taylor | Name of Father: Jos. D. Brown | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: October 14, 1965 |

FORM BH 56067

10-4-65

Brown

OCT 14 1965

419-121-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-820

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Daniel Williams Martin | | 2. Date of Birth (month) October (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Samaria |
| **FATHER** | 6. Full Name of Father: Evan Jenkins Martin | | 7. State or Country of Father's Birth: Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ann Williams | | 9. State or Country of Mother's Birth: Idaho | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Daniel Williams Martin 1904 Redford Dr. | 11. Present Address of Registrant | |
| J. HAROLD BRINLEY (Notary) My Commission Expires Dec. 29, 1966 | Subscribed and sworn to before me on 29 OCT 1965 | 12. Signature of Notary: J. Harold Brinley | 13. Notary Commission expires 19 | |

STATE OF NEVADA COUNTY OF CLARK CLARK COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Duplicate Certificate of Blessing | By whom issued and signed: LDS Church, Jeramiah Williams Elder | Date Issued: Sep.5,1965 | Date Orig. Entry: blessed Dec.13,1902 |
| | Date of Birth: Oct.21,1902 / Birth Place: Samaria, Idaho | Full Name of Mother: Ann Williams | Name of Father: Evan J. Martin | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for employment | By whom issued and signed: Las Vegas Union School Dist. Nevada | Date Issued: ----- | Date Orig. Entry: March 8,1956 |
| | Date of Birth: Oct.21,1902 / Birth Place: Samaria, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: transcript of school record | By whom issued and signed: University of Idaho, D.D. DuSault, Registrar | Date Issued: Apr.17,1956 | Date Orig. Entry: matriculated June 13, 1933 |
| | Date of Birth: Oct.21,1902 / Birth Place: Samaria, Idaho | Full Name of Mother: Ann (Williams) Martin | Name of Father: Evan J. Martin | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | November 9,1965 |

FORM BH 56067

2 copies paid

(M) 10-26-65 gml

Martin

J. HAROLD BRINLEY
Notary Public—State of Nevada
CLARK COUNTY
My Commission Expires Dec. 29, 1968

NOV 9 1965

986-125-014-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-912

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: DAVID B. RHODES | | | 2. Date of Birth (month) May (day) 25 (year) 1902 |
| | 3. Color or Race: Caucassian | 4. Sex: M | 5. Place of Birth a. County: Nampa Canyon | b. City or Town of Birth: Nampa, Idaho |
| **FATHER** | 6. Full Name of Father: JACOB S. RHODES | | | 7. State or Country of Father's Birth: Norborne, Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: ROSA M. SELL | | | 9. State or Country of Mother's Birth: Plattsburg, Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: David B. Rhodes | | 11. Present Address of Registrant: 3669-18 St. San Francisco, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 16 1965 | 12. Signature of Notary: JOHN T. SHEA, Notary Public in and for the City and County of San Francisco, State of California | | 13. Notary Commission expires 19 ____ My Commission Expires 7-20-67 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of marriage certificate | By whom issued and signed: Martin Mongan, recorder of city and county San Francisco | Date Issued: Apr.13,1965 | Date Orig. Entry: Feb.3,1938 |
| | Date of Birth: Age 35 | Birth Place: Napa, Idaho | Full Name of Mother: Rosa Sell | Name of Father: Jake S. Rhodes |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for employment | By whom issued and signed: Olympic Club, San Francisco, Calif. | Date Issued: June,30,1965 | Date Orig. Entry: June 19,1952 employed |
| | Date of Birth: 1902 | Birth Place: Napa, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding drivers license records | By whom issued and signed: Division of Drivers Licenses California | Date Issued: Dec.3,1965 | Date Orig. Entry: July 19,1960 |
| | Date of Birth: May 25,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | Dec. 14, 1965 |

FORM BH 56067 3-10-65 (H)

11-9

DEC 14 1965

Hatch, Atty

294209-040-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 65-936

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jeannette Brunelle | | 2. Date Of Birth (month) October (day) 9 (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: Female | 5. Place of Birth a. County: Shoshone | b. City or Town of Birth: Wallace |
| **FATHER** | 6. Full Name of Father: Thomas Brunelle | | 7. State or Country of Father's Birth: Canada | |
| **MOTHER** | 8. Full Maiden Name of Mother: Jessie Gervais | | 9. State or Country of Mother's Birth: Mimesota | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mrs. Jeannette Wilke | 11. Present Address of Registrant: 173 King St. Wallace, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 16 19 65 | 12. Signature of Notary: Anna K. Battick | 13. Notary Commission expires 9/2 19 69 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding hospital records | By whom issued and signed: Providence Hosp., Wallace, Ida Sr. Mary Trinity, RRL | Date Issued: Feb. 14, 1958 | Date Orig. Entry: April 1938 |
| | Date of Birth: Oct. 9, 1902 / Birth Place: Wallace, Idaho | Full Name of Mother: Jessie Gervais | Name of Father: Thomas Brunelle | |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of voters registration | By whom issued and signed: Anna K. Battick, county auditor Shoshone, County, Idaho | Date Issued: Dec. 16, 1965 | Date Orig. Entry: May 25, 1926 |
| | Date of Birth: Age 23 / Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Certified copy of marriage record | By whom issued and signed: Shoshone County, Idaho County recorder*s office. | Date Issued: Dec. 16, 1965 | Date Orig. Entry: Oct. 23, 1920 |
| | Date of Birth: Age 18 / Birth Place: ------ | Full Name of Mother: - - ------ | Name of Father: ------- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: Dec. 24, 1965 | |

FORM BH 56067

12-13-65

DEC 27 1965

Wilks

815-126-023-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-959

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: CHRIS HENRY HANSEN | | | 2. Date Of Birth (month) November (day) 26 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Gem | b. City or Town of Birth: Sweet, |
| **FATHER** | 6. Full Name of Father: Hans Hansen | | | 7. State or Country of Father's Birth: |
| **MOTHER** | 8. Full Maiden Name of Mother: Ruth Anna Campbell | | | 9. State or Country of Mother's Birth: |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Chris Henry Hansen | | 11. Present Address of Registrant: East Main Street |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 11 19 65 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires July 20, 1969 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy #860418 | | By whom issued and signed: Occidental Life Insurance Co. | Date Issued: May 17,1930 | Date Orig. Entry: May 17,1930 |
| | Date of Birth: Nov.26,1902 | Birth Place: Sweet, Idaho | Full Name of Mother: Ruth Ann Hansen | Name of Father: Hans Hansen | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding voting registration | | By whom issued and signed: Donald Woodman, Clerk Dist. Ct. Gem County, Emmett, Idaho | Date Issued: Dec.7,1965 | Date Orig. Entry: 1930 |
| | Date of Birth: Nov.26,1902 | Birth Place: Sweet, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by relative who lived nearby at time of birth | | By whom issued and signed: Adam Klingback Age 83 | Date Issued: Dec.20,1965 | Date Orig. Entry: ------ |
| | Date of Birth: Nov.26,1902 | Birth Place: Sweet, Idaho | Full Name of Mother: Ruth Anna Campbell | Name of Father: Hans Hansen | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Dec. 30, 1965 |

FORM BH 56067

DEC 30 1965

NOV 24 1975

619-107-022-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-960

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charles Clements Ward | | | 2. Date of Birth (month) June (day) 7 (year) 1902 |
| | 3. Color or Race: Cau. | 4. Sex: M | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Salem |
| **FATHER** | 6. Full Name of Father: Clements George M. Ward | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Linsenmann | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles Clements Ward | | 11. Present Address of Registrant: Sugar City, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 15 19 65 | 12. Signature of Notary: John S. Thatcher | | 13. Notary Commission expires: August 28 19 66 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Ordination as a Priest | By whom issued and signed: LDS Church, George Hogg, High Priest | Date Issued: May 31,1925 | Date Orig. Entry: ordained May 31,1925 |
| | Date of Birth: June 7,1902 | Birth Place: Salem, Idaho | Full Name of Mother: Alice Linsemann | Name of Father: Clements G. Ward |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Alice L. Ward | Date Issued: Dec.20,1965 | Date Orig. Entry: ------ |
| | Date of Birth: June 7,1902 | Birth Place: Salem, Fremont County, Idaho | Full Name of Mother: Alice Linsenmann Ward | Name of Father: Clements George M. Ward |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of pages from publication (notarized) | By whom issued and signed: Pioneers and Prominent men of Utah | Date Issued: ---- | Date Orig. Entry: published 1913 |
| | Date of Birth: June 7,1902 | Birth Place: ----- | Full Name of Mother: Alice Linsenmann | Name of Father: Clements George M. Ward |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Dec. 30, 1965 |

FORM BH 56067

DEC 30 1965

Rigby, Idaho

| | | | |
|---|---|---|---|
| | Clarissa Clemenetia Ward | | |
| | Sex: M | Place of Birth: Fremont Co. | Date of Birth: June 7 1900 |
| FATHER | Clemenetis George M. Ward | | Place of Birth: Salem |
| MOTHER | Alice Lineenberger | | Place of Birth: Utah |
| AFFIDAVIT | | | Place of Birth: Missouri |
| NOTARY (Seal) | December 15 19 65 | | Present Address: Sugar City, Idaho |
| | | | Date: August 28 19 65 |
| SUBMITTING RECORD A | | | |
| SUBMITTING RECORD B | | | |
| SUBMITTING RECORD C | ---- | | |
| SUPPLEMENTING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar | Evidence Reviewed by | Date Filed |

259-218 1035-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-025

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: BESSIE JANE BERRY | | | 2. Date Of Birth (month) August (day) 18 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Fem. | 5. Place of Birth a. County: Idaho; b. City or Town of Birth: Nez Perce | |
| **FATHER** | 6. Full Name of Father: Robert Edward Berry | | | 7. State or Country of Father's Birth: Sullivan Co. Tenn. |
| **MOTHER** | 8. Full Maiden Name of Mother: Serrie Alice Berry | | | 9. State or Country of Mother's Birth: Estell Co. Ky. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Bessie J. Hamilton | | 11. Present Address of Registrant: 1545 Ruth Ave., Walla Walla, Wn. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 29 1965 | 12. Signature of Notary: M. Robinson Sharp | | 13. Notary Commission expires: July 12, 1967. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding voters' registration records | By whom issued and signed: Walla Walla County Auditor, Gladys Gilman | Date Issued: Dec.28,1965 | Date Orig. Entry: Aug.2,1932 |
| | Date of Birth: Age 29 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding hospital records | By whom issued and signed: Saint Mary Hospital, Walla Walla, Wash., Karen Locati, Clerk | Date Issued: Dec.27,1965 | Date Orig. Entry: 1951 |
| | Date of Birth: Aug.18,1902 | Birth Place: Idaho | Full Name of Mother: Sara Alice Berry | Name of Father: Robert Edward Berry |
| **SUPPORTING RECORD 3.** | Type of Document: Certified statement of marriage records | By whom issued and signed: Walla Walla County, Washington, Mildred Bishop, Deputy | Date Issued: Dec.28,1965 | Date Orig. Entry: Mar.10,1923 |
| | Date of Birth: Age 20 | Birth Place: Nez Perce, Idaho | Full Name of Mother: Serrie Alice Berry | Name of Father: R. E. Berry |
| **QUALIFYING INFORMATION** | | | | |

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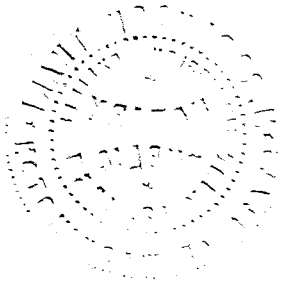
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: Jan. 11, 1966 |

FORM BH 56067

JAN 1 1 1966



Ill. ccJ birthplace.

349-124-041-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-051

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Byron John Curtis | | | 2. Date of Birth (month) (day) (year): 24 September 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Victor, Teton | b. City or Town of Birth: Victor, Idaho |
| **FATHER** | 6. Full Name of Father: Nahum Curtis | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Barker | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Byron J. Curtis | | 11. Present Address of Registrant: Driggs, Idaho, 83422 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 7th December 19 65 | 12. Signature of Notary: F. L. Farlenski | | 13. Notary Commission expires: Dec. 21st 19 65 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #285222 | Date Issued: ----- | Date Orig. Entry: child born Sept.17,1939 |
| | Date of Birth: Age 36 | Birth Place: Victor, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Nahum Curtis, Bishop J. Lauritzen, Clerk | Date Issued: Oct.2,1910 | Date Orig. Entry: baptized Oct.2,1910 |
| | Date of Birth: Sep.24,1902 | Birth Place: Victor, Idaho | Full Name of Mother: Annie Barker | Name of Father: Nahum Curtis |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by cousin (over 15 yrs. old at time of birth) | By whom issued and signed: Clarissa Curtis Berger | Date Issued: Jan.10,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Sep.24,1902 | Birth Place: Victor, Idaho Teton County | Full Name of Mother: Annie Barker | Name of Father: Nahum Curtis |
| **QUALIFYING INFORMATION** | affidavit by sister (9 years older) Lucy Curtis Weber issued Nov.12,1965 gives birthdate: September 24, 1902 at Victor, Teton County, Idaho Parents: Nahum Curtis and Annie Barker. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | | Date Filed: Jan.14,1966 |

FORM BH 56067 1 copy paid rec.1060 2nd form sent 11-30-65 gml

12-23-65 gml

JAN 14 1966

365-226-006-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-054

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Margaret Connell | | | 2. Date Of Birth (month) Feb. (day) 26 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Ammon |
| **FATHER** | 6. Full Name of Father: Alma Connell | | | 7. State or Country of Father's Birth: England |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth ~~Connell~~ Harris | | | 9. State or Country of Mother's Birth: Utah, |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Margaret Connell H.V. Parker | | 11. Present Address of Registrant: 150-2nd St. Ogden, Ut. |
| **NOTARY** (seal) | Subscribed and sworn to before me on: January 11 1966 | 12. Signature of Notary: Luana Stoddard | | 13. Notary Commission expires: April 27, 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #90649 | Date Issued: ----- | Date Orig. Entry: child born Dec.19,1919 |
| | Date of Birth: Age 17 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Church Certificate of Birth | By whom issued and signed: LDS Church, Salt Lake City, Utah, Joseph F. Smith, Historian | Date Issued: June 8,1945 | Date Orig. Entry: Aug. 7, 1910 |
| | Date of Birth: Feb.26,1902 | Birth Place: Ammon, Idaho Bingham County | Full Name of Mother: Elizabeth Harris | Name of Father: Alma Connell |
| **SUPPORTING RECORD 3.** | Type of Document: Employment record | By whom issued and signed: War Dept., Army Air Forces, Ogden Air Service Command, Utah | Date Issued: Mar.27,1944 | Date Orig. Entry: Feb.2,1944 |
| | Date of Birth: Feb.26,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |

**QUALIFYING INFORMATION**: Statement regarding school census record for school year 1908 shows her age as 6 parents names as Alma & Elizabeth Connell. Statement issued Dec. 27, 1965 School Dist. #19, Blackfoot, Idaho

**REGISTRAR'S CERTIFICATION** (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Glenda Larson | Jan. 17, 1966 |

FORM BH 56067

1-5-66

JAN 17 1966

819-12-025-943

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-071

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charles Lester Harris | | | 2. Date Of Birth (month) Oct (day) 12 (year) 02 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: ~~Weiser~~ Idaho | b. City or Town of Birth: Weiser |
| **FATHER** | 6. Full Name of Father: William Preston Harris | | | 7. State or Country of Father's Birth: Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Katherine Ellen Rulf | | | 9. State or Country of Mother's Birth: Netherlands |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charles Lester Harris | | 11. Present Address of Registrant: Rte 2 Toppenish, Wash |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 17 1966 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: Dec 8 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister (born 5-22-1893) | By whom issued and signed: Mrs. Blanche L. Erickson | Date Issued: Jan.6,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Oct.12,1902 | Birth Place: Weiser, Idaho | Full Name of Mother: Katherine Ellen Rulf | Name of Father: William Preston Harris |
| **SUPPORTING RECORD 2.** | Type of Document: application for insurance policy (photocopy) | By whom issued and signed: United Benefit Life Ins.Co. | Date Issued: ---- | Date Orig. Entry: April 23, 1958 |
| | Date of Birth: Oct.12,1902 | Birth Place: Weiser, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for hospital expence policy | By whom issued and signed: Mutual Benefit Health & Accident Association | Date Issued: ---- | Date Orig. Entry: Feb. 20, 1950 |
| | Date of Birth: Oct.12,1902 | Birth Place: Weiser, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Jan. 24, 1966 |

FORM BH 56067

12-15-63

JAN 24 1966

468-104-006-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-123

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ivan Richard Moyes | | | 2. Date of Birth (month) May (day) 4 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: Male | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Moreland |
| **FATHER** | 6. Full Name of Father: George Quain Moyes | | | 7. State or Country of Father's Birth: Plain City, Weber Co. Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Hilda Charlottie Christensen | | | 9. State or Country of Mother's Birth: Plain City, Weber Co. Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ivan Richard Moyes | | 11. Present Address of Registrant: R#3, Ogden, Utah Box 272 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 30 1966 | 12. Signature of Notary: [illegible] Ogden, Utah | | 13. Notary Commission expires: 9/11 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister (born 7-8-1892) | By whom issued and signed: Inebell Moyes Paulsen | Date Issued: Jan.24,1966 | Date Orig. Entry: ------ |
| | Date of Birth: May 4,1902 / Birth Place: Moreland, Idaho Bingham County | Full Name of Mother: Hilda C. Moyes | Name of Father: George Moyes. | |
| **SUPPORTING RECORD 2.** | Type of Document: Record of Blessing | By whom issued and signed: LDS Church, Walter Moyes, Ward Clerk, Plain City 2nd ward | Date Issued: Aug.10,1965 | Date Orig. Entry: blessed July 6,1902 |
| | Date of Birth: May 4,1902 / Birth Place: Moreland, Idaho Bingham County | Full Name of Mother: Hilda Charlottie Christensen | Name of Father: George Quain Moyes | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy 1 312 818 | By whom issued and signed: Kansas City Life Ins. Co. Kansas City, Mo. | Date Issued: ---- | Date Orig. Entry: Jan.18,1954 |
| | Date of Birth: May 4,1902 / Birth Place: Moreland, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Feb. 10, 1966 |

FORM BH 56067

4-16-62

FEB 10 1966

366-107-014-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-161

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Glenn Albert Coffey | | | 2. Date of Birth (month) (day) (year): July 7, 1902 |
| | 3. Color or Race: Caucasian | 4. Sex: Male | 5. Place of Birth a. County: Formerly Canyon County, now Payette County | b. City or Town of Birth: Payette |
| **FATHER** | 6. Full Name of Father: Isaac Melton Coffey | | | 7. State or Country of Father's Birth: North Carolina |
| **MOTHER** | 8. Full Maiden Name of Mother: Susan Frances Brooks | | | 9. State or Country of Mother's Birth: Missouri |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x Glenn Albert Coffey | | 11. Present Address of Registrant: 2475 Broadway North Bend, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 8 1964 | 12. Signature of Notary: William A. Ledger | | 13. Notary Commission expires: June 26 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of page from family Bible | By whom issued and signed: Family Bible records | Date Issued: ----- | Date Orig. Entry: obviously old |
| | Date of Birth: July 7,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school records | By whom issued and signed: S.S. Foote, Canyon County Auditor, Dist. #23 | Date Issued: May 5,1964 | Date Orig. Entry: Sept.1,1908 |
| | Date of Birth: Age 6 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: I. M. Coffey |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Nov.13,1964 | Date Orig. Entry: Jan. 1, 1920 |
| | Date of Birth: Age 17 | Birth Place: Idaho | Full Name of Mother: Sarah Francis Coffey | Name of Father: ----- |

**QUALIFYING INFORMATION**

Affidavit by sister age 71, Ella Iva Harris gives following information. birthdate: July 7,1902, birthplace: Payette, Idaho Father: Isaac Melton Coffey Mother: Susan Frances Coffey affidavit signed July 8, 1964.

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Glenda Larson | Feb. 28, 1966 |

FORM BH 56067

FEB 28 1966

17° 699-130-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 66-170

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joseph Lowell Orr | | | 2. Date of Birth (month) May (day) 30 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Egin |
| **FATHER** | 6. Full Name of Father: Joseph Orr | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellen Eliza Lyon | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: J. Lowell Orr | | 11. Present Address of Registrant: Thornton Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 25 1966 | 12. Signature of Notary: Kenneth L. Phillips | | 13. Notary Commission expires: 12-1- 1969 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Thomas Ball, Clerk L. D. S. Church | Date Issued: Nov. 6 1910 | Date Orig. Entry: Baptized Nov. 6 1910 |
| | Date of Birth: May 30 1902 / Birth Place: Egin, Idaho | Full Name of Mother: Ellen Lyon | Name of Father: Joseph Orr | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Policy # 329938 Beneficial Life | Date Issued: June 15 1949 | Date Orig. Entry: June 15 1949 |
| | Date of Birth: May 30 1902 / Birth Place: Fremont County Egin, Idaho | Full Name of Mother: ------- | Name of Father: ------- | |
| **SUPPORTING RECORD 3.** | Type of Document: Own childs birth certificate | By whom issued and signed: # 277152 on file with state of Idaho | Date Issued: ----- | Date Orig. Entry: child born Jan. 11, 1939 |
| | Date of Birth: Age 36 / Birth Place: Egin, Idaho | Full Name of Mother: -------- | Name of Father: --------- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. BEnson | Evidence reviewed by: Florence Curtright | Date Filed: March 2, 1966 |

FORM BH 56067 In office - no correct.

277152 cat #

MAR 2 1966

348-225-006-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-189

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eva Una Taylor | | 2. Date of Birth (month) July (day) 25 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Blackfoot |
| **FATHER** | 6. Full Name of Father: Nathan Taylor | | 7. State or Country of Father's Birth: North Carolina | |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah M. Rose | | 9. State or Country of Mother's Birth: North Carolina | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eva Una Thompson | 11. Present Address of Registrant: 5865 Meridian, Blackfoot, Ida. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 21 1966 | 12. Signature of Notary: Vera W. Twiggs | 13. Notary Commission expires: April 19 1969 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy # D-9003 | | By whom issued and signed: The American Home Benefit Association, Boise, Idaho | Date Issued: Aug.24,1937 | Date Orig. Entry: ----- |
| | Date of Birth: Jul.25,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | | By whom issued and signed: On file Idaho #194513 | Date Issued: ----- | Date Orig. Entry: child born Sept.17,1931 |
| | Date of Birth: Age 29 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by friend and Neighbor of family | | By whom issued and signed: Lavina Eggleston Age 77 | Date Issued: Feb.2,1966 | Date Orig. Entry: ----- |
| | Date of Birth: July 25, 1902 | Birth Place: Blackfoot, Idaho | Full Name of Mother: Sarah M. Rose Taylor | Name of Father: Nathan Taylor | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: March 8, 1966 |

FORM BH 56067

MAR 1 4 1966

114-219-014-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 66-231

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary James | | | 2. Date Of Birth (month) (day) (year): September 19, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Payette |
| **FATHER** | 6. Full Name of Father: Fred David James | | | 7. State or Country of Father's Birth: Vermont |
| **MOTHER** | 8. Full Maiden Name of Mother: Rose Basil | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Youren | | 11. Present Address of Registrant: Crouch, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 13 1959 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Copy of Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: July 9, 1959 | Date Orig. Entry: Census as of Jan. 1, 1920 |
| | Date of Birth: Sept. 19, 1902 | Birth Place: Idaho | Full Name of Mother: Rose James | Name of Father: Fred D. James |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics, Idaho #205281 | Date Issued: | Date Orig. Entry: Child born Aug. 16, 1932 |
| | Date of Birth: Age 29 | Birth Place: Payette, Idaho | Full Name of Mother: -- | Name of Father: -- |
| **SUPPORTING RECORD 3.** | Type of Document: Own childs birth certificate | By whom issued and signed: 184437 On file with state of Idaho | Date Issued: ---- July 3, 1959 | Date Orig. Entry: child born Sept. 6, 1930 |
| | Date of Birth: Age 27 | Birth Place: Idaho Payette, Idaho | Full Name of Mother: [illegible] James | Name of Father: Fred [illegible] James |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W Benson | Evidence reviewed by: ses Florence Curtright | Date Filed: March 21, 1966 |

FORM BH 56067

MAY 31 1967

354-212-026-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-253

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ALTA BELL LEMMON | | | 2. Date of Birth (month) MARCH (day) 12 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: JEFFERSON | b. City or Town of Birth: GRANT - ~~[illegible]~~ |
| **FATHER** | 6. Full Name of Father: OLIVER E LEMMON | | | 7. State or Country of Father's Birth: UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: PEARL GREEN | | | 9. State or Country of Mother's Birth: UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alta Bell Lemmon | | 11. Present Address of Registrant: 241 WEST, 1ST SOUTH RIGBY, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 25TH OF MARCH 1966 | 12. Signature of Notary: T. Hamilton | | 13. Notary Commission expires: MARCH 26 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #283785 | Date Issued: ---- | Date Orig. Entry: child born June 28, 1939 |
| | Date of Birth: Age 37 | Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Robt. E. Cleveland Elder, Rigby Ward | Date Issued: Aug.8,1910 | Date Orig. Entry: baptized Aug.6,1910 |
| | Date of Birth: Mar.12,1902 | Birth Place: Grant, Idaho | Full Name of Mother: Pearl Green | Name of Father: Oliver E. Lemmon |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth. | By whom issued and signed: P. W. Dabell Age 86 | Date Issued: Feb.23,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Mar.12,1902 | Birth Place: Grant, Idaho | Full Name of Mother: Pearl Green Lemmon | Name of Father: Oliver E. Lemmon |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: March 25, 1966 |

FORM BH 56067

MAR 25 1966

553-14-029-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-262

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Roy Harold Nelson | | | 2. Date of Birth (month) October (day) 14 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Latah (Near Troy Idaho) | b. City or Town of Birth: Nora (Near Troy Idaho) |
| **FATHER** | 6. Full Name of Father: Nels John Nelson | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Ida Charlotte Freed | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Roy Harold Nelson | | 11. Present Address of Registrant: Troy Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on MAY 11 1964 19 | 12. Signature of Notary: L Brooke | | 13. Notary Commission expires: August - 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: Rev. J. M. Josephson | Date Issued: --- | Date Orig. Entry: Baptized June 20, 1903 |
| | Date of Birth: Oct. 14, 1902 / Birth Place: Nora, Idaho | Full Name of Mother: Ida Nelson | Name of Father: Nels J. Nelson | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #41 90 45-56M | By whom issued and signed: Mutual Benefit Health & Accident Association, Omaha | Date Issued: Dec. 11, 1956 | Date Orig. Entry: Dec. 11, 1956 |
| | Date of Birth: Oct. 14, 1902 / Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy #38717 | By whom issued and signed: Old West Life Ins. Co., Boise Idaho | Date Issued: Jun. 29, 1960 | Date Orig. Entry: May 20, 1960 |
| | Date of Birth: Oct. 14, 1902 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W M Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: March 29, 1966 |

FORM BH 56067

(N) 3-15-66 (N)

MAR 29 1966

986-130-001-986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-321

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: WILLIAM Oscar Rhodes | | 2. Date of Birth (month) (day) (year): Jan 30 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Boise Idaho b. City or Town of Birth: Boise Idaho |
| **FATHER** | 6. Full Name of Father: George Washington Rhodes | | 7. State or Country of Father's Birth: Missouri Kansas City |
| **MOTHER** | 8. Full Maiden Name of Mother: Dora Ellen Rhodes | | 9. State or Country of Mother's Birth: Colorado Delta County |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Oscar Rhodes | 11. Present Address of Registrant: 530 Zelp St Mill Valley California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 20 1966 | 12. Signature of Notary: LaVera Swope | 13. Notary Commission expires: August 17th 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certified copy Childs birth certificate | By whom issued and signed: On file with State of Oregon Cert. #2377 | Date Issued: Oct.17,1958 | Date Orig. Entry: child born July 14,1930 |
| | Date of Birth: Age 28 | Birth Place: Boise, Idaho | Full Name of Mother: -------- | Name of Father: -------- |
| **SUPPORTING RECORD 2.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: ------ | Date Orig. Entry: Obviously old |
| | Date of Birth: Jan.30,1902 | Birth Place: Boise, Idaho | Full Name of Mother: Dora Ellen Rhodes | Name of Father: George Washington Rhodes |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: #10269446 Metropolitan Life | Date Issued: May 1,1940 | Date Orig. Entry: April 1, 1940 |
| | Date of Birth: Jan.30,1902 | Birth Place: Boise, Idaho | Full Name of Mother: --------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: April 20,1966 |

FORM BH 56067 (H) 3-16-66. nm

APR 20 1966

869-113-014-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-348

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: FRED JACOB HORNBERGER | | 2. Date Of Birth (month) February (day) 13 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Canyon | b. City or Town of Birth: Notus, Idaho |
| **FATHER** | 6. Full Name of Father: JOHN MARTIN HORNBERGER | | 7. State or Country of Father's Birth: Germany | |
| **MOTHER** | 8. Full Maiden Name of Mother: LOUISE TROUTWINE HORNBERGER | | 9. State or Country of Mother's Birth: Germany | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Fred Jacob Hornberger | 11. Present Address of Registrant: | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 13 1965 | 12. Signature of Notary: Billy R. Magnuson | 13. Notary Commission expires June 21 1966 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister (born 3-17-1893) | By whom issued and signed: Clara Sandberg | Date Issued: Oct,4,1965 | Date Orig. Entry: ----- |
| | Date of Birth: Feb.13,1902 / Birth Place: Notus, Idaho | Full Name of Mother: Louise Hornberger | Name of Father: John Martin | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of page from family Bible | By whom issued and signed: Family Bible Record | Date Issued: ----- | Date Orig. Entry: obviously old |
| | Date of Birth: Feb.13,1902 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding employment records | By whom issued and signed: Vitro Chemical Co.,Salt Lake City, Utah | Date Issued: Apr.15,1965 | Date Orig. Entry: Jan.19,1951 |
| | Date of Birth: Feb.13,1902 / Birth Place: Notuz,Canon County, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: April 26, 1966 |

FORM BH 56067

H 3-30-66

APR 26 1966

347215 035-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-351

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Amy E. Tupper | | | 2. Date Of Birth (month) December (day) 15, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Cameron |
| **FATHER** | 6. Full Name of Father: Byron E. Tupper | | | 7. State or Country of Father's Birth: Climax, Michigan |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Eliza Welker | | | 9. State or Country of Mother's Birth: Yam Hill, Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Amy E. Taylor | | 11. Present Address of Registrant: 1115-10 st Lewiston Id. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 23 1962 | 12. Signature of Notary: Hazel R. Hurlbert | | 13. Notary Commission expires: Sept. 28 1964 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by person who lived in same residence of the birth | By whom issued and signed: Carrie Berreman Age 73 | Date Issued: Nov.16,1962 | Date Orig. Entry: ----- |
| | Date of Birth: Dec.15,1902 / Birth Place: Cameron, Idaho | Full Name of Mother: Sarah E. Tupper | Name of Father: Byron E. Tupper | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of pages from family Bible | By whom issued and signed: Family Bible Records | Date Issued: ----- | Date Orig. Entry: obviously old |
| | Date of Birth: Dec.15,1902 / Birth Place: ----- | Full Name of Mother: Sarah Eliza Welker | Name of Father: Byron Ellsworth Tupper | |
| **SUPPORTING RECORD 3.** | Type of Document: Federal census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Apr.13,1966 | Date Orig. Entry: Apr.15,1910 |
| | Date of Birth: Age: 7 / Birth Place: Idaho | Full Name of Mother: Sarah E. Tupper | Name of Father: Byron E. Tupper | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Berson | Evidence reviewed by: gml Glenda Larson | Date Filed: April 26, 1966 |

FORM BH 56067 Rec. 15762 8-28-66

APR 26 1966

Taylor

553-29-004-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-355

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ronald Adelbert Nelson | | 2. Date of Birth (month) July (day) 29 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bloomington Ida. Bear Lake; b. City or Town of Birth: Bloomington Idaho |
| **FATHER** | 6. Full Name of Father: Adelbert Henery Nelson | | 7. State or Country of Father's Birth: Idaho, Bear Lake, CO |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Agnes Nelson | | 9. State or Country of Mother's Birth: Idaho, Bear Lake, CO |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ronald A. Nelson | 11. Present Address of Registrant: 302 7th Montpelier Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 4-4 1966 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Jan 1967 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy #D2-654415 | By whom issued and signed: Benefit Association of Rail-Way Employees | Date Issued: Feb.9,1960 | Date Orig. Entry: Feb.9,1960 |
| | Date of Birth: July 29,1902 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Record of Membership | By whom issued and signed: LDS Church, Salt Lake City, Utah | Date Issued: June 6,1963 | Date Orig. Entry: blessed Oct.12,1902 |
| | Date of Birth: July 29,1902 / Birth Place: Bloomington,Idaho | Full Name of Mother: Mary Agnes Nelson | Name of Father: Adelbert Henry Nelson | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Agnes Nelson | Date Issued: Apr.4,1966 | Date Orig. Entry: ------ |
| | Date of Birth: July 29,1902 / Birth Place: Bloomington,Idaho | Full Name of Mother: Mary Agnes Nelson Nelson | Name of Father: Adelbert Henry Nelson | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: April 27,1966 |

FORM BH 56067

3-30-66

APR 27 1966

297208-003-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-368

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LeNora Marie Bigler | | 2. Date Of Birth (month) Oct (day) 8 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Pocatello, Bannock | b. City or Town of Birth: Pocatello, Idaho |
| **FATHER** | 6. Full Name of Father: Edward Bigler | | 7. State or Country of Father's Birth: Boxelder County, Utah (Collinston | |
| **MOTHER** | 8. Full Maiden Name of Mother: LeNora Beeton | | 9. State or Country of Mother's Birth: Weber County, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Marie B. Lufkin | 11. Present Address of Registrant: Soda Springs, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 25, 1966 | 12. Signature of Notary: Helen B. Kingsford | 13. Notary Commission expires: August 14, 1969 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Hyrum Kidman, Elder, Beaver Ward | Date Issued: ---- | Date Orig. Entry: Aug.22,1915 Baptized |
| | Date of Birth: Oct.8,1902 | Birth Place: Pocatello, Idaho Bannock County | Full Name of ~~mother~~ father: Edward Bigler | Name of ~~father~~ mother: Lenora Beeton |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of application for license to marry | By whom issued and signed: Box Elder county Clerk's office Utah | Date Issued: Apr.11,1966 | Date Orig. Entry: Junell,1924 |
| | Date of Birth: Oct.8,1902 | Birth Place: Pocatello, Idaho | Full Name of Mother: Leonora Beeton | Name of Father: Edward Bigler |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: Guaranty National Life of Utah. | Date Issued: ---- | Date Orig. Entry: Aug.22,1939 |
| | Date of Birth: Oct.8,1902 | Birth Place: Pocatello, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: April 28, 1966 |

FORM BH 56067

APR 29 1966

962-205-004-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-381

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elsie Roberts | | 2. Date of Birth (month) January (day) 5 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Lanark Idaho |
| **FATHER** | 6. Full Name of Father: John Roberts | | 7. State or Country of Father's Birth: Wales | |
| **MOTHER** | 8. Full Maiden Name of Mother: Eliza Marie Sorensen | | 9. State or Country of Mother's Birth: Denmark | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elsie Roberts | 11. Present Address of Registrant: 403 W 2 N.St.Anthony, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on March 24 19 66 | 12. Signature of Notary: La Mont Bauer, Clerk of District Court | 13. Notary Commission expires: elective 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #160353 | Date Issued: ---- | Date Orig. Entry: child born April 9,1928 |
| | Date of Birth: Age 26 | Birth Place: Lanark, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for insurance policy #12086 | By whom issued and signed: Old West Life Ins. Co. | Date Issued: ---- | Date Orig. Entry: Mar.4,1960 |
| | Date of Birth: Jan.5,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister Age 79 | By whom issued and signed: Eliza Shepherd | Date Issued: Mar.26,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Jan.5,1902 | Birth Place: Lanark, Idaho | Full Name of Mother: Eliza Marie Sorensen Roberts | Name of Father: John Roberts |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: May 3, 1966 | |

FORM BH 56067

MAY 3 1966

APR 2 1 1999

215-108-021-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-414

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Thomas Arthur Sant | | | 2. Date of Birth (month) (day) (year): March 8 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Oneida [Franklin] | b. City or Town of Birth: Clifton, Idaho |
| **FATHER** | 6. Full Name of Father: Thomas J. Sant | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura E. Sant | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Thomas Arthur Sant | | 11. Present Address of Registrant: Clifton Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 20 1966 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 4/6/69 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Ordination as a Teacher | | By whom issued and signed: LDS Church, Jas. L. Williams | Date Issued: ----- | Date Orig. Entry: ordained Jan.17,1918 |
| | Date of Birth: Mar.8,1902 | Birth Place: Clifton, Idaho Oneida County | Full Name of Mother: Laura Sant | Name of Father: Thomas J. Sant | |
| **SUPPORTING RECORD 2.** | Type of Document: transcript of school record | | By whom issued and signed: University of Utah, Salt Lake City, Utah | Date Issued: Aug.23,1960 | Date Orig. Entry: 1925-26 |
| | Date of Birth: 1902 | Birth Place: ----- | Full Name of Mother: ------ | Name of Father: T. J. Sant | |
| **SUPPORTING RECORD 3.** | Type of Document: transcript of school record | | By whom issued and signed: University of Idaho, | Date Issued: Aug.25,1960 | Date Orig. Entry: matriculated June 12,1934 |
| | Date of Birth: Mar.8,1902 | Birth Place: Clifton, Idaho | Full Name of Mother: ----- | Name of Father: T. J. Sant | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: May 13, 1966 |

FORM BH 56067

4-15-66

MAY 13 1966

415-206-004-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-441

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mabel Mani | | | 2. Date of Birth (month) August (day) 6 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Montpelier |
| **FATHER** | 6. Full Name of Father: Jacob Mani | | | 7. State or Country of Father's Birth: Switzerland |
| **MOTHER** | 8. Full Maiden Name of Mother: Emaline Teuscher | | | 9. State or Country of Mother's Birth: Switzerland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mabel Mani x Mabel White | | 11. Present Address of Registrant: 833 Willow St, Susanville, Cal. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 26 1966 | 12. Signature of Notary: M. Casillas | M. CASILLAS NOTARY PUBLIC - CALIFORNIA LASSEN | 13. Notary Commission expires August 3 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of page from Bible | By whom issued and signed: Family Bible | Date Issued: ----- | Date Orig. Entry: obviously old |
| | Date of Birth: Aug.6,1902 | Birth Place: ----- | Full Name of Mother: Emma Teuscher Mani | Name of Father: Jacob Mani |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Emma Mani | Date Issued: Apr.16,1964 | Date Orig. Entry: ----- |
| | Date of Birth: Aug.6,1902 | Birth Place: Montpelier, Idaho ~~Bear Lake County~~ | Full Name of Mother: Emma Mani | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of statement from church records | By whom issued and signed: LDS Church, J.V.Dunn, Montpelier 1st Ward, Bishop's office | Date Issued: Aug.7,1935 | Date Orig. Entry: Aug.7,1935 |
| | Date of Birth: Aug.6,1902 | Birth Place: Montpelier, Idaho | Full Name of Mother: Emaline Teuscher Mani | Name of Father: Jacob Mani |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: May 18, 1966 |

FORM BH 56067

10-15-65 gml

White

MAY 1 8 1966

365-127-036-119

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-454

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LESTER MALCOLM TOVEY | | 2. Date of Birth (month) 5 (day) 27 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: M. | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: St. John mail Malad |
| **FATHER** | 6. Full Name of Father: David William Tovey | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Ann Jardine | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lester M. Tovey | 11. Present Address of Registrant: Rt. #1 Blackfoot, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 28 April 1966 | 12. Signature of Notary: Glen Lust | 13. Notary Commission expires: May 1, 1970 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: hospital record of own childs birth | By whom issued and signed: Oneida Hospital, Malad, Idaho | Date Issued: ---- | Date Orig. Entry: child born Dec. 18, 1939 |
| | Date of Birth: May 27, 1902 | Birth Place: Malad, R.F.D. #1 | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt Age 77 | By whom issued and signed: Rebecca Jardine Paddock | Date Issued: Apr. 22, 1966 | Date Orig. Entry: ------ |
| | Date of Birth: May 27, 1902 | Birth Place: St. John, Idaho | Full Name of Mother: Mary Anna Jardine | Name of Father: D. W. Tovey |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of affidavit for marriage license | By whom issued and signed: Oneida County, Idaho | Date Issued: Apr. 22, 1966 | Date Orig. Entry: Oct. 18, 1923 |
| | Date of Birth: Age 21 | Birth Place: St. John | Full Name of Mother: ------ | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: May 19, 1966 |

FORM BH 56067

1 cpy pl rec #1027

4-14-66

MAY 1 9 1966

743-106-001-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 66-487

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Clyde Pulliam | | | 2. Date Of Birth (month) (day) (year): January 6, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Ada | b. City or Town of Birth: Star |
| **FATHER** | 6. Full Name of Father: Ernest Percelberry Pulliam | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Daisy Neff | | | 9. State or Country of Mother's Birth: Berlingain, Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Clyde Pulliam | 11. Present Address of Registrant: 1304 Division Boise |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 2 1966 | | 12. Signature of Notary: Hazel L. Hurlbert | 13. Notary Commission expires: Sept. 28 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Discharge Papers 6 518 052 | By whom issued and signed: United States Army | Date Issued: Entered Jan.1921 | Date Orig. Entry: Discharged Jan.7,1922 |
| | Date of Birth: Jan.6,1902 | Birth Place: Star, Idaho | Full Name of Mother: Daisy Neff | Name of Father: Ernest Pulliam |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: #143605 on file with state of Idaho | Date Issued: ---- | Date Orig. Entry: child born Aug.22,1926 |
| | Date of Birth: Age 24 | Birth Place: Star, Idaho | Full Name of Mother: ------ | Name of Father: --------- |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Record | By whom issued and signed: Gabrielle Amos, R.R.L. St. Alphonsus Hospital | Date Issued: June 2 1966 | Date Orig. Entry: admitted June 11,1956 |
| | Date of Birth: Jan.6,1902 | Birth Place: Idaho | Full Name of Mother: -------- | Name of Father: --------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: June 2, 1966 |

FORM BH 56067

JUN 2 1966

793-17-035-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-511

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: ELDEN LAVERNE GILMORE | | 2. Date Of Birth (month) AUGUST (day) 17, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Nezperce | b. City or Town of Birth: Nezperce |
| **FATHER** | 6. Full Name of Father: Albert Gilmore | | 7. State or Country of Father's Birth: Texas, U. S. A. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Jane Mendenhal | | 9. State or Country of Mother's Birth: Utah, U. S. A. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elden Laverne Gilmore | 11. Present Address of Registrant: 2433 Marion Ave. North Bend, Oregon. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 19, 19 59 | 12. Signature of Notary: David D. Smith | 13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires March 19, 1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: copy of Oregon Motor Vehicle Operator's License | By whom issued and signed: (certified by Notary Public Swanton, Bend, Oregon) | Date issued: Bennett prior to '45 | Date Orig. Entry: Sept. 23, 1925 |
| | Date of Birth: age 23 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Employment Record | By whom issued and signed: Evans Products Company Coos Bay, Oregon | Date issued: 5-6-59 | Date Orig. Entry: Oct. 1, 1946 |
| | Date of Birth: Aug. 17, 1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for social security #542-07-2858 | By whom issued and signed: Social Security Adm. | Date issued: ---- | Date Orig. Entry: April 5, 1959 |
| | Date of Birth: Aug. 17, 1902 | Birth Place: Nezperce, Idaho | Full Name of Mother: Alice Jane Mendenhal | Name of Father: Albert Gilmore |
| **QUALIFYING INFORMATION** | School Record, Kamiah Public Schools, Kamiah, Idaho; 5-1-47: age 7, school year 1909-1910. | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Barron | Evidence reviewed by: nr Glenda Larson | Date Filed: June 7, 1966 |

FORM BH 56067

1 copy paid

JUN 7 1966

652-103-022-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-525

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lorin Westover | | | 2. Date of Birth (month) Aug (day) 3 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Fremont now Madison | b. City or Town of Birth: Rexburg, Idaho |
| **FATHER** | 6. Full Name of Father: William Ruthvin Westover | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Ruth Althea Rowe | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lorin Westover | | 11. Present Address of Registrant: Rexburg, Mdsn, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 27, 1966 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: August 18, 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: copy of church record | By whom issued and signed: LDS Church, Rexburg 8th ward George P. Madsen, Ward Clerk | Date Issued: ----- | Date Orig. Entry: baptized Aug.3,1910 |
| | Date of Birth: Aug.3,1902 | Birth Place: Rexburg, Madison County, Idaho | Full Name of Mother: Ruth A. Rowe | Name of Father: William R. Westover |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by person who has known him all his life | By whom issued and signed: Raymond E. McEntire (born 4-10-1889) | Date Issued: May 27,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Aug.3,1902 | Birth Place: Fremont Now Madison County | Full Name of Mother: Ruth Althea Rowe | Name of Father: William Ruthvin Westover |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #411665 | Date Issued: ---- | Date Orig. Entry: child born August 24,1945 |
| | Date of Birth: Age 43 | Birth Place: Rexburg, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Glenda Larson | June 9, 1966 |

FORM BH 56067

5-13-66

JUN 9 1966

284424031-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-586

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: BENJAMAN SHUBERT | | | 2. Date Of Birth (month) (day) (year): Aug 24 1902 |
| | 3. Color or Race: W | 4. Sex: M | 5. Place of Birth a. County: WINCHESTER LEWIS | b. City or Town of Birth: WINCHESTER (IDAHO) |
| **FATHER** | 6. Full Name of Father: FRED J SHUBERT | | | 7. State or Country of Father's Birth: GERMANY |
| **MOTHER** | 8. Full Maiden Name of Mother: EMMA E DITZEL | | | 9. State or Country of Mother's Birth: GERMANY |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: x Benjaman Shubert | 11. Present Address of Registrant: PINEHURST, IDAHO |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 17 1957 | | 12. Signature of Notary: John Mardahl | 13. Notary Commission expires: Dec 14 1960 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by Neighbor at time of birth | By whom issued and signed: Lorenzo F. Pentzer Age 75 | Date Issued: May 19,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Aug.24,1902 | Birth Place: Winchester,Idaho | Full Name of Mother: Emma Shubert | Name of Father: Fred J. Shubert |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding medical records | By whom issued and signed: Doctors Clinic, Kellogg,Idaho A.G. Camm, Business Mngr. | Date Issued: June 14,1966 | Date Orig. Entry: June 1953 |
| | Date of Birth: Aug.24,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding employment records at Page Mine of the Am. Smelting & Refining Co.) | By whom issued and signed: H.J.Nelson,Personnel Sup. | Date Issued: June 22,1966 | Date Orig. Entry: May 12,1953 |
| | Date of Birth: Aug.24,1902 | Birth Place: Winchester, Idaho | Full Name of Mother: Emma E. Ditzel | Name of Father: Fred J. Shubert |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: gml Glenda Larson | Date Filed: June 30, 1966 |

FORM BH 56067 (5) 6-20-66

Shubert

JUN 30 1966

165-127-036-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-587

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: David Daniel Jones - or (Daniel David Jones) Idaho - | | | 2. Date Of Birth (month) 11 - (day) 27 - (year) 1902 |
| | 3. Color or Race: white | 4. Sex: M - | 5. Place of Birth a. County: Malad City Oneida | b. City or Town of Birth: Malad City, Idaho - |
| **FATHER** | 6. Full Name of Father: John - L. Jones - | | | 7. State or Country of Father's Birth: Willard Utah — |
| **MOTHER** | 8. Full Maiden Name of Mother: Margery Tovey - | | | 9. State or Country of Mother's Birth: Idaho - Oneida, Idaho — |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Daniel D. Jones | | 11. Present Address of Registrant: 33631 Clinton Ave Hemet Calif. 92343 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 3 - 9 - 1966 | 12. Signature of Notary: Harvey R. Peebles | | 13. Notary Commission expires: HARVEY R. PEEBLES ~~My Commission Expires July~~ 21, 1969 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy #1283937 | By whom issued and signed: Occidental Life Ins. Co. | Date Issued: May 12,1939 | Date Orig. Entry: May 12,1939 |
| | Date of Birth: Nov.27,1902 / Birth Place: Malad, Idaho | Full Name of Mother: Marjery T. Jones | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of affidavit for marriage licens #176362 | By whom issued and signed: county clerk's office, Clark County, Nevada | Date Issued: May 6,1966 | Date Orig. Entry: July 18,1949 |
| | Date of Birth: Age 46 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: David James Age 75 | Date Issued: June 24,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Nov.27,1902 / Birth Place: Malad City, Idaho | Full Name of Mother: Margery Tovey Jones | Name of Father: John Lewis Jones | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: June 30, 1966 |

FORM BH 56067 2 J 6-17-66

JUN 30 1966

605 462-131-038-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 66-605

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Heber Richard Moss | | | 2. Date of Birth (month) March (day) 31 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Payette | b. City or Town of Birth: Idaho |
| **FATHER** | 6. Full Name of Father: Albert Bartlett Moss | | | 7. State or Country of Father's Birth: Belvidere Illinois 1849 |
| **MOTHER** | 8. Full Maiden Name of Mother: Celia Adeline Mellor | | | 9. State or Country of Mother's Birth: |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Fred M Moss Guardian | | 11. Present Address of Registrant: ~~Bend~~ Missouri |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 21 1966 | 12. Signature of Notary: Donald G. Schow | | 13. Notary Commission expires: March 15, 1969 |

APPLICANT DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: ------ | Date Orig. Entry: Obviously Old |
| | Date of Birth: Mar.31,1902 / Birth Place: Payette, Idaho | Full Name of Mother: Celia Adeline Mellor | Name of Father: Albert Bartlett Moss | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother Age 78 | By whom issued and signed: Fred M. Moss | Date Issued: April 21,66 | Date Orig. Entry: ---------- |
| | Date of Birth: Mar.31,1902 / Birth Place: Payette, Idaho | Full Name of Mother: Celia Adeline Mellor | Name of Father: Albert Bartlett Moss | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U.S. Dept. of Commerce | Date Issued: May 25,1966 | Date Orig. Entry: Census taken April 15,1910 |
| | Date of Birth: Age 8 / Birth Place: Idaho | Full Name of Mother: Celia A. Moss | Name of Father: Albert B. Moss | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: July 7,1966 |

FORM BH 56067 In office - no corresp

JUL 12 1966

331-101-006-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-608

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elmer Clark | | 2. Date of Birth (month) May (day) 1 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Moreland |
| **FATHER** | 6. Full Name of Father: Thomas Nelson Clark | | 7. State or Country of Father's Birth: Scotland | |
| **MOTHER** | 8. Full Maiden Name of Mother: Phoebe Elizabeth Adams | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Elmer Clark | 11. Present Address of Registrant: 141 N. Oak Blackfoot | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 29, 1966 | 12. Signature of Notary: James R. Olivier | 13. Notary Commission expires: March 15, 1969 | |

APPLICANT - (DO NOT WRITE BELOW THIS LINE)

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance Policy #2-9-27332 | By whom issued and signed: Beneficial Protective Assoc. Pocatello, Idaho | Date Issued: Feb.9,1948 | Date Orig. Entry: Jan.3,1948 |
| | Date of Birth: May 1,1902 | Birth Place: Moreland | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school record | By whom issued and signed: Bannock Co. Idaho, county clerk's office | Date Issued: Oct.29,1965 | Date Orig. Entry: Feb.27,1926 |
| | Date of Birth: Age 23 | Birth Place: ----- | Full Name of Mother: ------ | Name of Father: ------- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by uncle (born 4-25-1885) | By whom issued and signed: Lot P. Adams | Date Issued: June 29, 1966 | Date Orig. Entry: ----- |
| | Date of Birth: May 1,1902 | Birth Place: Bingham County, Idaho | Full Name of Mother: Phoebe Elizabeth Clark | Name of Father: Thomas Nelson Clark |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: July 7, 1966 |

FORM BH 56067

JUL 7 1966

446-221-040-446

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-615

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Doris May Duffield | | 2. Date of Birth (month) April (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: Burke, Shoshone County | b. City or Town of Birth: Burke |
| **FATHER** | 6. Full Name of Father: Alexander Duffield | | 7. State or Country of Father's Birth: Ontario, Canada | |
| **MOTHER** | 8. Full Maiden Name of Mother: Adrian May Duffield | | 9. State or Country of Mother's Birth: Ontario, Canada | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Doris May Duffield Foy | 11. Present Address of Registrant: 949 Cherrystone Dr. - Los Gatos, Calif. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 23 1966 | 12. Signature of Notary: Jane Williams JANE WILLIAMS | 13. Notary Commission expires: Jan. 28 1965 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Insurance record #3131419 | By whom issued and signed: The Mutual Life Ins. Co. of New York | Date Issued: Oct.3,1949 | Date Orig. Entry: Oct.3,1949 |
| | Date of Birth: Apr.21,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of babtism certificate | By whom issued and signed: James Burwash Orr, Pastor Congregational Church | Date Issued: ----- | Date Orig. Entry: baptized Dec.18,1902 |
| | Date of Birth: Apr.21,1902 | Birth Place: Burke, Idaho | Full Name of Mother: Ada Duffield | Name of Father: Alex Duffield |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of face of insurance policy #130026 | By whom issued and signed: Central Life Assurance Society of U.S., DesMoines, Iowa. | Date Issued: Jan.2,1922 | Date Orig. Entry: ----- |
| | Date of Birth: Age 20 | Birth Place: ----- | Full Name of Mother: Mrs. Adrian M. Duffield | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Glenda Larson | July 8, 1966 |

FORM BH 56067

6-16-66

MRS. CHARLES A. JOY
949 Cherrystone Drive
Los Gatos, California 95030

Doris Duffield Joy

JUL 8 1966

718-215-036-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-642

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gladys Payne | | | 2. Date Of Birth (month) October (day) 15 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: was Oneida now Power | b. City or Town of Birth: Neeley |
| **FATHER** | 6. Full Name of Father: Samuel Lot Payne | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Walker | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Gladys Payne Wanless | 11. Present Address of Registrant: 221 Polk Street, American Falls, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 11, 1966 | | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: October 22, 1967. |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Certificate of Birth | By whom issued and signed: LDS Church, Salt Lake City | Date Issued: Apr.27,1959 | Date Orig. Entry: May 19,1912 |
| | Date of Birth: Oct.15,1902 | Birth Place: Neeley, Idaho Oneida County | Full Name of Mother: May Walker | Name of Father: Samuel L. Payne |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #157063 | Date Issued: ---- | Date Orig. Entry: child born Nov.26,1927 |
| | Date of Birth: Age 25 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: T. C. Sparks, Age 77 | Date Issued: July 11,1966 | Date Orig. Entry: ---- |
| | Date of Birth: Oct.15,1902 | Birth Place: Neeley, Idaho | Full Name of Mother: Mary Walker | Name of Father: Samuel Lot Payne |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | | Date Filed: July 22, 1966 |

FORM BH 56067 1 copy paid. in office 7-7-66

JUL 22 1966

613-118-030-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-649

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Kirtley Wade Walker | | | 2. Date of Birth (month) (day) (year): September 18 1902 |
| | 3. Color or Race: white | 4. Sex: M | 5. Place of Birth a. County: Lemhi | b. City or Town of Birth: Salmon |
| **FATHER** | 6. Full Name of Father: Robert Smith Walker | | | 7. State or Country of Father's Birth: Pennsylvania |
| **MOTHER** | 8. Full Maiden Name of Mother: Nell Kirtley | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Kirtley Wade Walker. | | 11. Present Address of Registrant: Challis, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 13th 1966 | 12. Signature of Notary: Beulah M. Rood | | 13. Notary Commission expires: July 14 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of marriage records #29789 | By whom issued and signed: Lemhi County, Idaho | Date Issued: June 6,1966 | Date Orig. Entry: July 31,1924 |
| | Date of Birth: Age 21 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt Age 83 | By whom issued and signed: Frances C. Simmonds | Date Issued: June 7,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Sep.18,1902 | Birth Place: Salmon, Idaho | Full Name of Mother: Nelle Walker (Nellie) | Name of Father: Robert Walker |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of own child's birth certificate | By whom issued and signed: Montana State Board Of Health | Date Issued: July 8, 1966 | Date Orig. Entry: child born Jan.11,1947 |
| | Date of Birth: Age 44 | Birth Place: Salmon, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | July 22, 1966 |

FORM BH 56067

sp pd Jul # 10457

6-22 66 gml

JUL 22 1966

916-119-022-846

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-667

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alma Narvel Rawlins | | | 2. Date of Birth (month) Jan. (day) 19 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Idaho USA Fremont | b. City or Town of Birth: Teton City |
| **FATHER** | 6. Full Name of Father: Alma Frost Rawlins | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Frances Loretta Huff | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alma Narvel Rawlins | | 11. Present Address of Registrant: Rt.#2 Rigby, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 27th of May 1966 | 12. Signature of Notary: Michael J. Dunkley | | 13. Notary Commission expires: 26 Feb 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Walter Riggs, clerk | Date Issued: June 5, 1910 | Date Orig. Entry: baptized June 4, 1910 |
| | Date of Birth: Jan.19,1902 | Birth Place: Teton, Fremont County, Idaho | Full Name of Mother: Loretta Huff | Name of Father: Alma F. Rawlins |
| **SUPPORTING RECORD 2.** | Type of Document: patriarchal blessing | By whom issued and signed: Hyrum T. Moss, Patriarch | Date Issued: Mar.18,1951 | Date Orig. Entry: March 18,1951 |
| | Date of Birth: Jan.19,1902 | Birth Place: Teton City, Idaho Fremont County | Full Name of Mother: Francis Loretta Huff | Name of Father: Alma Frost Rawlins |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister (bd.7-10-1889) | By whom issued and signed: Zenna Dean Rawlins Haws | Date Issued: July 8,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Jan.19,1902 | Birth Place: Teton City, Idaho Fremont County | Full Name of Mother: Frances Loretta Huff Rawlins | Name of Father: Alma Frost Rawlins |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: July 27, 1966 |

FORM BH 56067

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JUL 28 1966

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469-223-002-8[illegible]6

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-671

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: LORENA MORSE | | | 2. Date Of Birth (month) (day) (year): January 23, 1902 |
| | 3. Color or Race: White | 4. Sex: | 5. Place of Birth a. County: Idaho Adams | b. City or Town of Birth: Cuprum |
| **FATHER** | 6. Full Name of Father: Samuel Plesant Morse | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie Evelyn Howard | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lorena M. Hotman | | 11. Present Address of Registrant: 281 Haas Ave., Apt. #203 San Leandro, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 12 1966 | 12. Signature of Notary: Helen E. Loudon HELEN E. LOUDON | | 13. Notary Commission expires: July 18 1968 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Samuel Plesant Morse | Date Issued: May 31,1938 | Date Orig. Entry: ----- |
| | Date of Birth: Jan.23,1902 / Birth Place: Cuprum, Idaho | Full Name of Mother: Minnie Evelyn Howard | Name of Father: Samuel Plesant Morse | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #SN8,772,567 | By whom issued and signed: The Equitable Life Assurance Society of the United States | Date Issued: Mar.26,1932 | Date Orig. Entry: Mar.22,1932 |
| | Date of Birth: Jan.23,1902 / Birth Place: Cuprum, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of marriage record | By whom issued and signed: Sonoma County, California | Date Issued: Jun.16,1966 | Date Orig. Entry: Jan.8,1944 |
| | Date of Birth: Age 41 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | | Date Filed: July 27, 1966 |

FORM BH 56067 nm 6-6-66 gml

JUL 28 1966

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553-210-021-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-693

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Rachel Louise ~~Lott~~ Nelson | | | 2. Date of Birth (month) May (day) 10 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Weston Franklin Idaho | b. City or Town of Birth: Weston |
| **FATHER** | 6. Full Name of Father: James Nelson | | | 7. State or Country of Father's Birth: Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Hulda Johanna Lundquist | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Rachel Louise Lott | | 11. Present Address of Registrant: Weston Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 19 1966 | 12. Signature of Notary: Filma Bangerter | | 13. Notary Commission expires: 12-19 1968 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #139766 | Date Issued: ------ | Date Orig. Entry: child born Mar.22,1926 |
| | Date of Birth: Age 23 | Birth Place: Weston, Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: duplicate certificate of Blessing | By whom issued and signed: LDS Church, Weston Ward Franklin Stake, D. Nash, Bishop | Date Issued: July 17,1966 | Date Orig. Entry: blessed July 6,1902 |
| | Date of Birth: May 10,1902 | Birth Place: Weston, Idaho Franklin County | Full Name of Mother: Hulda Johanna Lundquist | Name of Father: James J. Nelson |
| **SUPPORTING RECORD 3.** | Type of Document: affidavit by mother | By whom issued and signed: Hulda Johanna Nelson | Date Issued: July 17,1966 | Date Orig. Entry: ------ |
| | Date of Birth: May 10,1902 | Birth Place: Weston, Idaho | Full Name of Mother: Hulda Johanna Lundquist Nelson | Name of Father: James Nelson |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: July 29, 1966 |

FORM BH 56067

Id Dept file # 11227

5-2-66

AUG 1 1966

389-128-006-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-755

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ezra Othello Christensen | | | 2. Date of Birth (month) Sept. (day) 28 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bingham b. City or Town of Birth: Shelley | Goshen mail |
| **FATHER** | 6. Full Name of Father: Ezra Christensen | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Rachel May Killian | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ezra Othello Christensen | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 16 April 1966 | 12. Signature of Notary: Joseph L. Lyon | | 13. Notary Commission expires: 6-1-66 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #152791 | Date Issued: ----- | Date Orig. Entry: child born May 28, 1927 |
| | Date of Birth: Age 24 / Birth Place: Shelley, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Church Certificate of Birth | By whom issued and signed: LDS Church | Date Issued: Feb.17,1966 | Date Orig. Entry: Nov.2,1902 |
| | Date of Birth: Sep.28,1902 / Birth Place: Goshen, Bingham County, Idaho | Full Name of Mother: Rachel May Killian | Name of Father: Ezra Christensen | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy #431370 | By whom issued and signed: Beneficial Life Ins. Co. | Date Issued: Feb.23,1956 | Date Orig. Entry: Feb.1,1956 |
| | Date of Birth: Sep.28,1902 / Birth Place: Shelley, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | August 24, 1966 |

FORM BH 56067

(1) 5-13-66

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AUG 24 1966

319-229-013-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-779

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Agnes Carter | | 2. Date of Birth (month) June (day) 29 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Camas | b. City or Town of Birth: Corral |
| **FATHER** | 6. Full Name of Father: Jonas Elliot Carter | | 7. State or Country of Father's Birth: Texas | |
| **MOTHER** | 8. Full Maiden Name of Mother: Louisa, Indiana Fletcher | | 9. State or Country of Mother's Birth: Arkansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: [illegible] | 11. Present Address of Registrant: Gooding, Box 204, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 20 1966 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: Oct 9 1966 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #143255 | Date Issued: ----- | Date Orig. Entry: child born July 12, 1926 |
| | Date of Birth: Age 24 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt (born6-3-1888) | By whom issued and signed: Gertrude I. Hobdey | Date Issued: May 20,1966 | Date Orig. Entry: ----- |
| | Date of Birth: June 29,1902 / Birth Place: Corral, Idaho | Full Name of Mother: Louisa Indiana Fletcher | Name of Father: Jonas Elliot Carter | |
| **SUPPORTING RECORD 3.** | Type of Document: federal census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Aug.17,1966 | Date Orig. Entry: Apr. 15, 1910 |
| | Date of Birth: Age 7 / Birth Place: Idaho | Full Name of Mother: Lou Carter | Name of Father: Jonas Carter | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Sept. 1, 1966 |

FORM BH 56067

1 cp pd Ill. #13540

(H) 6-9-26 9m-4

SEP 1 1966
MAY 24 1967

453-122-009-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-794

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JOHN HENRY MELDER | | 2. Date of Birth (month) 12 (day) 22 (year) 1902 | |
| | 3. Color or Race: WHITE | 4. Sex: M | 5. Place of Birth a. County: BONNER | b. City or Town of Birth: BLANCHARD |
| **FATHER** | 6. Full Name of Father: OSCAR FREDOLPH MELDER | | 7. State or Country of Father's Birth: MINNESOTA | |
| **MOTHER** | 8. Full Maiden Name of Mother: CLARA ELIZABETH MAGEE | | 9. State or Country of Mother's Birth: MINNESOTA | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John H Melder | 11. Present Address of Registrant: 1228 E. 4th. Place, Kennewick, Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 30 1966 | 12. Signature of Notary: John C Williams | 13. Notary Commission expires: February 11 1967 | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by half brother (was 16 yrs. old at time of birth) | By whom issued and signed: Archie D. Melder | Date Issued: July 1,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Dec.22,1902 | Birth Place: Blanchard, Idaho | Full Name of Mother: Clara E. Melder | Name of Father: Oscar F. Melder |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding insurance policy #6,792,294 | By whom issued and signed: New York Life Ins. Co. | Date Issued: July 14,1966 | Date Orig. Entry: July 14,1920 |
| | Date of Birth: Dec.22,1902 | Birth Place: ----- | Full Name of Mother: Clara E. Melder | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Hospital Certificate of own child's birth | By whom issued and signed: Newport Community Hospital, Washington | Date Issued: ----- | Date Orig. Entry: child born Mar.5,1942 |
| | Date of Birth: Dec.22,1902 | Birth Place: Blanchard, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Sept. 8, 1966 |

FORM BH 56067 NM (III) 8-23-66

SEP 8 1966

155-228-031-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-820

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** LENORA FAY JENKINS | | | **2. Date of Birth** (month) AUGUST (day) 28 (year) 1902 |
| | **3. Color or Race** WHITE | **4. Sex** FEMALE | **5. Place of Birth** a. County LEWIS | b. City or Town of Birth NEZPERCE |
| **FATHER** | **6. Full Name of Father** HENERY ED JENKINS | | | **7. State or Country of Father's Birth** MINNESOTA |
| **MOTHER** | **8. Full Maiden Name of Mother** MAUDE MAY BOWMAN | | | **9. State or Country of Mother's Birth** OREGON |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | **10. Signature of Registrant** Lenora Fay Jenkins (Green) | **11. Present Address of Registrant** 6107 S. Sepulveda Blvd. Culver City, Calif |
| **NOTARY** (Seal) | Subscribed and sworn to before me on August 10, 1966 | | **12. Signature of Notary** Lillian Limonick | **13. Notary Commission expires** LILLIAN LIMONICK ~~My Commission Expires Dec. 27, 1969~~ |

OFFICIAL SEAL
LILLIAN LIMONICK
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

County - L.A. State Calif

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** photocopy of application for social security #568-03-806 | | **By whom issued and signed** Social Security Adm. | **Date Issued** Apr.26,1966 | **Date Orig. Entry** Feb.28,1944 |
| | **Date of Birth** Aug.28,1902 | **Birth Place** Nezperce, Idaho | **Full Name of Mother** Maude Mae Bowman | **Name of Father** Henery E. Jenkins | |
| **SUPPORTING RECORD 2.** | **Type of Document** Statement regarding school records | | **By whom issued and signed** Lewis County, Idaho Dist.#52 | **Date Issued** Apr.12,1966 | **Date Orig. Entry** Sept.6,1915 |
| | **Date of Birth** Age 13 | **Birth Place** ----- | **Full Name of Mother** ----- | **Name of Father** Ed Jenkins | |
| **SUPPORTING RECORD 3.** | **Type of Document** affidavit by uncle Age 86 | | **By whom issued and signed** Elias W. Bowman | **Date Issued** Aug. 8,1966 | **Date Orig. Entry** ----- |
| | **Date of Birth** Aug.28,1902 | **Birth Place** Nezperce, Idaho | **Full Name of Mother** Maude Mae Bowman | **Name of Father** Henery Ed Jenkins | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | **State Registrar** W W Benson | **Evidence reviewed by** gml Glenda Larson | **Date Filed** Sept. 12, 1966 |

FORM BH 56067 1 cp. pd. rec. 16525 (B)

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Batterman

SEP 12 1966

OFFICIAL SEAL
LILLIAN LIMONICK
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

For clearer identification of Seal
Lillian Limonick

LILLIAN LIMONICK
My Commission Expires Dec. 17, 1969

855-209-033-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-825

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|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Della Jane Hendricks | | 2. Date Of Birth (month) March (day) 9 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: F. | 5. Place of Birth a. County: Madison | b. City or Town of Birth: Hibbert, Idaho Hibbard mail Rexburg |
| **FATHER** | 6. Full Name of Father: Albert Hendricks | | 7. State or Country of Father's Birth: Logan, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Jane Watson Hendricks | | 9. State or Country of Mother's Birth: Logan, Udah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Della Jane Hendricks | 11. Present Address of Registrant: 435 E Main St. Anthony, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sep 6, 1966 19 ____ | 12. Signature of Notary: Ia Monte Dauer, Clerk of the Dist. Court | 13. Notary Commission expires: elective 19 ____ | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: patriarchal blessing | By whom issued and signed: Andrew J. Hansen, Patriarch LDS Church | Date Issued: Oct.10,1920 | Date Orig. Entry: Oct.10,1920 |
| | Date of Birth: Mar.9,1902 | Birth Place: Hibbard, Idaho | Full Name of Mother: Jane Watson Hendricks | Name of Father: Albert Hendricks |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by mother | By whom issued and signed: Jane Hendricks | Date Issued: May 18,1948 | Date Orig. Entry: ----- |
| | Date of Birth: Mar.9,1902 | Birth Place: Rexburg, Idaho Madison County | Full Name of Mother: Jane Watson | Name of Father: Albert Hendricks |
| **SUPPORTING RECORD 3.** | Type of Document: transcript of school record | By whom issued and signed: Ricks College, Rexburg, Idaho Bryce B. Orton, Registrar | Date Issued: Sept.18,1953 | Date Orig. Entry: Matriculated Summer 1921 |
| | Date of Birth: Mar.9,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Sept. 12, 1966 |

FORM BH 56067 DR

one copy issued 14995

SEP 12 1966

445-213-037-625

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 66-840

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Louise M. Dunning | | | 2. Date of Birth (month) June (day) 13 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Owyhee | b. City or Town of Birth: Wickahomey |
| **FATHER** | 6. Full Name of Father: Dow Dunning | | | 7. State or Country of Father's Birth: Michigan |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret O'Keefe | | | 9. State or Country of Mother's Birth: Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Louise M. Johnson | | 11. Present Address of Registrant: R2 - Wildwood, Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 19 1966 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: Sept. 28 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Bible Record | By whom issued and signed: Family Bible | Date Issued: ----- | Date Orig. Entry: Obviously old |
| | Date of Birth: June 13,1902 / Birth Place: Wickahomey | Full Name of Mother: Margaret O'Keefe | Name of Father: Dow Dunning | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of Certificate of Baptism | By whom issued and signed: St. John's Cathedral | Date Issued: Jun 18,1965 | Date Orig. Entry: Baptized April 12,1904 |
| | Date of Birth: Jun 13,1902 / Birth Place: Wickahomey | Full Name of Mother: Margaret O'Keefe | Name of Father: Dow Dunning | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by brother Age 75 | By whom issued and signed: Arthur Dunning | Date Issued: Sept.19,1966 | Date Orig. Entry: ------ |
| | Date of Birth: June 13 1902 / Birth Place: Wickahomey, Ida. | Full Name of Mother: Margaret O'Keefe | Name of Father: Dow Dunning | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | | Date Filed: Sept.19,1966 |

FORM BH 56067

SEP 19 1966

364-123-044-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-843

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: JACK LOUIS COURTRIGHT | | 2. Date of Birth (month) March (day) 23 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: M | 5. Place of Birth a. County: Washington County | b. City or Town of Birth: Salubria |
| **FATHER** | 6. Full Name of Father: Francis Marion Courtright | | 7. State or Country of Father's Birth: Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: Margaret Amelia Tracy | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jack Louis Courtright | 11. Present Address of Registrant: Prescott, Wash. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 25 1966 | 12. Signature of Notary: Arlene E Musgrove | 13. Notary Commission expires: Aug. 18 1968 Residing at Nampa | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Seaman's Certificate of Identification #z293380 | By whom issued and signed: U.S. Dept. of Commerce, Harold Jones, Actg. inspector | Date Issued: Nov.13,1942 | Date Orig. Entry: ----- |
| | Date of Birth: Mar.23,1902 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #843036 | By whom issued and signed: Inter-Ocean Ins. Co. Cincinnati, Ohio | Date Issued: Jan.21,1957 | Date Orig. Entry: Jan.19,1957 |
| | Date of Birth: Mar.23,1902 / Birth Place: ------ | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: William J. Curts (bd. Aug.30,1877) | Date Issued: Aug.24,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Mar.23,1902 / Birth Place: Salubria, Idaho Washington County | Full Name of Mother: Margaret Amelia Tracy | Name of Father: Francis Marion Courtright | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W M Benson | Evidence reviewed by: Glenda Larson | Date Filed: Sept. 19, 1966 |

FORM BH 56067 1 copy paid rec.3156 (H) 11-30-65

SEP 20 1966

Transcribed
8/4/53

89 353-104-003-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 66-894

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alvin Karl Lechtenberg | | 2. Date of Birth (month) April (day) 4 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Lund |
| **FATHER** | 6. Full Name of Father: Peter P. Lechtenberg | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Delia Sophia Crocket | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alvin Karl Lechtenberg | 11. Present Address of Registrant: Rt. 5 Caldwell, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 17 1966 | 12. Signature of Notary: Hazel L. Hurlbert | 13. Notary Commission expires: Sept. 28 1968 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L. D. S. Church | Date Issued: June 26,1910 | Date Orig. Entry: Baptized June 25,1910 |
| | Date of Birth: Apr.4,1902 | Birth Place: Lund, Idaho | Full Name of Mother: Delia Sophia Crocket | Name of Father: Peter P. Lechtenberg |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: 170245 on file with state of Idaho | Date Issued: ---- | Date Orig. Entry: child born April 11, 1929 |
| | Date of Birth: Age 27 | Birth Place: Idaho | Full Name of Mother: -------- | Name of Father: --------- |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Old West Life Ins. Co. | Date Issued: Feb.12, 1960 | Date Orig. Entry: |
| | Date of Birth: Apr.4,1902 | Birth Place: Lund, Idaho | Full Name of Mother: ------- | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: Oct.24,1966 | |

FORM BH 56067 In office - no corresp.

OCT 24 1966

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253-207-040-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-919

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Thelma Carmelita Kelly | | | 2. Date of Birth (month) October (day) 5 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: ~~Kellogg~~ Shoshone | b. City or Town of Birth: Kellogg |
| **FATHER** | 6. Full Name of Father: John Ballard Kelly | | | 7. State or Country of Father's Birth: Jonesville, Lee County, Virginia |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Louise Huguenin | | | 9. State or Country of Mother's Birth: Akron, Ohio. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Thelma C. McDaniel | | 11. Present Address of Registrant: 4625 Fifth Avenue, Pittsburgh, Pa. 15213 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 12 1965 | 12. Signature of Notary: Vera L. Thompson | | 13. Notary Commission expires Nov 6 1967 |

VERA L. THOMPSON, Notary Public
Pittsburgh, Allegheny Co., Pa.
My Commission Expires
November 6, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of Transcript of Baptismal Record | By whom issued and signed: Roman Catholic, St. Alphonsus Church, Wallace, Idaho, Rev. Gresl | Date Issued: Aug. 9, 1941 | Date Orig. Entry: baptized Nov. 27, 1902 |
| | Date of Birth: Oct. 7, 1902 / Birth Place: Kellogg, Idaho | Full Name of Mother: Mary L. Hugenenin | Name of Father: John Ballard Kelly | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of affidavit by Mother | By whom issued and signed: Mary L. Kelly | Date Issued: July 2, 1965 | Date Orig. Entry: ----- |
| | Date of Birth: Oct. 7, 1902 / Birth Place: Kellogg, Idaho | Full Name of Mother: Mary Louise Huguenin | Name of Father: John Ballard Kelly | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of application for learner's Permit #5505771 | By whom issued and signed: Bureau of Motor Vehicles, Harrisburg, Pennsylvania | Date Issued: June 25, 1965 | Date Orig. Entry: July 14, 1941 |
| | Date of Birth: Oct. 7, 1902 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Oct. 27, 1966 |

FORM BH 56067

8-3-66

OCT 27 1966

386207-036-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-945

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ada Thomas | | 2. Date of Birth (month) October (day) 7 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Malad City |
| **FATHER** | 6. Full Name of Father: David Morgan Thomas | | 7. State or Country of Father's Birth: Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ella Elizabeth Lilly | | 9. State or Country of Mother's Birth: Nevada | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ella Thomas Smith | 11. Present Address of Registrant: 276 South Main Malad Ida. | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 11-1 1966 | 12. Signature of Notary: Daniel O Jones | 13. Notary Commission expires 8-6 1968 | |

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Ella Elizabeth Lilly Thomas | Date Issued: Sep.20,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Oct.7,1902 / Birth Place: Malad City, Idaho | Full Name of Mother: Ella Elizabeth Lilly Thomas | Name of Father: David Morgan Thomas | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #46425-Y | By whom issued and signed: Gem State Mutual Life Assoc. | Date Issued: May 12,1948 | Date Orig. Entry: May 1, 1948 |
| | Date of Birth: Oct.7,1902 / Birth Place: Malad, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: #380247 duplicate certificate of Baptism and Confirmation | By whom issued and signed: Reorganized Church of Jesus Christ of Latter Day Saints | Date Issued: ---- | Date Orig. Entry: baptized Apr.29,1917 |
| | Date of Birth: Oct.7,1902 / Birth Place: Malad, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Nov. 7, 1966 |

FORM BH 56067 1 cp pd 3.00 #356 (1) 92946 B-C

NOV 7 1966

433-121-021-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1024

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Joseph Tidwell McCann | | 2. Date of Birth (month) June (day) 21 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Franklin | b. City or Town of Birth: Preston, Idaho |
| **FATHER** | 6. Full Name of Father: Joseph Sherlock McCann | | 7. State or Country of Father's Birth: Smithfield, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ada Sophrona Tidwell | | 9. State or Country of Mother's Birth: Smithfield, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Joseph Tidwell McCann | 11. Present Address of Registrant: 1120 Ranchero Way, San Jose | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on JULY 16, 1965 | 12. Signature of Notary: William C. Allen | 13. Notary Commission expires 19 | |

WILLIAM C. ALLEN
NOTARY PUBLIC
Santa Clara County, Calif.
MY COMMISSION EXPIRES OCT. 21, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Personal Record of employment files | By whom issued and signed: Southern Pacific Company | Date Issued: Mar.1,1925 | Date Orig. Entry: Mar.1,1925 |
| | Date of Birth: June 21, 1902 | Birth Place: Preston, Idaho | Full Name of Mother: Ada McCann | Name of Father: Joseph Sherlock McCann |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Record of membership | By whom issued and signed: LDS Church, Salt Lake City | Date Issued: June 24, 1965 | Date Orig. Entry: June 21,1910 baptized |
| | Date of Birth: June 21, 1902 | Birth Place: Preston, Idaho | Full Name of Mother: Ada S. Tidwell | Name of Father: Joseph McCann |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage License and Certificate #45686 | By whom issued and signed: State of Utah, Salt Lake Co. Robert Olsen, Dep. Clerk | Date Issued: Nov.22,1966 | Date Orig. Entry: Sept.29,1924 |
| | Date of Birth: Age 22 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Nov. 30, 1966 |

FORM BH 56067

[illegible] 6-3-65

DEC 1 1966

253-121-022-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 66-1068

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Henry Almer Bell | | | 2. Date of Birth (month) May (day) 21 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Chester |
| **FATHER** | 6. Full Name of Father: Samuel T. Bell | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mallnee Curr | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x Henry Almer Bell | | 11. Present Address of Registrant: 504 S. 13th St. Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 12/15 1966 | 12. Signature of Notary: Helen Deuse | | 13. Notary Commission expires 2/26 1968 |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Notorized Statment regarding Bible | By whom issued and signed: Family Bible | Date Issued: Oct.19,1966 | Date Orig. Entry: Obviously old original record |
| | Date of Birth: May 21,1902 / Birth Place: Chester, Idaho | Full Name of Mother: Mallnee Curr Bell | Name of Father: Samuel T. Bell | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Uncle age 83 | By whom issued and signed: Earl H. Potter | Date Issued: Oct.20,1966 | Date Orig. Entry: ---- |
| | Date of Birth: May 21,1902 / Birth Place: Chester, Idaho | Full Name of Mother: Mallnee Curr | Name of Father: Samuel T. Bell | |
| **SUPPORTING RECORD 3.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file-Idaho # 255047 | Date Issued: ---- | Date Orig. Entry: child born Aug 10,1925 |
| | Date of Birth: Age 23 / Birth Place: Chester, Idaho | Full Name of Mother: ------- | Name of Father: -------- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | | Date Filed: Dec. 20, 1966 |

FORM BH 56067 Rep. Reg. Rec. 4343

DEC 20 1966

011 213126-004-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 67-011

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ivan Bacon | | 2. Date of Birth (month) Nov. (day) 26 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bear Lake | b. City or Town of Birth: Nounan |
| **FATHER** | 6. Full Name of Father: Brigham Bacon | | 7. State or Country of Father's Birth: Pleasant Grove, Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Harriett Eliza Skinner | | 9. State or Country of Mother's Birth: New York | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ivan Bacon | 11. Present Address of Registrant: Glenns Ferry Commercial Hotel Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 12/22/ 1966 | 12. Signature of Notary: Marybell Howard | 13. Notary Commission expires 4/15/ 1970 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family Record | By whom issued and signed: Family Record Book | Date Issued: ---- | Date Orig. Entry: Obviously old |
| | Date of Birth: Nov.26,1902 / Birth Place: Nounan, Idaho | Full Name of Mother: Harriett Eliza Skinner | Name of Father: Brigham Bacon | |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file- Idaho # 48-13442 | Date Issued: ---- | Date Orig. Entry: child born Nov.29,1948 |
| | Date of Birth: Age 46 / Birth Place: Nounan, Idaho | Full Name of Mother: ------ | Name of Father: - ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy # 5291 | By whom issued and signed: Old West Life Ins. Co. | Date Issued: Nov.5,1959 | Date Orig. Entry: Aug.14,1959 |
| | Date of Birth: Nov.26,1902 / Birth Place: Idaho | Full Name of Mother: -------- | Name of Father: -------- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: Jan.4,1967 | |

FORM BH 56067

JAN 4 1967

659-124-041-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-042

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Nathaniel Ferguson | | 2. Date of Birth (month) (day) (year): Jan. 24 1902 |
| | 3. Color or Race | 4. Sex: Male | 5. Place of Birth a. County: Teton; b. City or Town of Birth: Driggs Idaho |
| **FATHER** | 6. Full Name of Father: John Singelton Ferguson | | 7. State or Country of Father's Birth: Moddy, Arizona |
| **MOTHER** | 8. Full Maiden Name of Mother: Robina Campbell | | 9. State or Country of Mother's Birth: American Fork Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William Nathaniel Ferguson | 11. Present Address of Registrant: 10 East State Lehi Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 19 1966 | 12. Signature of Notary: Max A. Hunsaker | 13. Notary Commission expires: 6-1- 1970 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of Certificate of Ordination as Priest | By whom issued and signed: LDS Church, Christopher W. Bodily, High Priest | Date Issued: Jan.24,1902 | Date Orig. Entry: ordained June 5,1927 |
| | Date of Birth: Jan.24,1902 | Birth Place: Driggs, Idaho Teton County | Full Name of Mother: Robina Campbell | Name of Father: John Singleton Ferguson |
| **SUPPORTING RECORD 2.** | Type of Document: patriarchal blessing | By whom issued and signed: David Elmer Manwaring | Date Issued: Dec.26,1941 | Date Orig. Entry: Dec.26,1941 |
| | Date of Birth: Jan.24,1902 | Birth Place: ----- | Full Name of Mother: Robina Campbell | Name of Father: John Singleton Furguson |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt Age 78 | By whom issued and signed: Agnes Campbell Humble | Date Issued: Jan.12,1967 | Date Orig. Entry: ----- |
| | Date of Birth: Jan.24,1902 | Birth Place: Driggs, Idaho Teton County | Full Name of Mother: Robina Campbell | Name of Father: John Singelton Ferguson |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | Jan. 24, 1967 |

FORM BH 56067 Compd Sec #4579 (F) 1-8-67 gml

JAN 24 1967

359-110-028-4553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-068

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** George Robert Cerveny | | **2. Date Of Birth** (month) April (day) 10, (year) 1902 | |
| | **3. Color or Race** White | **4. Sex** Male | **5. Place of Birth** a. County Kootenai | b. City or Town of Birth Coeur d'Alene |
| **FATHER** | **6. Full Name of Father** Frank Cerveny | | **7. State or Country of Father's Birth** Illinois | |
| **MOTHER** | **8. Full Maiden Name of Mother** Esther Elinor Delameter | | **9. State or Country of Mother's Birth** New York | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** George Robert Cerveny | **11. Present Address of Registrant** 5481 Anaheim Rd., Long Beach, Calif. | |
| | Subscribed and sworn to before me on JANUARY 19, 1967 | **12. Signature of Notary** Douglas W. Pittman | **13. Notary Commission expires** JUNE 19, 1970 | |

NOTARY Seal DOUGLAS W. PITTMAN NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY MY COMMISSION EXPIRES JUNE 19, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** Insurance Policy #2269445 | **By whom issued and signed** The Northwestern Mutual Life Insurance Company | **Date Issued** July 1,1930 | **Date Orig. Entry** June 30,1930 |
| | **Date of Birth** Apr.10,1902 | **Birth Place** Coeur d'Alene, Idaho | **Full Name of Mother** Esther Elinor Cerveny | **Name of Father** ----- |
| **SUPPORTING RECORD 2.** | **Type of Document** transcript of school records | **By whom issued and signed** University of Idaho | **Date Issued** Jan.12,1967 | **Date Orig. Entry** Sept.27,1926 |
| | **Date of Birth** Apr.10,1902 | **Birth Place** Coeur d'Alene, Idaho | **Full Name of Mother** Mrs. Frank Cerveny | **Name of Father** Mr. Frank Cerveny |
| **SUPPORTING RECORD 3.** | **Type of Document** Passport #408672 | **By whom issued and signed** United States of America Department of State | **Date Issued** May 10,1937 | **Date Orig. Entry** May 10,1937 |
| | **Date of Birth** Apr.10,1902 | **Birth Place** Coeur d'Alene, Idaho | **Full Name of Mother** ----- | **Name of Father** ----- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barson | Glenda Larson | Feb. 3, 1967 |

FORM BH 56067

1 copy to VS Reg. 3977 12-13-68

FEB 3 1967

364-119-003-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-091

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ernest Lombardi | | 2. Date of Birth (month) July (day) 19 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Pocatello, Idaho |
| **FATHER** | 6. Full Name of Father: Ferdinando Lombardi | | 7. State or Country of Father's Birth: Italy | |
| **MOTHER** | 8. Full Maiden Name of Mother: Angela Maria Navarra | | 9. State or Country of Mother's Birth: Italy | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ernest Lombardi | 11. Present Address of Registrant: 245 North 10th, Pocatello, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 2, 1967 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: 7-7-67 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of baptismal record statement by priest | By whom issued and signed: Father Cirillo Van der Donck St. Joseph Church, Pocatello | Date Issued: ----- | Date Orig. Entry: obviously old |
| | Date of Birth: July 19, 1902 / Birth Place: Pocatello, Idaho USA | Full Name of Mother: Angela Maria Navarra | Name of Father: Ferdinando Lombardi | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: Metropolitan Life Ins. Co. | Date Issued: April 1, 1937 | Date Orig. Entry: Mar. 31, 1937 |
| | Date of Birth: July 19, 1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for employment | By whom issued and signed: Union Pacific System, Oregon Short Line Railroad Company | Date Issued: ----- | Date Orig. Entry: Aug. 1, 1918 |
| | Date of Birth: July 19, 1902 / Birth Place: Pocatello | Full Name of Mother: M. Lombardi | Name of Father: Ferdinand Lombardi | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Feb. 15, 1967 |

FORM BH 56067

9-28-66

FEB 1 5 1967

319-217 d5-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 67-127

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ida Luella Larsen | | | 2. Date of Birth (month) (day) (year): November 17, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Caribou | b. City or Town of Birth: Soda Springs |
| **FATHER** | 6. Full Name of Father: Fred Larsen | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Lulu Anderson | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Luella L. Rinehart | | 11. Present Address of Registrant: New Plymouth Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 21 Feb 1967 | 12. Signature of Notary: W W Benson | | 13. Notary Commission expires: Aug 1 1969 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother Age 77 | By whom issued and signed: Mrs Jessie Anderson Larsen | Date Issued: Aug 5,1958 | Date Orig. Entry: ------ |
| | Date of Birth: Nov.17,1902 / Birth Place: Soda Springs | Full Name of Mother: Lulu Anderson | Name of Father: Fred Larsen | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of Transcript School Record | By whom issued and signed: University of Idaho | Date Issued: Aug. 1965 | Date Orig. Entry: Attended Oct.13,1948 |
| | Date of Birth: Nov.17,1902 / Birth Place: Soda Springs | Full Name of Mother: ---- | Name of Father: Fred Larsen | |
| **SUPPORTING RECORD 3.** | Type of Document: College Record | By whom issued and signed: Collete of Idaho, Caldwell | Date Issued: ---- | Date Orig. Entry: attended June 11,1951 |
| | Date of Birth: Nov 17,1902 / Birth Place: Soda Springs | Full Name of Mother: Lulu Anderson Larsen | Name of Father: Fred Larsen | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | | Date Filed: Feb.21,1967 |

FORM BH 56067

2-5-61

FEB 21 1967

354-209-001-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-180

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Kathryn Ida Lemp | | | 2. Date of Birth (month) April (day) 9th (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho | a. County: Ada; b. City or Town of Birth: Boise |
| **FATHER** | 6. Full Name of Father: Albert C. Lemp | | | 7. State or Country of Father's Birth: Boise, Idaho |
| **MOTHER** | 8. Full Maiden Name of Mother: Lucille L. Weaver | | | 9. State or Country of Mother's Birth: Indiana |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Kathryn Ida Lemp | | 11. Present Address of Registrant: Hotel Bretton Hall, New York, N.Y. 10024 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Feb 18 1967 | 12. Signature of Notary: Sam Gorsky | | Notary Public, State of New York, No. 13-1301260, Qualified in Bronx County, Commission Expires March 30, 1967 — Commission expires 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Passport #147459 | | By whom issued and signed: U.S.A. Dept. of State | Date Issued: Jan.28,1948 | Date Orig. Entry: Jan.28,1948 |
| | Date of Birth: Apr.9,1902 | Birth Place: Boise, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by aunt Age 84 | | By whom issued and signed: Maud M. Ralston | Date Issued: Feb.8,1967 | Date Orig. Entry: ------ |
| | Date of Birth: Apr.9,1902 | Birth Place: Boise, Idaho | Full Name of Mother: Lucille L. Weaver | Name of Father: Albert C. Lemp | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of marriage records | | By whom issued and signed: Married in San Francisco, County, California | Date Issued: ------ | Date Orig. Entry: Dec.24,1947 |
| | Date of Birth: Age 45 | Birth Place: Boise, Idaho | Full Name of Mother: Lucille Weaver | Name of Father: Albert C. Lemp | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda Larson | March 10, 1967 |

FORM BH 56067

1-26-61

MAR 1 0 1967

547-220-010-568

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-207

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: EFFIE MARIA EMPEY | | | 2. Date Of Birth (month) April (day) 20 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Bonneville | b. City or Town of Birth: Ammon near Idaho Falls |
| **FATHER** | 6. Full Name of Father: John Empey | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Almira Ceretta Norton | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Effie Marie Empey Wold. | | 11. Present Address of Registrant: 437 So. Wilbur St. Mesa, Arizona |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: January 25 1967 | 12. Signature of Notary: Sue Pomeroy | | 13. Notary Commission expires: September 18 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: carbon copy of hospital statement Acct. #69,613 | By whom issued and signed: Southside Dist. Hosp., Mesa, Arizona | Date Issued: Sep.15,1961 | Date Orig. Entry: Sep.15,1961 |
| | Date of Birth: Apr.20,1902 / Birth Place: Ammon, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother (bd. Sept.18,1890) | By whom issued and signed: James S. Empey | Date Issued: Jan.25,1967 | Date Orig. Entry: Jan.25,1967 |
| | Date of Birth: Apr.20,1902 / Birth Place: Ammon, Idaho | Full Name of Mother: Almira Ceretta Norton Empey | Name of Father: John Empey | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding church records | By whom issued and signed: Lee A. Crandall, Bishop, IDS Church, Mesa, Arizona | Date Issued: Mar.12,1967 | Date Orig. Entry: July 6,1902 |
| | Date of Birth: Apr.20,1902 / Birth Place: Ammon, Bonneville County, Idaho | Full Name of Mother: Almira C. Norton | Name of Father: John Empey | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: gml Glenda Larson | Date Filed: March 24, 1967 |

FORM BH 56067

(W) 3-8-67 gml

Wald

MAR 24 1967

659-106-035-362

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-270

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Arthur Manuel Fernandes | | 2. Date of Birth (month) June (day) 6th, (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Lewiston |
| **FATHER** | 6. Full Name of Father: Manuel Joseph Fernandes | | 7. State or Country of Father's Birth: Sonora, California | |
| **MOTHER** | 8. Full Maiden Name of Mother: Emma Mae Tobin | | 9. State or Country of Mother's Birth: Walla Walla Wa. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Arthur M. Fernandes | 11. Present Address of Registrant: 320 N. W. 51st St., Seattle, WA. 98107 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 3 - 1967 | 12. Signature of Notary: Arthur L. Hansel Jr. | 13. Notary Commission expires: 6 - 8 1968 | |

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding original birth certificate on file in | By whom issued and signed: John P.Roos, City Clerk Lewiston, Idaho(page 11) | Date Issued: Jan.8,1948 | Date Orig. Entry: ------ |
| | Date of Birth: June 6,1902 / Birth Place: Lewiston, Idaho | Full Name of Mother: Emma Mae Fernandes | Name of Father: Manuel J. Fernandes | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of voter's registration records | By whom issued and signed: City of Seattle, Wash. | Date Issued: ------ | Date Orig. Entry: Jan.30,1950 |
| | Date of Birth: Age 36 / Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of military separation paper | By whom issued and signed: U.S. Army, E. Rinaldi, Lt. Col AGC, Adjutant General | Date Issued: Aug.31,1953 | Date Orig. Entry: Apr.28,1943 |
| | Date of Birth: June 6,1902 / Birth Place: Lewiston, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: April 19, 1967 | |

FORM BH 56067

(r) 3-31-68

APR 1 9 1967

599-217-033-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-306

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Helena Mae Erikson | | | 2. Date of Birth (month) September (day) 17 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Rexburg, Idaho Madison (Fremont Co. at time of birth) | b. City or Town of Birth: Rexburg, Idaho |
| **FATHER** | 6. Full Name of Father: Alexander Erikson | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Isabell Erikson | | | 9. State or Country of Mother's Birth: England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mae E. Dayton | | 11. Present Address of Registrant: 243 South 8th East Salt Lake City, Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 17 1967 | 12. Signature of Notary: Robert A Erickson | | 13. Notary Commission expires: March 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of patriarchal blessing | By whom issued and signed: Andrew J. Hansen, Patriarch | Date Issued: ----- | Date Orig. Entry: May 6,1921 |
| | Date of Birth: Sep.17,1902 | Birth Place: Rexburg, Idaho | Full Name of Mother: Elizabeth Isabella Parker | Name of Father: Alexander Erickson |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Clyde Bench, Clerk | Date Issued: July 8,1949 | Date Orig. Entry: baptized July 29,1911 |
| | Date of Birth: Sep.17,1902 | Birth Place: Rexburg, Idaho Madison County | Full Name of Mother: Elizabeth I. Parker | Name of Father: Alexander Erikson |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by friend of family at time of birth | By whom issued and signed: James A. Johnson Age 88 | Date Issued: Apr.17,1967 | Date Orig. Entry: ----- |
| | Date of Birth: Sep.17,1902 | Birth Place: Rexburg, Idaho | Full Name of Mother: Elizabeth Isabell Parker Erikson | Name of Father: Alexander Erikson |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Berson | Evidence reviewed by: Glenda Larson | Date Filed: May 8, 1967 |

FORM BH 56067

4-14-67

MAY 1 7 1967

433-209-035-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-402

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruth Early or Elvira McFarland | | | 2. Date of Birth (month) Sept. (day) 9 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lewiston Idaho | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: Samuel Laurie McFarland | | | 7. State or Country of Father's Birth: Missouri |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Agnes (Mamie Riggs | | | 9. State or Country of Mother's Birth: Kentucky |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruth McFarland | | 11. Present Address of Registrant: Charlottesville, Va. 1831 University Circle |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 7 1967 | 12. Signature of Notary: James E. Hammer | | 13. Notary Commission expires: My Commission Expires Feb. 17th, 1969 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Federal Census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Apr.24,1967 | Date Orig. Entry: Apr.15,1910 |
| | Date of Birth: Age 7 / Birth Place: Idaho | Full Name of Mother: Mamie McFarland | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of pages 128-130 of family history book | By whom issued and signed: The Family of Early by Ruth Hairston Early dated 1920 | Date Issued: Aug.11,1962 | Date Orig. Entry: 1920 |
| | Date of Birth: 1902 / Birth Place: residence given as Lewiston, Idaho | Full Name of Mother: Mamie A. Riggs | Name of Father: Samuel Laurie McFarland | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by cousin Age 80 | By whom issued and signed: W. B. McFarland | Date Issued: May 4,1967 | Date Orig. Entry: ---- |
| | Date of Birth: Sept.9,1902 / Birth Place: Lewiston, Idaho Nez Perce County | Full Name of Mother: Mary Agnes McFarland (nee Riggs | Name of Father: Samuel Laurie McFarland | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Glenda Larson | June 6, 1967 |

FORM BH 56067

3-20-61

JUN 6 1967

103 249-125-035-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 67-403

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Howard T. (Thomas) Smith. | | | 2. Date of Birth (month) Jan. (day) 25 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: m | 5. Place of Birth a. County: Nezperce | b. City or Town of Birth: Leland |
| **FATHER** | 6. Full Name of Father: Angus H. Smith. | | | 7. State or Country of Father's Birth: Ontario Canada |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Smith. | | | 9. State or Country of Mother's Birth: Ontario Canada |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Howard T. Smith | | 11. Present Address of Registrant: Kooskia Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 1 1965 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires Sept. 28 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother | By whom issued and signed: Robert C. Smith Age 74 | Date Issued: Nov.19,1964 | Date Orig. Entry: ----- |
| | Date of Birth: Jan.25,1902 / Birth Place: Leland, Idaho | Full Name of Mother: Elizabeth Smith | Name of Father: Angus H. Smith | |
| **SUPPORTING RECORD 2.** | Type of Document: School census report, School Dist. #9 | By whom issued and signed: Nez Perce County, Idaho County recorder | Date Issued: Dec.31,1964 | Date Orig. Entry: Sept.25,1918 |
| | Date of Birth: Age 16 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: A. H. Smith | |
| **SUPPORTING RECORD 3.** | Type of Document: School Census Record | By whom issued and signed: Beth Durham, Nez Perce Co. Lewiston, Idaho County Recorder | Date Issued: Dec.31,1964 | Date Orig. Entry: Census Report 1918 |
| | Date of Birth: Sept.25,1918 / Birth Place: Leland, Idaho | Full Name of Mother: ----- | Name of Father: A. H. Howard | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Florence Curtright | | Date Filed: June 7, 1967 |

FORM BH 56067

JUN 8 1967

793-101-014-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-480

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Elmer Vernon Gilbert | | 2. Date of Birth (month) (day) (year): December 1, 1902 |
| | 3. Color or Race: Caucasian | 4. Sex: Male | 5. Place of Birth a. County: Canyon ~~[illegible]~~ b. City or Town of Birth: Nampa, Idaho Nampa |
| **FATHER** | 6. Full Name of Father: William E. Gilbert | | 7. State or Country of Father's Birth: Indiana, N. Manchester |
| **MOTHER** | 8. Full Maiden Name of Mother: Martha Ann (Mattie) Crumpacker | | 9. State or Country of Mother's Birth: Kansas, Lawrence |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: E. V. Gilbert | 11. Present Address of Registrant: Stony Creek, Virginia |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 18, 1967 | 12. Signature of Notary: B. J. Wheeler | 13. Notary Commission expires: June 19 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by aunt (bd. 5-6-1887) | By whom issued and signed: Maggie M. Pfoutz | Date issued: Apr.3,1967 | Date Orig. Entry: ----- |
| | Date of Birth: Dec.1,1902 / Birth Place: Nampa, Idaho | Full Name of Mother: Martha (Mattie) Ann Gilbert | Name of Father: William E. Gilbert | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of family register | By whom issued and signed: Family records | Date issued: ------ | Date Orig. Entry: obviously old |
| | Date of Birth: Dec.1,1902 / Birth Place: Nampa, Idaho | Full Name of Mother: Mattie C. Gilbert | Name of Father: William E. Gilbert | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: The Pacific Mutual Life Ins. Co. of California | Date issued: ------ | Date Orig. Entry: Nov.23,1926 |
| | Date of Birth: Dec.1,1902 / Birth Place: Nampa, Idaho | Full Name of Mother: Mrs. Mattie Gilbert | Name of Father: ------ | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | Glenda Larson | June 19, 1967 |

FORM BH 56067

Copied here 1983

2-24-67

JUN 1 9 1967

511 815-202-030-357

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 67-511

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Thelma Delilah Hansen | | 2. Date Of Birth (month) 12 (day) 2 (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Salmon Lemhi | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: Leonard Eugene Hansen | | 7. State or Country of Father's Birth: Utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura Mildred Leabo | | 9. State or Country of Mother's Birth: Montana | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Thelma C. Rice | 11. Present Address of Registrant: Route 2 Box 13 A Rigby Idaho 83442 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 25 1967 | 12. Signature of Notary: Vera Kowallis | 13. Notary Commission expires: VERA KOWALLIS NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 3-24-68 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding hospital records | By whom issued and signed: Idaho Falls LDS Hospital, Lelia Garland, Med.Rec.Lib. | Date Issued: May 19,1967 | Date Orig. Entry: Jan.25,1950 |
| | Date of Birth: Dec.12,1902 / Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Membership Record | By whom issued and signed: L.D.S. Church | Date Issued: Jun 26,1967 | Date Orig. Entry: Recorded July 7,1907 |
| | Date of Birth: Dec.2,1902 / Birth Place: Salmon, Idaho | Full Name of Mother: Laura Leabo | Name of Father: Leonard Eugene Hansen | |
| **SUPPORTING RECORD 3.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file - Idaho # 376884 | Date Issued: ---- | Date Orig. Entry: child born July 10,1943 |
| | Date of Birth: Age 40 / Birth Place: Salmon, Idaho | Full Name of Mother: ---------- | Name of Father: - -------- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Florence Curtright | Date Filed: July 5,1967 |

FORM BH 56067 Compared #13800 (R) 6-30-62 2M

JUL 6 - 1967

653-121-040-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-515

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: John H (Jack) Welch | | | 2. Date Of Birth (month) Oct (day) 21 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Murray Idho | b. City or Town of Birth: Murray Idho |
| **FATHER** | 6. Full Name of Father: Jack H welch | | | 7. State or Country of Father's Birth: Calf — San Rosa Calf 1863 |
| **MOTHER** | 8. Full Maiden Name of Mother: Addie M Robinson | | | 9. State or Country of Mother's Birth: Fort Laved Wyo |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: John H (Jack) Welch | | 11. Present Address of Registrant: 1128 11th Anchorage Alaska |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 5 19 67 | 12. Signature of Notary: Jean E Andrade Jean E. Andrade Notary in and for the State of Alaska | | 13. Notary Commission expires June 14 19 70 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of application for Social security #539-07-9029 | By whom issued and signed: Social Security Administration | Date Issued: ----- | Date Orig. Entry: June 17, 1937 |
| | Date of Birth: Oct.21,1902 | Birth Place: Murray, Shoshone County, Idaho | Full Name of Mother: Addie M. Robinson | Name of Father: Jack Henry Welch |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for | By whom issued and signed: Wallace Lodge #331, Idaho BPOE | Date Issued: May 12,1967 | Date Orig. Entry: Jan.21,1944 |
| | Date of Birth: Oct.21,1902 | Birth Place: Murray, Shoshone County, Idaho | Full Name of Mother: ------ | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth (bd.8-22-1886) | By whom issued and signed: Elizabeth Bernadine Stoner | Date Issued: Aug.28,1961 | Date Orig. Entry: ------- |
| | Date of Birth: year of 1902 | Birth Place: Murray, Idaho | Full Name of Mother: Addie Robinson | Name of Father: John Henry (Jack) Welch |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Glenda Larson | Date Filed: July 13, 1967 |

FORM BH 56067

JUL 20 1967

533-131-001-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-554

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: PACKARD Clyde Ellis | | 2. Date of Birth (month) Aug (day) 31 (year) 1902 | |
| | 3. Color or Race: W. | 4. Sex: M. | 5. Place of Birth a. County: Boise Idaho ~~Bannock~~ ada | b. City or Town of Birth: Boise Idaho |
| **FATHER** | 6. Full Name of Father: Isaac Charley Packard Sr. | | 7. State or Country of Father's Birth: Cresent City Iowa Pottawattamie Co | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Elizabeth Groesbeck | | 9. State or Country of Mother's Birth: Spsinquille Utah Utah Co. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Clyde Ellis Packard | 11. Present Address of Registrant: 4010 Dumbarton Houston Texas | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 13 1967 | 12. Signature of Notary: Mary Wilson | 13. Notary Commission expires 6-1- 1969 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Family record | By whom issued and signed: Family Record | Date Issued: ------ | Date Orig. Entry: obviously old |
| | Date of Birth: Aug.31,1902 / Birth Place: Boise, Ada County, Idaho | Full Name of Mother: Mary Elizabeth Groesbeck | Name of Father: Isaac Charley Packard, Sr. | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother | By whom issued and signed: Isaac Charley Packard Age:80 | Date Issued: July 9,1966 | Date Orig. Entry: ----- |
| | Date of Birth: Aug.31,1902 / Birth Place: Boise, Idaho Ada County | Full Name of Mother: Mary Elizabeth Groesbeck | Name of Father: Isaac Charley Packard, Sr. | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy 1507718 | By whom issued and signed: The Penn Mutual Life Ins. Co. of Philadelphia | Date Issued: ----- | Date Orig. Entry: May 1, 1930 |
| | Date of Birth: Aug.31,1902 / Birth Place: Boise, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: July 19,1967 |

FORM BH 56067

N.M.

10-17-65 - HI.

JUL 20 1967

849-26-003-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-568

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Newell Quigley | | | 2. Date Of Birth (month) Oct. (day) 26 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Swan Lake Bannock | b. City or Town of Birth: |
| **FATHER** | 6. Full Name of Father: Joseph Andrew Quigley | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Virginia Whitt | | | 9. State or Country of Mother's Birth: Virginia |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Newell Quigley | | 11. Present Address of Registrant: 122 West Yancy Pocatello Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 6 1967 | 12. Signature of Notary: Cyrus H Wheelock | | 13. Notary Commission expires: May 1 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #181002 | Date Issued: ------ | Date Orig. Entry: child born Apr.14,1930 |
| | Date of Birth: Age 27 / Birth Place: Swanlake, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #5210064 C | By whom issued and signed: Metropolitan Life Ins. Co. | Date Issued: Mar.1,1936 | Date Orig. Entry: Dec.10,1935 |
| | Date of Birth: Oct.26,1902 / Birth Place: Swanlake, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: W. C. Gambles Age 76 | Date Issued: June 19,1967 | Date Orig. Entry: ------ |
| | Date of Birth: Oct.26,1902 / Birth Place: Swan Lake, Idaho | Full Name of Mother: Virginia Whitt Quigley | Name of Father: Joseph Andrew Quigley | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | | Date Filed: July 27, 1967 |

FORM BH 56067 6-12-62

JUL 27 1967

259-101-041-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-584

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Jim R. Berntson | | | 2. Date of Birth (month) Oct. (day) 1 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Teton | b. City or Town of Birth: Badger (Later changed to Felt) |
| **FATHER** | 6. Full Name of Father: Richard Berntson | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Christina Gingman | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Jim R. Berntson | | 11. Present Address of Registrant: Coquille, Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 17th 1967 | 12. Signature of Notary: Catherine Wheytal | | 13. Notary Commission expires: Nov. 15 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of sheet from old family records | By whom issued and signed: Family Records | Date Issued: ------ | Date Orig. Entry: obviously old |
| | Date of Birth: Oct.1,1902 | Birth Place: Felt, Idaho | Full Name of Mother: Mary Berntson | Name of Father: Richard Berntson |
| **SUPPORTING RECORD 2.** | Type of Document: Driver's License #960083 | By whom issued and signed: State of Oregon | Date Issued: Apr.13,1950 | Date Orig. Entry: Apr.13,1950 |
| | Date of Birth: Oct.1,1902 | Birth Place: ------ | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by father | By whom issued and signed: Richard Berntson | Date Issued: July 12, 1939 | Date Orig. Entry: ------ |
| | Date of Birth: Oct.1,1902 | Birth Place: Felt, Idaho Teton County | Full Name of Mother: ------ | Name of Father: Richard Berntson |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larsen | July 28, 1967 |

FORM BH 56067

3 copies mailed on #4787

(P) 5-2-67 gml

JUL 28 1967

859-214-022-499

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-601

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hilma Olive Herendeen | | 2. Date of Birth (month) June (day) 14 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Driggs Freemont | b. City or Town of Birth: Driggs, Idaho |
| **FATHER** | 6. Full Name of Father: William Kingman Herendeen | | 7. State or Country of Father's Birth: Illinois | |
| **MOTHER** | 8. Full Maiden Name of Mother: Etta Love Dir | | 9. State or Country of Mother's Birth: Kansas | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on 19 56 | 10. Signature of Registrant: Hilma Olive Germany | 11. Present Address of Registrant: 3801 W. Capitol Ave. West Sacramento, Cal. | |
| | | 12. Signature of Notary: William H Durston | 13. Notary Commission expires: Jan 4 1968 | |

WILLIAM H. SWINTON
NOTARY PUBLIC
PRINCIPAL OFFICE IN SACRAMENTO COUNTY
CALIFORNIA

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, Twin Falls Ward Elder Peter Swenson | Date Issued: July 3,1910 | Date Orig. Entry: baptized July 2, 1910 |
| | Date of Birth: June 14,1902 / Birth Place: Driggs, Fremont County, Idaho | Full Name of Mother: ---- | Name of Father: Wm. K. Herendeen | |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Apr.28,1967 | Date Orig. Entry: Jan.1,1920 |
| | Date of Birth: Age: 17 / Birth Place: Idaho | Full Name of Mother: Etta Herendeen | Name of Father: William K. Herendeen | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy #3674214 | By whom issued and signed: Occidental Life Ins. Co. of Calif. | Date Issued: Aug.1,1958 | Date Orig. Entry: Apr.16,1957 |
| | Date of Birth: Jun.14,1902 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | July 31, 1967 |

FORM BH 56067

6-12-79

JUL 31 1967

165110-033-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 67-652

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Glen Irwin Jones | | | 2. Date of Birth (month) December (day) 10 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Madison | b. City or Town of Birth: Rexburg |
| **FATHER** | 6. Full Name of Father: Joseph Hyrum Jones | | | 7. State or Country of Father's Birth: Wales |
| **MOTHER** | 8. Full Maiden Name of Mother: Hannah Elizabeth Carter | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Glen Irwin Jones | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 19 1967 | 12. Signature of Notary: Audrey J Anderson | | 13. Notary Commission expires: March 10 1969 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Marriage license | By whom issued and signed: Canyon Co. S.S.Foote,Recorder | Date Issued: Jun.1,1948 | Date Orig. Entry: ZMarried June 2,1948 |
| | Date of Birth: Age 45 / Birth Place: Rexburg, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy | By whom issued and signed: Olympic National Life.Co. | Date Issued: Oct.28,1948 | Date Orig. Entry: Sept.29,1948 |
| | Date of Birth: Dec.10,1902 / Birth Place: Rexburg, Idaho | Full Name of Mother: ------ | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister Age 76 | By whom issued and signed: M. Erma Stites | Date Issued: Aug 17,1967 | Date Orig. Entry: ---- |
| | Date of Birth: Dec.10,1902 / Birth Place: Rexburg, Idaho | Full Name of Mother: Hannah Elizabeth Jones (Carter) | Name of Father: Joseph Hyrum Jones | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: Aug 21,1967 |

FORM BH 56067

AUG 21 1967

477-225 1035-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-721

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Charlotte Idean Uppinghouse | | | 2. Date Of Birth (month) (day) (year): September 25, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Lewiston |
| **FATHER** | 6. Full Name of Father: Melvin Uppinghouse | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Dorothy Lucinda Mitchell | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Charlotte Idean Uppinghouse | | 11. Present Address of Registrant: 213 Cirstena Street. Hanson Bellingham Wash. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 10 1967 | 12. Signature of Notary: Richard A. Nelle | | 13. Notary Commission expires: May 23 1969 |

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: certified copy of marriage certificate #10644 | By whom issued and signed: Clark County, Washington County Auditor's Office | Date Issued: Apr.20,1967 | Date Orig. Entry: Feb.18,1923 |
| | Date of Birth: Age 20 | Birth Place: Idaho | Full Name of Mother: Dorothy Mitchell | Name of Father: Melvin Uppinghouse |
| **SUPPORTING RECORD 2.** | Type of Document: school record | By whom issued and signed: Lewiston High School, Idaho | Date Issued: ----- | Date Orig. Entry: Feb. 1, 1915 |
| | Date of Birth: Sep.25,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: Melvin Uppinghouse |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt Age 83 | By whom issued and signed: Eva Rankey | Date Issued: Jun.27,1967 | Date Orig. Entry: ----- |
| | Date of Birth: Sep.25,1902 | Birth Place: Lewiston, Idaho | Full Name of Mother: Dorothy L. Mitchell | Name of Father: Melvin Uppinghouse |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Sept. 6, 1967 |

FORM BH 56067 2nd form sent 8-1-67 [illegible] 1 [illegible] # 16144

SEP 6 1967

[illegible]

154-206-041-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-835

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Nonetta LaVern Andrews | | 2. Date of Birth (month) Jan (day) 6 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Bates - Teton | b. City or Town of Birth |
| **FATHER** | 6. Full Name of Father: Henry Alonzo Andrews | | 7. State or Country of Father's Birth: Nephi Juab Co. Utah. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Lucy Percinda Wood. | | 9. State or Country of Mother's Birth: Willard Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: LaVern A. Griggs | 11. Present Address of Registrant: 1125-10th St Idaho Falls Ida | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 18 July 1967 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: 3/1 1970 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #354252 | Date Issued: ----- | Date Orig. Entry: child born July 15, 1942 |
| | Date of Birth: Age 40 | Birth Place: Bates, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding hospital records | By whom issued and signed: Idaho Falls, Idaho, The Idaho Falls LDS Hospital | Date Issued: Jul.18,1967 | Date Orig. Entry: Jan.28,1940 |
| | Date of Birth: Jan.6,1902 | Birth Place: Bates, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by uncle (bd. 4-12-1892) | By whom issued and signed: Roy Wood | Date Issued: Sep.26,1967 | Date Orig. Entry: ----- |
| | Date of Birth: Jan.6,1902 | Birth Place: Bates, Teton County, Idaho | Full Name of Mother: Lucy Percinda Wood Andrews | Name of Father: Henry Alonzo Andrews |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Oct. 5, 1967 |

FORM BH 56067 1 cy [illegible] #17537 (2) 8-22-6[illegible]

OCT 6 1967

8½ 255-120-016-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 67-852

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Dewey Gorden Bennett | | | 2. Date of Birth (month) September (day) 20 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Cassia | b. City or Town of Birth: Oakley |
| **FATHER** | 6. Full Name of Father: William Edward Bennett | | | 7. State or Country of Father's Birth: Lafayette, Iowa |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Patrick | | | 9. State or Country of Mother's Birth: Arkansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: X Dewey G. Bennett | | 11. Present Address of Registrant: 9137 Lanham Severn Rd. Lanham Md. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 6th 1967 | 12. Signature of Notary: W W Benson | | 13. Notary Commission expires: 1 any 1970 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: William Edward Bennett | Date Issued: Jan.16,1941 | Date Orig. Entry: ---- |
| | Date of Birth: Sept. 20,1902 | Birth Place: Oakley, Idaho | Full Name of Mother: Mary Patrick | Name of Father: William Edward Bennett |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file - Idaho # 195225 | Date Issued: ---- | Date Orig. Entry: child born Oct. 8, 1931 |
| | Date of Birth: Age 29 | Birth Place: Idaho | Full Name of Mother: ------- | Name of Father: - ----- |
| **SUPPORTING RECORD 3.** | Type of Document: Motor Vehicle License | By whom issued and signed: Prince George County State of Maryland | Date Issued: May 5,1958 | Date Orig. Entry: May 5, 1958 |
| | Date of Birth: Sept.20,1902 | Birth Place: Oakley | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Florence Curtright | Date Filed: Oct.6,1967 |

FORM BH 56067

OCT 6 1967

413729-022-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-935

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Albert Mackert | | | 2. Date Of Birth (month) Oct (day) 28 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: St. Anthony Fremont | b. City or Town of Birth: St. Anthony, Idaho |
| **FATHER** | 6. Full Name of Father: Franz Carl Mackert | | | 7. State or Country of Father's Birth: Baden Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Christine Groh Mackert | | | 9. State or Country of Mother's Birth: Chicago Ill |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: George Albert Mackert | | 11. Present Address of Registrant: R # 2 St. Anthony, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 16 19 67 | 12. Signature of Notary: La Monte Bauer, Clerk Of The District Court | | 13. Notary Commission expires: elective 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #208757 | Date Issued: ----- | Date Orig. Entry: child born Jan.2,1933 |
| | Date of Birth: Age 30 | Birth Place: St.Anthony, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of pages from family Bible | By whom issued and signed: Family Bible Records | Date Issued: Sept.6,1962 | Date Orig. Entry: obviously old |
| | Date of Birth: Oct.28,1902 | Birth Place: ----- | Full Name of Mother: Christine Groh Mackert | Name of Father: Franz Carl Mackert |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: Idaho Mutual Benefit Assoc. Boise, Idaho | Date Issued: ----- | Date Orig. Entry: Nov.16,1956 |
| | Date of Birth: Oct.28,1902 | Birth Place: St.Anthony, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | Affidavit by brother, William Mackert, Age:72, issued October 16, 1967 states birthdate as October 28, 1902 in St. Anthony, Idaho to Franz Carl Mackert and Christine Groh Mackert. | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | | Date Filed: Oct. 26, 1967 |

FORM BH 56067

6-8-65

OCT 27 1967

168401-006-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-948

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Wayne August Johnson | | 2. Date of Birth (month) July (day) 1 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Bingham | b. City or Town of Birth: Blackfoot, Idaho |
| **FATHER** | 6. Full Name of Father: Peter Magnus Johnson | | 7. State or Country of Father's Birth: Sweden | |
| **MOTHER** | 8. Full Maiden Name of Mother: Nora Viola Riley | | 9. State or Country of Mother's Birth: Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Wayne August Johnson | 11. Present Address of Registrant: Box 271, Orofino, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 19 19 67 | 12. Signature of Notary: Samuel Swayne | 13. Notary Commission expires: Nov 17 19 1970 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding school records | By whom issued and signed: School Dist.#22, Clearwater Co., Idaho | Date Issued: July 14,1967 | Date Orig. Entry: Sept.25,1915 |
| | Date of Birth: Age 13 | Birth Place: ------ | Full Name of Mother: ----- | Name of Father: P. M. Johnson |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: The Ohio National Life Ins. Co., Cincinnati, Ohio | Date Issued: ----- | Date Orig. Entry: Mar.1,1934 |
| | Date of Birth: July 1,1902 | Birth Place: Blackfoot, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of family history | By whom issued and signed: family records/Samuel Swayne Notary Public | Date Issued: Oct.20,1967 | Date Orig. Entry: more than 20 years old |
| | Date of Birth: July 1,1902 | Birth Place: Blackfoot, Idaho | Full Name of Mother: Nora Viola (Riley) Johnson | Name of Father: Peter Magnus Johnson |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: November 1,1967 |

FORM BH 56067 1 cert issued on #20519 (2) 9-2667 gml

NOV 2 1967

231-219-018-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-992

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ruby Juanita Blackburn | | | 2. Date Of Birth (month) October (day) 19 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Fem. | 5. Place of Birth a. County: Clearwater | b. City or Town of Birth: Teakean |
| **FATHER** | 6. Full Name of Father: Mitch Blackburn | | | 7. State or Country of Father's Birth: North Carolina |
| **MOTHER** | 8. Full Maiden Name of Mother: Addie King | | | 9. State or Country of Mother's Birth: Tennessee |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ruby Juanita Daniels | | 11. Present Address of Registrant: Southwick, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov. 7 19 67 | 12. Signature of Notary: Warren F. Gardner | | 13. Notary Commission expires: Nov. 15 19 68 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: Mitch Blackburn | Date Issued: Aug.27,1957 | Date Orig. Entry: ——— |
| | Date of Birth: Oct.19,1902 / Birth Place: Teakean, County of Clearwater, Idaho | Full Name of Mother: Addie King | Name of Father: Mitch Blackburn | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school records | By whom issued and signed: Clearwater County, Idaho School Dist. #19 | Date Issued: Jul.12,1967 | Date Orig. Entry: Sept. 1916 |
| | Date of Birth: Age 13 / Birth Place: ——— | Full Name of Mother: ——— | Name of Father: C. M. Blackburn | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #188715 | Date Issued: ——— | Date Orig. Entry: child born Feb.6,1931 |
| | Date of Birth: Age 28 / Birth Place: Teakean, Idaho | Full Name of Mother: ——— | Name of Father: ——— | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar | Evidence reviewed by: Glenda Larson | Date Filed: Nov. 16, 1967 |

FORM BH 56067

1 copy issued

NOV 1 6 1967

466229-010-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 67-1002

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: MAMIE MOORE | | | 2. Date Of Birth (month) 10th (day) 29th (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth: a. County: BONNERVILLE | b. City or Town of Birth: IDAHO FALLS |
| **FATHER** | 6. Full Name of Father: ROBERT R. MOORE | | | 7. State or Country of Father's Birth: NORTH CAROLINA |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY ALMEDA BALL | | | 9. State or Country of Mother's Birth: NORTH CAROLINA |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mamie Johnson | | 11. Present Address of Registrant: 2613 Woody Dr. Boise |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Feb. 1, 1963 | 12. Signature of Notary: R. R. Hoffin | | 13. Notary Commission expires: Jan. 1, 1965 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister, Age: 73 | By whom issued and signed: Mrs. Minnie Ott | Date Issued: April 26, 1962 | Date Orig. Entry: ----- |
| | Date of Birth: Oct.29,1902 | Birth Place: Idaho Falls, Idaho | Full Name of Mother: Mary Almeda Ball | Name of Father: Robert R. Moore |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #95645 | Date Issued: ----- | Date Orig. Entry: child born Nov.18,1921 |
| | Date of Birth: Age 19 | Birth Place: Idaho Falls, Idaho | Full Name of Mother: ----- | Name of Father: ------- |
| **SUPPORTING RECORD 3.** | Type of Document: Notorized copyof Hospital Record | By whom issued and signed: Eugene, Oregon Sacred Heart General | Date Issued: Nov.29,1967 | Date Orig. Entry: Patient on mar31,1947 |
| | Date of Birth: Oct.29,1902 | Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: ------ |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W Benson | Evidence reviewed by: sm gml Florence Curtright | Date Filed: Dec.1,1967 |

FORM BH 56067 in office 11-22-67 gml

DEC 5 1967

553-207-022-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1046

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Oneta Clegg Nelson | | | 2. Date of Birth (month) July (day) 7 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont Idaho | b. City or Town of Birth (mail Ashton): Marysville, Idaho |
| **FATHER** | 6. Full Name of Father: John Clegg Nelson | | | 7. State or Country of Father's Birth: Logan, Utah, United States of America |
| **MOTHER** | 8. Full Maiden Name of Mother: Nancy Mary Crouch | | | 9. State or Country of Mother's Birth: Roanoke, Virginia U.S.A. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Oneta Billingsley | | 11. Present Address of Registrant: Glenwood, Alberta, Canada |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 28 November 1967 | 12. Signature of Notary: Willis Ritchie | | 13. Notary Commission expires: My Commission Expires December 31st 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism and Confirmation | | By whom issued and signed: LDS Church, Claresholm, Alta. W.H. Trollinger, Clerk | Date Issued: ---- | Date Orig. Entry: Baptized Aug.6,1910 |
| | Date of Birth: July 7,1902 | Birth Place: Marysville, Idaho Fremont County | Full Name of Mother: Nancy M. Crouch | Name of Father: John C. Nelson | |
| **SUPPORTING RECORD 2.** | Type of Document: Transcript of school record | | By whom issued and signed: Brigham Young University, Provo, Utah | Date Issued: Aug.31,1959 | Date Orig. Entry: 1921 |
| | Date of Birth: July 7,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: John Nelson | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy #1193875-0 | | By whom issued and signed: The Independent Order of Foresters | Date Issued: Aug.31,1954 | Date Orig. Entry: Aug.16,1954 |
| | Date of Birth: July 7,1902 | Birth Place: Ashton, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Dec. 8, 1967 |

FORM BH 56067

DEC 1 1 1967

231-228-036-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 67-1054

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alice LaVon Blaisdell | | | 2. Date Of Birth (month) (day) (year): Dec. 28 1902 |
| | 3. Color or Race: W. | 4. Sex: f | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Holebrook |
| **FATHER** | 6. Full Name of Father: Ruben Andrew Blaisdell | | | 7. State or Country of Father's Birth: Utah, (Davis Co. |
| **MOTHER** | 8. Full Maiden Name of Mother: Matilda Delila Stephens | | | 9. State or Country of Mother's Birth: Utah (Garfield Co. |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alice LaVon Pierson | | 11. Present Address of Registrant: 1602 Oak St. La Grande Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: October 12 1967 | 12. Signature of Notary: M E Wilkins | | 13. Notary Commission expires: May 23 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: duplicate certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, LaGrande 2nd Ward | Date Issued: Oct.22,1967 | Date Orig. Entry: baptized July 9,1911 |
| | Date of Birth: Dec.28,1902 | Birth Place: Holbrook, Idaho | Full Name of Mother: Delila Stephens | Name of Father: Ruben A. Blaisdell |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by uncle Age 83 | By whom issued and signed: John E. Blaisdell | Date Issued: Oct.16,1967 | Date Orig. Entry: ----- |
| | Date of Birth: Dec.28,1902 | Birth Place: Holbrook, Oneida County, Idaho | Full Name of Mother: Matilda Delila Stephens | Name of Father: Ruben Andrew Blaisdell |
| **SUPPORTING RECORD 3.** | Type of Document: Application for membership #24263 | By whom issued and signed: The Society of Daughters of Utah Pioneers, LaGrande, Oregon | Date Issued: Sep.21,1953 | Date Orig. Entry: Aug.28,1953 |
| | Date of Birth: Dec.28,1902 | Birth Place: ——— | Full Name of Mother: Matilda Delila Stephens | Name of Father: Ruben Andrew Blaisdell |
| **QUALIFYING INFORMATION** | | | Blaisdell | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: gml Glenda Larson | Date Filed: Dec. 14, 1967 |

FORM BH 56067 Delayed No. 2228 (P) 11-20-6

DEC 1 5 1967

363-101-025-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-039

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: William Clayton Collins | | | 2. Date Of Birth (month) Dec. (day) 1 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: male | 5. Place of Birth a. County: Stites Idaho | b. City or Town of Birth: Stites |
| **FATHER** | 6. Full Name of Father: Sinnar Parr Collins | | | 7. State or Country of Father's Birth: Arkansas |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Elizabeth Baldwin | | | 9. State or Country of Mother's Birth: Kentucky |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: William E. Collins | | 11. Present Address of Registrant: 408 West 9th St. Prineville, Or. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on June 22 19 67 | 12. Signature of Notary: Hazel A Powell | | 13. Notary Commission expires: Crook County Clerk. 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: One file Idaho #194843 | Date Issued: ----- | Date Orig. Entry: child born Aug. 16, 1931 |
| | Date of Birth: Age 28 | Birth Place: Stites, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of marriage return | By whom issued and signed: Crook County, Oregon | Date Issued: June 22, 1967 | Date Orig. Entry: Oct. 18, 1950 |
| | Date of Birth: Dec. 1, 1902 | Birth Place: Stites, Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **SUPPORTING RECORD 3.** | Type of Document: federal census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Dec. 26, 1967 | Date Orig. Entry: Apr. 15, 1910 |
| | Date of Birth: Age 7 | Birth Place: Idaho | Full Name of Mother: Mary Elizabeth Collins | Name of Father: Sinner P. Collins |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | | Date Filed: Jan. 11, 1968 |

FORM BH 56067

Cert. No. 5361

(C) 9-7-61 gml

JAN 1 1 1968

819-219-039-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-094

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Olive Irene Hartley | | | 2. Date of Birth (month) Oct. (day) 19 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Idaho; Rockland, Power County, | b. City or Town of Birth: Rockland |
| **FATHER** | 6. Full Name of Father: Charles Richard Hartley | | | 7. State or Country of Father's Birth: Wakefield, Yorkshire; England |
| **MOTHER** | 8. Full Maiden Name of Mother: Sariah Cooper Eastwood | | | 9. State or Country of Mother's Birth: Nottinghamshire; England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Olive Irene Fredrickson | | 11. Present Address of Registrant: 284 N. 100 West Malad City, Idaho. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 6th day August 1958 | 12. Signature of Notary: J. S. Fredrickson | | 13. Notary Commission expires: Dec. 30th. 1958 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: own child's birth certificate | By whom issued and signed: Idaho #239926 | Date Issued: | Date Orig. Entry: child born Jan. 16, 1936 |
| | Date of Birth: age 33 / Birth Place: Rockland, Idaho | Full Name of Mother: — | Name of Father: — | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister, age 70 | By whom issued and signed: Anna Frodsham | Date Issued: 10-18-58 | Date Orig. Entry: |
| | Date of Birth: Oct. 19, 1902 / Birth Place: now Power Co. Rockland, Idaho | Full Name of Mother: Sariah Cooper | Name of Father: Charles Richard Hartley | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding church records | By whom issued and signed: LDS Church, Daniel W. Perkins, Clerk Malad 4th Ward, Idaho | Date Issued: Jan. 15, 1968 | Date Orig. Entry: blessed Jan. 25, 1903 |
| | Date of Birth: Oct. 19, 1902 / Birth Place: Rockland, Power County, Idaho | Full Name of Mother: Sariah Cooper | Name of Father: Richard Hartley | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | nr Glenda Larson | Jan. 30, 1968 |

FORM BH 56067

(F) 1- -68

STATE OF IDAHO )
SS
COUNTY OF ONEIDA )

On this the 23rd day of September 1958 before me J.F.Fredrickson, a Notary Public in and for said County and state personally appeared Anna Frodsham who stated that she is the full sister of applicant herein Olive Irene Fredrickson, and is of the age of 70 years, and was born at Rockland, now Power County, Idaho on January 1st. 1888 : and that herparents were and are Charles Richard Hartley her Father: and Sariah Cooper her Mother.

Anna Frodsham

Subscribed and sworn to before me this the 23rd day of September, 1958

J.F. Fredrickson

Notary Public for Idaho residing at Malad Idaho. My commission expires Dec. 30, 1958.

JAN 31 1968

154-210-009-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-108

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Earlene Anderson | | | 2. Date Of Birth (month) (day) (year): DEC. 10 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Bonner | b. City or Town of Birth: Wrencoe |
| **FATHER** | 6. Full Name of Father: Albert James Anderson | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Anderson | | | 9. State or Country of Mother's Birth: Minn |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Earlene Anderson Miles | | 11. Present Address of Registrant: 17915 N Lee Rd Puyallup Wn |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec 16 1967 | 12. Signature of Notary: J. Grace Kneip | | 13. Notary Commission expires: May 1 1968 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding school records | By whom issued and signed: Bonner County Class A. School Dist. #82, Idaho | Date Issued: July 20,1964 | Date Orig. Entry: Sept. 1915 |
| | Date of Birth: Age 12 | Birth Place: ----- | Full Name of Mother: Mrs. A. J. Anderson | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: federal census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Sep.22,1967 | Date Orig. Entry: Apr.15,1910 |
| | Date of Birth: Age 7 | Birth Place: Idaho | Full Name of Mother: Allie Anderson | Name of Father: Albert J. Anderson |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by person who visited the day after her birth | By whom issued and signed: George Anderson Age 79 | Date Issued: Jan.15,1968 | Date Orig. Entry: ----- |
| | Date of Birth: Dec.10,1902 | Birth Place: Wrencoe, Idaho | Full Name of Mother: Alice Anderson | Name of Father: Albert J. Anderson |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | Feb. 1, 1968 |

FORM BH 56067 Upd Rec 2-3235 (m) 1-10-68 gml

FEB 1 1968

86 6027 039-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-296

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Freda Howard (Power) | | | 2. Date Of Birth (month) Nov. (day) 27 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Rockland (Oneida) Ida | b. City or Town of Birth: Rockland |
| **FATHER** | 6. Full Name of Father: William Walter Howard | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Edith Miriam Henrie | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Freda H Collings | | 11. Present Address of Registrant: 540 - 12th St Ida. Falls |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Feb - 23 1968 | 12. Signature of Notary: Elizabeth E. Madsen | | 13. Notary Commission expires: Notary Public for Idaho My Commission 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of hospital certificate of own child's birth | By whom issued and signed: The Idaho Falls LDS Hospital Idaho Falls, Idaho | Date Issued: ---- | Date Orig. Entry: child born Sept.28,1939 |
| | Date of Birth: Nov.27,1902 / Birth Place: Rockland, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of statement regarding church records | By whom issued and signed: LDS Church, Idaho Falls, Ida. 11th Ward, Gordon Birch, Clerk | Date Issued: Feb.18,1967 | Date Orig. Entry: baptized Apr.2,1911 |
| | Date of Birth: Nov.27,1902 / Birth Place: Rockland, Idaho | Full Name of Mother: Edith Miriam Henri | Name of Father: William Walter Howard | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of employment record | By whom issued and signed: School District #19 | Date Issued: --- | Date Orig. Entry: 1938 |
| | Date of Birth: Nov.27,1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: March 20, 1968 |

FORM BH 56067 NM (C) 3-7-68

MAR 20 1968

293-209-031-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-606

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Norma Dolly Billow | | 2. Date Of Birth (month) March (day) 9 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lewis | b. City or Town of Birth: Kamiah |
| **FATHER** | 6. Full Name of Father: William Frederick Billow | | 7. State or Country of Father's Birth: Missouri | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hulda Edna Rosell | | 9. State or Country of Mother's Birth: Minnesota | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Norma Dolly Hymes (Billow) | 11. Present Address of Registrant: Lacombe, Alberta | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct. 9 1968 | 12. Signature of Notary: [illegible] | 13. Notary Commission expires: life appointment | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding driver's license application | By whom issued and signed: Dept. of Highways, Motor Vehicle Br., Alta., Canada | Date Issued: May 31,1968 | Date Orig. Entry: May 2,1957 |
| | Date of Birth: Mar.9,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: May 21,1968 | Date Orig. Entry: Apr.15,1910 |
| | Date of Birth: Age: 8 | Birth Place: Idaho | Full Name of Mother: Hulda E. Billow | Name of Father: William F. Billow |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of marriage record | By whom issued and signed: Province of Alberta, Canada | Date Issued: Apr.16,1968 | Date Orig. Entry: Mar.9,1926 |
| | Date of Birth: Age: 24 | Birth Place: Kamiah, Idaho USA | Full Name of Mother: Huldah Edna Rosell | Name of Father: William Frederick Billow |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: gml Glenda Larson | Date Filed: June 20,1968 |

FORM BH 56067

(4) 10-2-68 [illegible]

OCT 23 1968

745-123-003-767

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-654

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Evan P. Gunnell | | | 2. Date of Birth (month) July (day) 23 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock County | b. City or Town of Birth: Central |
| **FATHER** | 6. Full Name of Father: Thomas Gunnell | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Poppleton | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Evan P. Gunnell | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 5-23-68 19 | 12. Signature of Notary: Paul F. Tipton | | 13. Notary Commission expires 11-8-71 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding church records | By whom issued and signed: LDS Church, Soda Springs, Ida. Roland R. Allen, Bishop, 2nd Ward | Date Issued: ---- | Date Orig. Entry: baptized Aug. 5, 1911 |
| | Date of Birth: Jul. 23, 1902 / Birth Place: Central, Idaho Bannock County | Full Name of Mother: Sarah Poppleton | Name of Father: Thomas Gunnell | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #126795 | Date Issued: ---- | Date Orig. Entry: child born Sept. 13, 1924 |
| | Date of Birth: Age: 22 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by sister | By whom issued and signed: Celia G. Davis Age: 80 | Date Issued: Jun. 21, 1968 | Date Orig. Entry: ---- |
| | Date of Birth: July 23, 1902 / Birth Place: Central, Idaho Bannock County | Full Name of Mother: Sarah Poppleton Gunnell | Name of Father: Thomas Gunnell | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | gml Glenda Larson | July 11, 1968 |

FORM BH 56067

(6) 6-6

JUL 11 1968

794-30-004-523

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-686

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lorain Henry Grunig | | | 2. Date of Birth (month) (day) (year): September 30, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Montpelier Bear Lake | b. City or Town of Birth: Montpelier |
| **FATHER** | 6. Full Name of Father: John Gottfried Grunig | | | 7. State or Country of Father's Birth: Berne, Switzerland |
| **MOTHER** | 8. Full Maiden Name of Mother: ELiza Eschler | | | 9. State or Country of Mother's Birth: Berne Switzerland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X | 10. Signature of Registrant: Lorain H Grunig | | 11. Present Address of Registrant: Montpelier |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 11 1968 | 12. Signature of Notary: W. R. Lim | | 13. Notary Commission expires: April 17 1972 |

((( APPLICANT — DO NOT WRITE BELOW THIS LINE )))

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding employment records | By whom issued and signed: Union Pacific RR Co., Pocatello, Idaho, H.J. Bailey, Supt. | Date Issued: May 10, 1968 | Date Orig. Entry: July 18, 1955 |
| | Date of Birth: Sep. 30, 1902 | Birth Place: Montpelier, Idaho | Full Name of Mother: Eliza Grunig | Name of Father: Fred Grunig |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #161614 | Date Issued: --- | Date Orig. Entry: child born Jan. 8, 1928 |
| | Date of Birth: Age: 25 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Church certificate of birth | By whom issued and signed: LDS Church, Salt Lake City, Utah | Date Issued: Jun. 24, 1968 | Date Orig. Entry: Aug. 2, 1911 |
| | Date of Birth: Sep. 30, 1902 | Birth Place: Montpelier, Idaho Bear Lake County | Full Name of Mother: Eliza Eschler | Name of Father: Gottfred Grunig |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | gml Glenda Larson | July 26, 1968 |

FORM BH 56067

1 cp for file No. 21794

(W) -6-6-6 gml

JUL 26 1968

825 386-201-014-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-825

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Anna W. Thorp | | | 2. Date of Birth (month) March (day) 1 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Idaho Canyon | b. City or Town of Birth: Caldwell |
| **FATHER** | 6. Full Name of Father: William Henry Thorp | | | 7. State or Country of Father's Birth: Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Elma Rose Parrish | | | 9. State or Country of Mother's Birth: Oregon |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ann W. Thorp | | 11. Present Address of Registrant: 1907 Boise Idaho to Roosevelt |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: September 17 1968 | 12. Signature of Notary: Hazel L. Hurlbert | | 13. Notary Commission expires: September 28 1968 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Notorized copy of School Record | By whom issued and signed: Boise High School | Date Issued: 1966 | Date Orig. Entry: Date of Admission 9-10-1917 |
| | Date of Birth: Mar.1,1902 / Birth Place: Caldwell, Idaho | Full Name of Mother: -- | Name of Father: W. H. Thorp | |
| **SUPPORTING RECORD 2.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file - Idaho # 138606 | Date Issued: ---- | Date Orig. Entry: child born Nov. 28, 1925 |
| | Date of Birth: Age 23 / Birth Place: Caldwell, Idaho | Full Name of Mother: ----- | Name of Father: ------ | |
| **SUPPORTING RECORD 3.** | Type of Document: Friend of family at birth | By whom issued and signed: Grace Adams | Date Issued: Sept.18,1968 | Date Orig. Entry: ----- |
| | Date of Birth: Mar.1, 1902 / Birth Place: Caldwell, Idaho | Full Name of Mother: Elma Rose Parrish | Name of Father: William Henry Thorp | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | fc Florence Curtright | Sept. 18, 1968 |

FORM BH 56067

SEP 1 8 1968

315-202-040-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-865

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: VIRGINIA W. LANDES | | | 2. Date of Birth (month) September (day) 2 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Murray, Idaho Shoshone | b. City or Town of Birth: Murray, Idaho |
| **FATHER** | 6. Full Name of Father: Clarence Cheston Landes | | | 7. State or Country of Father's Birth: Eugene, Oregon Nov. 21, 1872 |
| **MOTHER** | 8. Full Maiden Name of Mother: Lillian Worstell | | | 9. State or Country of Mother's Birth: Jacksonville, Indiana 7-23-1871 |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Virginia W. Landes | | 11. Present Address of Registrant: Barnard Apts. 10 Wallace, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on May 5, 1965 | 12. Signature of Notary: Victor L. Stoddard | | 13. Notary Commission expires: February 1966 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mrs. Lillian Stewart | Date Issued: Sept. 14, 1962 | Date Orig. Entry: ------ |
| | Date of Birth: Sept.2,1902 / Birth Place: Murray, Idaho | Full Name of Mother: Lillian Worstell | Name of Father: Clarence Cheston Landes | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of baptismal certificate | By whom issued and signed: Emmanuel Episcopal Church, Kellogg, Idaho #157 pg.74 Vol. | Date Issued: ---- | Date Orig. Entry: baptized Feb.15,1914 |
| | Date of Birth: Sept.2,1902 / Birth Place: Murray, Idaho | Full Name of Mother: Lillian Landis | Name of Father: Clarence Chester Landis | |
| **SUPPORTING RECORD 3.** | Type of Document: Lincoln High Statement regarding school records (photocopy) | By whom issued and signed: Seattle Public Schools, Wash. Harold Johnson, Supervisor | Date Issued: --- | Date Orig. Entry: Sept.1919 |
| | Date of Birth: Sept. 1902 / Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: Oct. 7, 1968 |

FORM BH 56067

10-16-61 1 copy paid

5-28-65

OCT 8 1968

791-204-011-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-928

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Adelta Senora Graham. | | 2. Date of Birth (month) (day) (year): Nov. 4th, 1902. | |
| | 3. Color or Race: White. | 4. Sex: Female | 5. Place of Birth a. County: Boundary | b. City or Town of Birth: Copeland, Idaho, U.S.A. |
| **FATHER** | 6. Full Name of Father: Hugh Graham. | | 7. State or Country of Father's Birth: Ontario, Canada. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellen Maria Graham. | | 9. State or Country of Mother's Birth: Ontario, Canada. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Adelta Senora Svendsen | 11. Present Address of Registrant: Invermere, B.C. Canada | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 13rd 1968 | 12. Signature of Notary: [illegible] | 13. Notary Commission ~~expires~~ is for life 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: copy of hospital record | | By whom issued and signed: Windermere Dist.Hosp., Marjorie Ramsay, Med. Rec. Secty. | Date Issued: Sep.21,1967 | Date Orig. Entry: Jan.25,1960 |
| | Date of Birth: Nov.4,1902 | Birth Place: ---- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by brother Age:80 | | By whom issued and signed: John Catherwood Graham | Date Issued: May 15,1968 | Date Orig. Entry: ---- |
| | Date of Birth: Nov.4,1902 | Birth Place: Copeland, Idaho USA | Full Name of Mother: Ellen Maria Graham (nee McKenzie) | Name of Father: Hugh Catherwood Graham | |
| **SUPPORTING RECORD 3.** | Type of Document: Application for British Columbia Driver's License | | By whom issued and signed: Motor Office Invermere, Canada | Date Issued: Sep.25,1957 | Date Orig. Entry: Sept.25,1957 |
| | Date of Birth: Nov.4,1902 | Birth Place: Copeland, Idaho USA | Full Name of Mother: ---- | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | gml Glenda Larson | Oct. 29, 1968 |

FORM BH 56067 Rep. [illegible] 34361 (5) 10-4-68 gml

OCT 30 1968

238-221-022-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-993

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Caroline Annie Schiess | | 2. Date of Birth (month) June (day) 21 (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Bates | b. City or Town of Birth: Bates |
| **FATHER** | 6. Full Name of Father: Ulrich Schiess Jr. | | 7. State or Country of Father's Birth: Herisau, Switzerland. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Victoria Nelson | | 9. State or Country of Mother's Birth: Manti Utah. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Caroline Annie Schiess Mellan | 11. Present Address of Registrant: Box 263 Mt. Vernon Oregon 97865 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 21 1968 | 12. Signature of Notary: Margaret Arnold | 13. Notary Commission expires: MARGARET ARNOLD ~~My Commission Expires April 22, 1970~~ 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding church records | By whom issued and signed: LDS Church, Walter E. Richan, John Day Branch Clerk, Oregon | Date Issued: Aug.12,1968 | Date Orig. Entry: baptized Oct.15,1910 |
| | Date of Birth: June 21,1902 | Birth Place: Bates, Fremont County, Idaho | Full Name of Mother: Alice Victoria Nelson | Name of Father: Ulrich Schiess, Jr. |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #128018 | Date Issued: ---- | Date Orig. Entry: child born Oct.11,1924 |
| | Date of Birth: Age: 22 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt Age:85 | By whom issued and signed: Mrs. Josephine S. Bruderer | Date Issued: Oct.17,1968 | Date Orig. Entry: --- |
| | Date of Birth: June 21,1902 | Birth Place: Bates, Fremont County, Idaho | Full Name of Mother: Alice Victoria Nelson | Name of Father: Ulrich Schiess, Jr. |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barson | gml Glenda Larson | December 2,1968 |

FORM BH 56067 (10) 9-19-

DEC 9 1968

419-227-030-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 68-1039

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lila Marsing | | 2. Date Of Birth (month) June (day) 27 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Lemhi | b. City or Town of Birth: Indian Creek |
| **FATHER** | 6. Full Name of Father: Hyrum Marsing | | 7. State or Country of Father's Birth: Utah - U.S.A. | |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Sidney Thayn | | 9. State or Country of Mother's Birth: Utah - U.S.A. | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lila Marsing Anthony | 11. Present Address of Registrant: Box 695, Salmon, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov. 19, 1968 | 12. Signature of Notary: Frederick Hughes Smith | 13. Notary Commission expires: October 1, 1971 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Statement regarding hospital records | By whom issued and signed: Steele Memorial Hospital, Salmon, Idaho, G.J.Butler, Adm. | Date Issued: ---- | Date Orig. Entry: July 25, 1954 |
| | Date of Birth: Jun.27,1902 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit of personal knowledge by friend of family | By whom issued and signed: Charles W.Snook Age:88 | Date Issued: Aug.15,1968 | Date Orig. Entry: ---- |
| | Date of Birth: Jun.27,1902 | Birth Place: Indian Creek, Ida. Lemhi County | Full Name of Mother: Alice Marsing | Name of Father: Hy Marsing |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy #MD 1357067 | By whom issued and signed: American Republic Ins. Co. | Date Issued: Oct.1,1957 | Date Orig. Entry: Aug.26,1957 |
| | Date of Birth: Jun.27,1902 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barron | Evidence reviewed by: Glenda Larson | Date Filed: Dec. 11, 1968 |

FORM BH 56067

DEC 1 2 1968

963-220-009-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 69-180

**REGISTRANT** (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Marie Roth
2. Date of Birth (month) Sept (day) 20 (year) 1902
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Clarksfork Idaho at Home Bonner
b. City or Town of Birth: Clarksfork

**FATHER**

6. Full Name of Father: Victor W Roth (Wilhelm)
7. State or Country of Father's Birth: Germany

**MOTHER**

8. Full Maiden Name of Mother: Florence Stroker called Flora
9. State or Country of Mother's Birth: Kansas

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Roth Tanner
11. Present Address of Registrant: 815 - 14th Santa Monica

**NOTARY** (Seal)

Subscribed and sworn to before me on March 7 1969

12. Signature of Notary: Elsie Root
13. Notary Commission expires: (MRS.) ELSIE ROOT My Commission Expires August 26, 1970 19

(MRS.) ELSIE ROOT NOTARY PUBLIC STATE OF CALIFORNIA COUNTY OF LOS ANGELES

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry |
|---|---|---|---|---|
| SUPPORTING RECORD 1. | Certified copy of marriage record | Los Angeles County, Calif. | Jul.26,1968 | Dec.16,1944 |
| | Date of Birth / Birth Place: Age: 42 / Idaho | Full Name of Mother: Florence Fraker | Name of Father: Victor Roth | |
| SUPPORTING RECORD 2. | photocopy of affidavit by mother | Flora S. Roth | July 23,1937 | ---- |
| | Date of Birth / Birth Place: Sep.20,1902 / Clarksfork,Idaho | Full Name of Mother: Flora S. Roth | Name of Father: ----- | |
| SUPPORTING RECORD 3. | Statement regarding hospital records | Santa Monica Hospital, Santa Monica, Calif.,Alberta Lloyd, RRL | July 26, 1968 | Oct.2,1949 |
| | Date of Birth / Birth Place: Sep.20,1902 / Idaho | Full Name of Mother: ----- | Name of Father: ---- | |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barson | Glenda Larson | March 11, 1969 |

FORM BH 56067

not searched - 6-20-68

over

Mr. B. York said [illegible] send this out

MAR 11 1969

855-112-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 69-219

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Alfred Marion Henson | | 2. Date of Birth (month) June (day) 12 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: McCammon Idaho |
| **FATHER** | 6. Full Name of Father: Ameziah Moroni Henson | | 7. State or Country of Father's Birth: Oneida Idaho | |
| **MOTHER** | 8. Full Maiden Name of Mother: Minnie Beryl Bailey | | 9. State or Country of Mother's Birth: Portage, Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Alfred Marion Henson | 11. Present Address of Registrant: P.O. Box 9 St George Utah | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 12 1969 | 12. Signature of Notary: James R Bartorelli | 13. Notary Commission expires: March 20 1972 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of certificate of membership | By whom issued and signed: LDS Church, Santa Ana Br., Long Beach Dist., J.Howell, Bishop | Date Issued: ---- | Date Orig. Entry: baptized July 30, 1921 |
| | Date of Birth: Jun.12,1902 | Birth Place: McCammon, Idaho | Full Name of Mother: Minnie Bailey | Name of Father: Amoziah Henson |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of own child's birth certificate | By whom issued and signed: Orange County, California | Date Issued: Dec.2,1948 | Date Orig. Entry: child born Aug.14,1930 |
| | Date of Birth: Age: 28 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of federal census record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Sep.13,1966 | Date Orig. Entry: April 15,1910 |
| | Date of Birth: Age: 7 | Birth Place: Idaho | Full Name of Mother: Minnie Henson | Name of Father: Ameziah Henson |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Benson | Glenda Larson | March 27, 1969 |

FORM BH 56067

MAR 27 1969

997-227-036-575

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-239

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: IDA FRAY RIPLEY | | 2. Date of Birth (month) FEB (day) 27 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Oneida; b. City or Town of Birth: MALAD, IDAHO; MALAD CITY |
| **FATHER** | 6. Full Name of Father: JAMES HOWARD RIPLEY | | 7. State or Country of Father's Birth: OHIO |
| **MOTHER** | 8. Full Maiden Name of Mother: MARY VANDERWOOD | | 9. State or Country of Mother's Birth: IDAHO |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ida F. Hall | 11. Present Address of Registrant: 1411 Adams Ogden Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 15 March 1969 | 12. Signature of Notary: Sharon C. Cottle | 13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 17, 1970 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | By whom issued and signed: Mary Powell/Sharon C.Cottle Notary Public,Roy,Ut. | Date Issued: Mar.15,1969 | Date Orig. Entry: ----- |
| | Date of Birth: Feb.27,1902 / Birth Place: Malad, Idaho Oneida County | Full Name of Mother: Mary Powell | Name of Father: James Howard Ripley | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of marriage license affidavit | By whom issued and signed: Oneida County, Idaho | Date Issued: Aug.30,1966 | Date Orig. Entry: Aug.22,1923 |
| | Date of Birth: Age: 21 / Birth Place: Malad, Idaho | Full Name of Mother: --- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of personnel record | By whom issued and signed: Department of the Air Force E.P.Roberts, Adm. | Date Issued: Oct.17,1966 | Date Orig. Entry: July 6,1958 |
| | Date of Birth: Feb.27,1902 / Birth Place: ---- | Full Name of Mother: ----- | Name of Father: ----- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: Glenda Larson | Date Filed: April 2, 1969 |

FORM BH 56067 1 cc paid rec. 23855 (H) 11-14-67 gml

Ida Fray Ripley (Hall)
2-27-02
Malad, Idaho

APR 3 1969

352-128-044-152

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-244

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ernest Paul Lesh | | 2. Date Of Birth (month) 9 (day) 28 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Idaho Wash.Co. ~~Crystal~~ | b. City or Town of Birth: Weiser |
| **FATHER** | 6. Full Name of Father: William Albert Lesh | | 7. State or Country of Father's Birth: Pawnee County, Nebraska | |
| **MOTHER** | 8. Full Maiden Name of Mother: Gertrude (NMI) Ansell | | 9. State or Country of Mother's Birth: Eldora (Hardin Co.) Iowa | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Ernest Paul Lesh | 11. Present Address of Registrant: Rt. 1, Box 500 White Salmon, Wn. 98672 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 26 1969 | 12. Signature of Notary: Roy J Weatherly | 13. Notary Commission expires: May 8 1969 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Federal Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: Jun.20,1967 | Date Orig. Entry: Apr.15,1910 |
| | Date of Birth: Age: 7 | Birth Place: Idaho | Full Name of Mother: Gertrude Lesh | Name of Father: Wm. A. Lesh |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of page from family Bible | By whom issued and signed: Family Bible Record | Date Issued: --- | Date Orig. Entry: obviously old |
| | Date of Birth: Sep.28,1902 | Birth Place: ----- | Full Name of Mother: ----- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by maternal aunt | By whom issued and signed: Alma Ansell Hiland (bd. 3-3-1885) | Date Issued: July 1966 | Date Orig. Entry: ----- |
| | Date of Birth: Sep.28,1902 | Birth Place: Weiser (Crystal) Washington Co., Idaho | Full Name of Mother: ----- | Name of Father: ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: hh Glenda Larson | Date Filed: April 3, 1969 |

FORM BH 56067

3-21-66

APR 3 1969

764-227-041-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 69-580

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gertrude Poulsen | | | 2. Date of Birth (month) (day) (year): June 27, 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Was Fremont now Teton | b. City or Town of Birth: Clawson |
| **FATHER** | 6. Full Name of Father: Joseph Christian Poulsen | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Joan Marler | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Gertrude P. Vaughn | | 11. Present Address of Registrant: 1828-28th ave-Oakland, Calif. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 1 1969 | 12. Signature of Notary: Alva M. Briggs | | 13. Notary Commission expires: Aug 1 1970 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by neighbor at time of birth | By whom issued and signed: Rose Henrie Age: 80 | Date Issued: Feb.25,1969 | Date Orig. Entry: ---- |
| | Date of Birth: Jun.27,1902 / Birth Place: Clawson, Idaho (now Teton Co.) | Full Name of Mother: Joan Marler Poulsen | Name of Father: Joseph C. Poulsen | |
| **SUPPORTING RECORD 2.** | Type of Document: Federal Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: May 28,1969 | Date Orig. Entry: Apr.15,1910 |
| | Date of Birth: Age: 7 / Birth Place: Idaho | Full Name of Mother: Joan Poulsen | Name of Father: Joseph C. Poulsen | |
| **SUPPORTING RECORD 3.** | Type of Document: certified copy of own child's birth certificate #034556 | By whom issued and signed: State of California Bureau of Vital Statistics | Date Issued: Jun.12,1969 | Date Orig. Entry: child born May 26,1928 |
| | Date of Birth: Age: 25 / Birth Place: Idaho | Full Name of Mother: ----- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Barson | Evidence reviewed by: gml Glenda Larson | | Date Filed: Sept. 5, 1969 |

FORM BH 56067 1 cy filed w/ # 8696 (P) 4-10 69 gm

SEP 5 1969

168221-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-617

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Sigred Viola Johnson | | | 2. Date of Birth (month) Nov. (day) 21st (year) 1902 |
| | 3. Color or Race: white | 4. Sex: F | 5. Place of Birth a. County: Downey Bannock | b. City or Town of Birth: Downey |
| **FATHER** | 6. Full Name of Father: Swen Fredrick Johnson | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Marthine Peterson | | | 9. State or Country of Mother's Birth: Norway |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Sigred Viola Johnson Smith | | 11. Present Address of Registrant: Malad Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug 15 1969 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: 3-17 1973 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of hospital certificate of own child's birth | By whom issued and signed: Oneida County Hospital, Malad City, Idaho | Date Issued: ---- | Date Orig. Entry: child born Apr.4,1946 |
| | Date of Birth: Nov.21,1902 / Birth Place: Downey, Idaho | Full Name of Mother: ----- | Name of Father: ---- | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of affidavit by brother (eleven yrs. older) | By whom issued and signed: Henry Johnson | Date Issued: Aug.15,1969 | Date Orig. Entry: ---- |
| | Date of Birth: Nov.21,1902 / Birth Place: Downey, Idaho | Full Name of Mother: Marthine Peterson Johnson | Name of Father: Swen Fredrick Johnson | |
| **SUPPORTING RECORD 3.** | Type of Document: LDS Church Certificate of Birth | By whom issued and signed: Pocatello Stake, Downey Ward, Bap.& Conf.1912 Page 474 | Date Issued: Jul.28,1969 | Date Orig. Entry: Nov.3,1912 |
| | Date of Birth: Nov.21,1902 / Birth Place: Bannock County Downey, Idaho | Full Name of Mother: Marthine Peterson | Name of Father: Swen Fredrick Johnson | |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Larson | gml Glenda Larson | Sept.22,1969 |

FORM BH 56067

Smith

SEP 23 1969

793-129-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 69-717

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Hazen Atheling Gilbert | | | 2. Date of Birth (month) (day) (year): August 29, 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Fairview |
| **FATHER** | 6. Full Name of Father: Elijah Gilbert | | | 7. State or Country of Father's Birth: England |
| **MOTHER** | 8. Full Maiden Name of Mother: Agnes Thompson | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Hazen Gilbert | 11. Present Address of Registrant: Preston Id 1 Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov. 10 1969 | | 12. Signature of Notary: Hazel L. Hurlbert | 13. Notary Commission expires: Sept. 28 1972 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: LDS Church Certificate of Birth | By whom issued and signed: Franklin Stake, Fairview Ward, Rec. Members #19001 pg. 30 | Date Issued: Nov. 6, 1969 | Date Orig. Entry: Oct. 5, 1902 |
| | Date of Birth: Aug. 29, 1902 | Birth Place: Fairview, Idaho Oneida County | Full Name of Mother: Agnes Thompson | Name of Father: Elijah Gilbert |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #131474 | Date Issued: ---- | Date Orig. Entry: child born Apr. 25, 1925 |
| | Date of Birth: Age: 22 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by brother Age: 77 | By whom issued and signed: Ettna E. Gilbert | Date Issued: Nov. 18, 1969 | Date Orig. Entry: --- |
| | Date of Birth: Aug. 29, 1902 | Birth Place: Fairview, Idaho Oneida County | Full Name of Mother: Agnes Thompson | Name of Father: Elijah Gilbert |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Barson | Evidence reviewed by: gml Glenda Larson | Date Filed: Nov. 25, 1969 |

FORM BH 56067

NOV 25 1960

618-224-029-143

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 70-512

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: IRMA ERNESTINE FARRINGTON | | | 2. Date Of Birth (month) Feb (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Princeton | b. City or Town of Birth: Princeton |
| **FATHER** | 6. Full Name of Father: SHERMAN FARRINGTON | | | 7. State or Country of Father's Birth: Minnesota |
| **MOTHER** | 8. Full Maiden Name of Mother: MARIE ADLER | | | 9. State or Country of Mother's Birth: Kansas |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Irma Ernestine Farrington | | 11. Present Address of Registrant: 211 N Delaware, Wenatchee Washington |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 1 19 70 | 12. Signature of Notary: Court Hard [illegible] | | 13. Notary Commission expires: 4-24-71 19 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of page 41 & publishers page of family history | By whom issued and signed: Descendants of General Putnam Farrington of Farrington Hollow | Date Issued: 1965 | Date Orig. Entry: 1965 |
| | Date of Birth: Feb.24,1902 | Birth Place: Princeton, Idaho | Full Name of Mother: Marie Adler | Name of Father: Sherman Farrington |
| **SUPPORTING RECORD 2.** | Type of Document: certified copy of own child's birth certificate #274 | By whom issued and signed: State of Washington - Bureau of Vital Statistics | Date Issued: June 15,1970 | Date Orig. Entry: child born June 1,1928 |
| | Date of Birth: Age: 26 | Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census Record | By whom issued and signed: U.S. Department of Commerce Bureau of the Census | Date Issued: June 19,1970 | Date Orig. Entry: Jan.1,1920 |
| | Date of Birth: Age: 17 | Birth Place: Idaho | Full Name of Mother: Marie F. Farrington | Name of Father: Sherman Farrington |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W W Barnum | gml Glenda Larson | July 7, 1970 |

FORM BH 56067

JUL 8 1970

493-204-009-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-662

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: PEARL REGINA MILLER | | 2. Date of Birth (month) OCT (day) 4 (year) 1902 | |
| | 3. Color or Race: WHITE | 4. Sex: F | 5. Place of Birth a. County: Bonners Ferry - (Boundary BONNER) | b. City or Town of Birth: BONNERS FERRY, IDAho |
| **FATHER** | 6. Full Name of Father: WILLIAM MARTIN MILLER | | | 7. State or Country of Father's Birth: Penn - BEDFORD COUNTY |
| **MOTHER** | 8. Full Maiden Name of Mother: MINNIE LEE CARDWELL | | | 9. State or Country of Mother's Birth: California Shasta County |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Pearl Regina Miller Porter | 11. Present Address of Registrant: 2116-N-77th St Seattle, Wash. 98103 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 11 1969 | | 12. Signature of Notary: Nicky Rowell | 13. Notary Commission expires: April 20 1973 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by brother & his wife (dau. of attending nurse) | By whom issued and signed: Chester A. Miller (11 yrs. Older) Lillian Sweet Miller (9 yrs older) | Date Issued: May 4, 1964 | Date Orig. Entry: ----- |
| | Date of Birth: Oct. 4, 1902 | Birth Place: farm 6 mi. S of Bonners Ferry, ID | Full Name of Mother: Minnie Cardwell Miller | Name of Father: William Martin Miller |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of school record | By whom issued and signed: North Central High School, Spokane, WA, John P. Radkey, Prin. | Date Issued: --- | Date Orig. Entry: Sept. 3, 1919 |
| | Date of Birth: Oct. 4, 1902 | Birth Place: --- | Full Name of Mother: ---- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Federal Census record | By whom issued and signed: U.S. Department o Commerce Bureau of the Census | Date Issued: Aug. 12, 1970 | Date Orig. Entry: Apr. 15, 1910 |
| | Date of Birth: Age: 7 | Birth Place: Idaho | Full Name of Mother: Minnie L. Miller | Name of Father: W. M. Miller |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Barson | Evidence reviewed by: gml Glenda Larson | | Date Filed: Sept. 18, 1970 |

FORM BH 56067

8-25-67

SEP 21 1970

897-102-003-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE70-676

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Moses Vernon Higginson | | | 2. Date of Birth (month) June (day) 2 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Bannock | b. City or Town of Birth: Chesterfield |
| **FATHER** | 6. Full Name of Father: Charles Albert Higginson | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Charlotte Muir | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: M. V. Higginson | | 11. Present Address of Registrant: Nampa #2 Idd. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept. 15 1970 | 12. Signature of Notary: Florence Curtright | | 13. Notary Commission expires: 4-20 1974 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own childs birth certificate | By whom issued and signed: on file - Idaho # 141060 | Date Issued: ---- | Date Orig. Entry: child born May 3, 1926 |
| | Date of Birth: Age 23 | Birth Place: Chesterfield, Ida. | Full Name of Mother: ------ | Name of Father: ------ |
| **SUPPORTING RECORD 2.** | Type of Document: Copy of Certificate of Baptism | By whom issued and signed: LDS Church | Date Issued: Sept 20,1970 | Date Orig. Entry: Baptized June 10,1910 |
| | Date of Birth: June 2, 1902 | Birth Place: Chesterfield Idaho | Full Name of Mother: Charlotte Muir | Name of Father: Charles A. Higginson |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by Cousin Age 79yr | By whom issued and signed: Elizabeth Rae Loveland Stevens | Date Issued: Sept25,1970 | Date Orig. Entry: --------- |
| | Date of Birth: June 2,1902 | Birth Place: Chesterfield,Idaho | Full Name of Mother: Charlotte Muir | Name of Father: Charles Albert Higginson |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: fc Sue Lowe | Date Filed: Sept. 25, 1970 |

FORM BH 56067

9-15-70

OCT 2 1972

Higgerson

613-108-004-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 70-762

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: SMITH Oakey Wallentine | | | 2. Date of Birth (month) June (day) 8 (year) 1902 |
| | 3. Color or Race: CAUC. | 4. Sex: MALE | 5. Place of Birth a. County: PARIS, Idaho BEAR LAKE | b. City or Town of Birth: PARIS |
| **FATHER** | 6. Full Name of Father: CHRISTIAN William WALLENTINE | | | 7. State or Country of Father's Birth: UTAH |
| **MOTHER** | 8. Full Maiden Name of Mother: ELthura Rosiltha Oakey | | | 9. State or Country of Mother's Birth: UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: [signature] | | 11. Present Address of Registrant: P.O. Box 51 PARIS, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: June 26 1970 | 12. Signature of ~~Notary~~ Clerk: [signature] | | 13. Notary Commission expires: _____ 19____ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #294938 | Date Issued: ---- | Date Orig. Entry: child born Dec.10,1936 |
| | Date of Birth: Age: 34 / Birth Place: Paris, Idaho | Full Name of Mother: ----- | Name of Father: ----- | |
| **SUPPORTING RECORD 2.** | Type of Document: Insurance Policy #AC 1233 | By whom issued and signed: Order of Railway Employees - Accident Policy | Date Issued: Oct.24,1957 | Date Orig. Entry: Oct.24,1957 |
| | Date of Birth: June 8,1902 / Birth Place: Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding church records | By whom issued and signed: LDS Church, Lyman H. Bunn, Paris Ward Clerk | Date Issued: ---- | Date Orig. Entry: baptized June2,1910 |
| | Date of Birth: June 8,1902 / Birth Place: Paris, Idaho Bear Lake County | Full Name of Mother: Elthura R. Oakey | Name of Father: Christian Wallentine | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: [signature] | Evidence reviewed by: gml Glenda Larson | | Date Filed: Nov. 6, 1970 |

FORM BH 56067

3-10-69

NOV 6 1970

343-203-022-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. De 71-322

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** Ezra Lauren Lucas | | | **2. Date Of Birth** (month) Oct. (day) 3 (year) 1902 |
| | **3. Color or Race** White | **4. Sex** female | **5. Place of Birth** a. County Plano Fremont | b. City or Town of Birth Plano (mail Rexburg) |
| **FATHER** | **6. Full Name of Father** Hyrum John Lucas | | | **7. State or Country of Father's Birth** Newbold, England |
| **MOTHER** | **8. Full Maiden Name of Mother** Josephine Albertina Borgquist | | | **9. State or Country of Mother's Birth** Helsinborg Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** Ezra L. Clinger | | **11. Present Address of Registrant** Shelley, Idaho Rt 1 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on April 16 1971 | **12. Signature of Notary** [illegible] | | **13. Notary Commission expires** May 18 1971 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** photocopy of LDS Church Certificate of Birth | **By whom issued and signed** Union Stake, Union Ward, members #7763 page 17, line 584 | **Date Issued** Apr.14,1971 | **Date Orig. Entry** Dec.31,1910 |
| | **Date of Birth** Oct.3,1902 / **Birth Place** Plano, Idaho Fremont County | **Full Name of Mother** Josephine A. Borgquist | **Name of Father** Hyrum J. Lucas | |
| **SUPPORTING RECORD 2.** | **Type of Document** Affidavit by sister | **By whom issued and signed** Mae Lucas Siepert (bd. 4-25-1884) | **Date Issued** Apr.5,1971 | **Date Orig. Entry** ---- |
| | **Date of Birth** Oct.3,1902 / **Birth Place** Rexburg, Idaho (Plano) | **Full Name of Mother** Josephine Borgquist Lucas | **Name of Father** Hyrum John Lucas | |
| **SUPPORTING RECORD 3.** | **Type of Document** Own child's birth certificate | **By whom issued and signed** On file Idaho #320626 | **Date Issued** ---- | **Date Orig. Entry** child born Aug.29,1941 |
| | **Date of Birth** Age: 38 / **Birth Place** Plano, Idaho | **Full Name of Mother** ---- | **Name of Father** ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | **State Registrar** D W Benson | **Evidence reviewed by** Glenda Larson | **Date Filed** April 20, 1971 |

FORM BH 56067

APR 20 1971

271-205-001-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE71-824

**REGISTRANT**

1. Registrant's Full Name at Birth: Maxine Marcella Spaulding
2. Date of Birth (month) May (day) 5 (year) 1902
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

**FATHER**

6. Full Name of Father: Ryland Gorton Spaulding
7. State or Country of Father's Birth: Wisconsin

**MOTHER**

8. Full Maiden Name of Mother: Laura Llewellyn Mott
9. State or Country of Mother's Birth: Parma, Idaho.

**AFFIDAVIT**

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maxine Marcella Fuller
11. Present Address of Registrant: 2035 N. Broadway #-4 P Santa Ana, Calif. 92706

**NOTARY** (Seal)

Subscribed and sworn to before me on June 29 1971

12. Signature of Notary: Georgiffa Jobe
13. Notary Commission expires March 18 1974

OFFICIAL SEAL GEORGIFFA JOHNSON NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Commission Expires Mar. 18, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

**SUPPORTING RECORD 1.**

| Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
|---|---|---|---|
| Own childs birth certificate | California State V. S. | Child born Dec. 11, 1926 | Dec. 24, 1926 |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| Age 24 | Idaho | ----- | ----- |

**SUPPORTING RECORD 2.**

| Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
|---|---|---|---|
| Western Life Insurance Application for Insurance | Western Life Insurance Agent R. J. Schultz | Sept 11, 1942 | -------- |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| May 5, 1902 | Boise, Idaho | ------ | --------- |

**SUPPORTING RECORD 3.**

| Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
|---|---|---|---|
| Security number Application for Social | Internal Revenue Service Treasury Dept. | ---- | Nov 26, 1943 |

| Date of Birth | Birth Place | Full Name of Mother | Name of Father |
|---|---|---|---|
| May 5, 1902 | Boise, Idaho | Laura Mott | Ryland Gorton Spaulding |

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| W. W. Benson | sl fc Sue Lowe | Dec. 1, 1971 |

FORM BH 56067

DEC 1 1971

449-207-028-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 71-842

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Kate Elizabeth Murray | | 2. Date Of Birth (month) Aug (day) 7 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Harrison, Idaho Kootenai | b. City or Town of Birth: Harrison |
| **FATHER** | 6. Full Name of Father: Bernard Robert Murray | | 7. State or Country of Father's Birth: Waupun — Wisconsin | |
| **MOTHER** | 8. Full Maiden Name of Mother: Hattie Theodora Bentley (Murray) | | 9. State or Country of Mother's Birth: Sauk Co — Wisconsin | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Kate E Adamson | 11. Present Address of Registrant: 34 Ninth Ave #26 Twin Falls 83301 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 1971 | 12. Signature of Notary: [illegible signature] | 13. Notary Commission expires: MY COMMISSION EXPIRES JANUARY 1, 1972 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by mother | | By whom issued and signed: Hattie B. Murray | Date Issued: Oct.2,1941 | Date Orig. Entry: --- |
| | Date of Birth: Aug.7,1902 | Birth Place: Harrison, Idaho Kootenai County | Full Name of Mother: Hattie Theodora Murray | Name of Father: Bernard Robert Murray | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | | By whom issued and signed: On file Idaho #203054 | Date Issued: --- | Date Orig. Entry: child born June 5,1932 |
| | Date of Birth: Age: 29 | Birth Place: Harrison, Idaho | Full Name of Mother: --- | Name of Father: --- | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of page from family Bible | | By whom issued and signed: Family Records in Bible | Date Issued: --- | Date Orig. Entry: obviously old |
| | Date of Birth: Aug.7,1902 | Birth Place: Harrison, Idaho | Full Name of Mother: Hattie Theodora Bentley | Name of Father: Bernard Robert Murray | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: Glenda Larson | Date Filed: Dec. 9, 1971 |

FORM BH 56067

NM

MM 12-3-71 Ind

DEC 10 1971

346-221-026-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-858

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Chloe Lufkin | | 2. Date Of Birth (month) Oct. (day) 21 (year) 1902 | |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Jefferson | b. City or Town of Birth: Menan Idaho |
| **FATHER** | 6. Full Name of Father: John Franklin Lufkin | | 7. State or Country of Father's Birth: utah | |
| **MOTHER** | 8. Full Maiden Name of Mother: Kate watson | | 9. State or Country of Mother's Birth: utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Chloe Lufkin Hawkins | 11. Present Address of Registrant: 405 W 1 2 north nephi utah | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Oct 12 1971 | 12. Signature of Notary: Earl L. Warner | 13. Notary Commission expires: Juab County Clerk Dec 31 1974 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #150385 | Date Issued: ---- | Date Orig. Entry: child born Feb.23,1927 |
| | Date of Birth: Age: 24 | Birth Place: Menan, Idaho | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding hospital records | By whom issued and signed: Utah Valley LDS Hospital,Provo UT,Othella Felker,Med.Rec.Lib. | Date Issued: Oct.8,1971 | Date Orig. Entry: Nov.13,1960 |
| | Date of Birth: Oct.21,1902 | Birth Place: --- | Full Name of Mother: ---- | Name of Father: ---- |
| **SUPPORTING RECORD 3.** | Type of Document: Genealogy sheet - LDS Church | By whom issued and signed: Manti Temple, Sealed by John D. Rogers | Date Issued: ---- | Date Orig. Entry: sealed Apr.17,1957 |
| | Date of Birth: Oct.21,1902 | Birth Place: Jefferson County Menan, Idaho | Full Name of Mother: Kate Watson | Name of Father: John Frank Lufkin |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W W Benson | Evidence reviewed by: gml Glenda Larson | Date Filed: December 21,1971 |

FORM BH 56067

5-4-71

DEC 22 1971

168-216-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. **DE 72-099**

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Myrtle Johnston | | | 2. Date Of Birth (month) April (day) 16 (year) 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Teton / Fremont | b. City or Town of Birth: Teton City |
| **FATHER** | 6. Full Name of Father: Jacob Johnston | | | 7. State or Country of Father's Birth: Salt Lake City, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Sarah Sadilla Bird | | | 9. State or Country of Mother's Birth: Menden, Cache County, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Myrtle J. Welch Rudd | | 11. Present Address of Registrant: St. Anthony, Rt #2, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on February 14, 19 72 | 12. Signature of Notary: Margaret C Stanford | | 13. Notary Commission expires July 14, 19 72 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister Age:82 | By whom issued and signed: Bianca Johnston Allen | Date Issued: Jan.31,1972 | Date Orig. Entry: ---- |
| | Date of Birth: Apr.16,1902 / Birth Place: Teton City,Idaho | Full Name of Mother: Sarah Sadilla Bird | Name of Father: Jacob Johnston | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of application for insurance policy | By whom issued and signed: United Benefit Life Ins. Co. | Date Issued: --- | Date Orig. Entry: July 8,1963 |
| | Date of Birth: Apr.16,1902 / Birth Place: Teton City,Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: transcript of college record | By whom issued and signed: Ricks College, Rexburg,Idaho | Date Issued: Mar.30,1955 | Date Orig. Entry: Sept.21,1937 |
| | Date of Birth: Apr.16,1902 / Birth Place: Teton, Idaho | Full Name of Mother: ----- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: W W Barson | Evidence reviewed by: Glenda Larson | | Date Filed: February 15,1972 |

FORM BH 56067

FEB 15 1972

863-225-021-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE 72-295

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Francis Blanche Fish Hollingsworth | | | 2. Date Of Birth (month) (day) (year): January 25 1902 |
| | 3. Color or Race: White | 4. Sex: fmal | 5. Place of Birth a. County: Preston Idaho | b. City or Town of Birth: Preston Idaho |
| **FATHER** | 6. Full Name of Father: Marvin David Hollingsworth | | | 7. State or Country of Father's Birth: Florence Nebraska |
| **MOTHER** | 8. Full Maiden Name of Mother: Annie Elizabeth Bosworth | | | 9. State or Country of Mother's Birth: Salt Lake City Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Francis Blanche Fish | | 11. Present Address of Registrant: Sebastopol Calif 1104 Lynch Rd |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: March 8 1972 | 12. Signature of Notary: Doris M. Fraser | | 13. Notary Commission expires: January 21 1973 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: photocopy of own child's birth certificate | By whom issued and signed: Alameda County, California | Date Issued: Jan. 31, 1972 | Date Orig. Entry: child born Nov. 24, 1923 |
| | Date of Birth: Age: 21 | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of church record of membership | By whom issued and signed: LDS Church, Dwain Johnson, Branch Clerk | Date Issued: --- | Date Orig. Entry: baptized Oct. 2, 1910 |
| | Date of Birth: Jan. 25, 1902 | Birth Place: Preston, Idaho | Full Name of Mother: Annie Bosworth | Name of Father: Marvin Hollingsworth |
| **SUPPORTING RECORD 3.** | Type of Document: Notorized copy of Family Record | By whom issued and signed: Family | Date Issued: Apr. 21, 1972 | Date Orig. Entry: June 15, 1965 |
| | Date of Birth: Jan. 25, 1902 | Birth Place: Preston, Idaho | Full Name of Mother: Annie Elizabeth Bosworth | Name of Father: Marvin David Hollingsworth |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: gml Florence Curtright | Date Filed: May 2, 1972 |

FORM BH 56067

B-7-72

MAY 3 1972

863-231-022-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 72-308

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Leone Hochstrasser | | | 2. Date Of Birth (month) (day) (year): January 31, 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Fremont, Idaho | b. City or Town of Birth: Haden Idaho |
| **FATHER** | 6. Full Name of Father: Rudolph Hyrum Hochstrasser | | | 7. State or Country of Father's Birth: Providence Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Alice Loretta Fullmer | | | 9. State or Country of Mother's Birth: Providence, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Leone Hochstrasser | | 11. Present Address of Registrant: 160 Twin Pines Manor Apt. 1 Rexburg, Ida. |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: April 25 1972 | 12. Signature of Notary: M B Kennedy | | 13. Notary Commission expires: Feb. 13 1974 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church Certificate=Birth | By whom issued and signed: L.D.S.Church | Date Issued: Sept.29,1960 | Date Orig. Entry: Recorded May 5,1902 |
| | Date of Birth: Jan.31,1902 / Birth Place: Haden, Idaho | Full Name of Mother: Alice Fullmer | Name of Father: R. Hyrum Hochstrasser | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by sister Age 84 | By whom issued and signed: Alice Loretta Christensen | Date Issued: Apr.18,1972 | Date Orig. Entry: --- |
| | Date of Birth: Jan. 31,1902 / Birth Place: Haden, Idaho | Full Name of Mother: Alice Loretta Fullmer | Name of Father: Rudolph Hyrum Hochstrasser | |
| **SUPPORTING RECORD 3.** | Type of Document: Family Record | By whom issued and signed: Family | Date Issued: Apr.23,1956 | Date Orig. Entry: --- |
| | Date of Birth: Jan.31,1902 / Birth Place: Haden, Idaho | Full Name of Mother: Alice Loretta Fullmer | Name of Father: Rudolph Hyrum Hochstrasser | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: W. W. Benson | Evidence reviewed by: Florence Curtright | Date Filed: May 4, 1972 |

FORM BH 56067

MAY 4 1972

194-212-022-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 72-779

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** Mary Armstrong | | | **2. Date Of Birth** (month) June (day) 12 (year) 1902 |
| | **3. Color or Race** White | **4. Sex** Female | **5. Place of Birth** a. County Fremont | b. City or Town of Birth Parker |
| **FATHER** | **6. Full Name of Father** Joseph Smith Armstrong | | | **7. State or Country of Father's Birth** Utah |
| **MOTHER** | **8. Full Maiden Name of Mother** Suaannah Dalley | | | **9. State or Country of Mother's Birth** Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** Mary S. Armstrong | | **11. Present Address of Registrant** Route #2 Farrow - Boise |
| **NOTARY** (Seal) | Subscribed and sworn to before me on December 18 1972 | **12. Signature of Notary** Florence Curtright | | **13. Notary Commission expires** 4-20 1974 |

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** Affidavit by sister Age 81 | **By whom issued and signed** Maude Armstrong Reed | **Date Issued** Dec.18,1972 | **Date Orig. Entry** ----- |
| | **Date of Birth** Jun.12,1902 | **Birth Place** Parker,Idaho | **Full Name of Mother** Susanna Dalley Armstrong | **Name of Father** Joseph S. Armstrong |
| **SUPPORTING RECORD 2.** | **Type of Document** Certificate of Baptism | **By whom issued and signed** L.D.S.Church | **Date Issued** July 15, 1910 | **Date Orig. Entry** Baptized July 2,1910 |
| | **Date of Birth** Jun 12,1902 | **Birth Place** Parker,Idaho | **Full Name of Mother** Susanna Dalley | **Name of Father** Joseph S. Armstrong |
| **SUPPORTING RECORD 3.** | **Type of Document** Own childs birth certificate | **By whom issued and signed** on file - Idaho # 248541 | **Date Issued** -------- | **Date Orig. Entry** child born Oct. 4, 1936 |
| | **Date of Birth** Age 34 | **Birth Place** Parker,Idaho | **Full Name of Mother** ------ | **Name of Father** - ----- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | **State Registrar** Janet M. Wick | **Evidence reviewed by** Florence Curtright | **Date Filed** December 18, 1972 |

FORM BH 56067

DEC 1 8 1972

644

755-211-010-676

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 73-009

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Corinne Gneiting | | | 2. Date Of Birth (month) (day) (year): February 11 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Coltman Bonneville | b. City or Town of Birth: Coltman |
| **FATHER** | 6. Full Name of Father: Abraham Gneiting | | | 7. State or Country of Father's Birth: Linsenhofen, Germany |
| **MOTHER** | 8. Full Maiden Name of Mother: Anna Magdalena Oswald | | | 9. State or Country of Mother's Birth: Riederich, Germany |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Corinne G. Coltman | | 11. Present Address of Registrant: 18866 Allendale Ave. Saratoga, California |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: December 30 1972 | 12. Signature of Notary: Nola M. Rankin | | 13. Notary Commission expires: Feb 19 1975 |

OFFICIAL SEAL NOLA M. RANKIN NOTARY PUBLIC IN SANTA CLARA COUNTY My Commission Expires February 19, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by sister (Age:81) | By whom issued and signed: Caroline Gneiting Miller | Date Issued: Dec.28,1972 | Date Orig. Entry: --- |
| | Date of Birth: Feb.11,1902 / Birth Place: Coltman, Idaho Bingham Now Bonneville Co. | Full Name of Mother: Annie Oswald | Name of Father: Abraham Gneiting | |
| **SUPPORTING RECORD 2.** | Type of Document: photocopy of Certificate of Baptism and Confirmation | By whom issued and signed: LDS Church, F.W.Dalton,Clerk Coltman Ward | Date Issued: orig.dated Aug.7,1910 | Date Orig. Entry: baptized Aug.7,1910 |
| | Date of Birth: Feb.11,1902 / Birth Place: Coltman, Idaho Bingham County | Full Name of Mother: Annie Oswald | Name of Father: Abraham Gneiting | |
| **SUPPORTING RECORD 3.** | Type of Document: photocopy of marriage license | By whom issued and signed: City & County of San Francisco,California | Date Issued: June 23,1930 | Date Orig. Entry: June 18,1930 |
| | Date of Birth: Age: 28 / Birth Place: --- | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Glenda Larson | Date Filed: January 9,1973 |

FORM BH 56067

12-31-12

JAN 9 1973

433-108-016-344

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 73-063

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Cleao Wells McBride | | | 2. Date Of Birth (month) June (day) 8, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Cassia | b. City or Town of Birth: Oakley, Idaho |
| **FATHER** | 6. Full Name of Father: Robert Wells McBride | | | 7. State or Country of Father's Birth: Grantsville, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Edith Deseret Cummins | | | 9. State or Country of Mother's Birth: Grantsville, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cleao Wells McBride | | 11. Present Address of Registrant: Burley, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Jan. 30th 1973 | 12. Signature of Notary: [illegible] | | 13. Notary Commission expires: March, 19 1975 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by maternal aunt | By whom issued and signed: Nellie Cummins Brown (bd. 11/26/1884) | Date Issued: Jan.19,1973 | Date Orig. Entry: --- |
| | Date of Birth: June 8,1902 | Birth Place: 2 mi. No. & ¼ Mi. W.Oakley,Idaho(Cassia County) | Full Name of Mother: Edith Deseret Cummins McBride | Name of Father: Robert Wells McBride |
| **SUPPORTING RECORD 2.** | Type of Document: Notification of Personnel Action | By whom issued and signed: J.P.Lambert,Postmaster,Post Office Department | Date Issued: Jan.21,1959 | Date Orig. Entry: July 15,1935 |
| | Date of Birth: June 8,1902 | Birth Place: --- | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #187183 | Date Issued: --- | Date Orig. Entry: child born Nov.22,1930 |
| | Date of Birth: Age: 28 | Birth Place: Oakley, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Glenda Larson | | Date Filed: January 31,1973 |

FORM BH 56067

5-26-72

FEB 1 1973

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719 - 210 - 025 - 556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 73-221

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Mary Elizabeth Parker | | | 2. Date Of Birth (month) 2 (day) 10 (year) '02 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Grangeville Idaho, | b. City or Town of Birth: Grangeville, Idaho |
| **FATHER** | 6. Full Name of Father: Aaron Foster Parker | | | 7. State or Country of Father's Birth: England |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Scott Newman | | | 9. State or Country of Mother's Birth: Nebraska |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mary Elizabeth Day | | 11. Present Address of Registrant: 212 S. Hall St Grangeville Idaho 83530 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Aug. 17 1972 | 12. Signature of Notary: Louis E. Simkins | | 13. Notary Commission expires: April 1 1975 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by person who has known registrant all her life | By whom issued and signed: Mark A. Robinson (bd. 1887) | Date Issued: Aug.17,1972 | Date Orig. Entry: --- |
| | Date of Birth: Feb.10,1902 / Birth Place: Grangeville,Idaho | Full Name of Mother: Mary Scott Newman Parker | Name of Father: Aaron Foster Parker | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding newpaper records (daughter 8½ lbs.) | By whom issued and signed: Idaho County Free Press,Grangeville,ID,John L.Olmsted,Co-Publisher | Date Issued: 12/16/66 | Date Orig. Entry: Thursday, Feb.13,1902 |
| | Date of Birth: Feb.10,1902 / Birth Place: (this city) Grangeville,Idaho | Full Name of Mother: ---- | Name of Father: A. F. Parker | |
| **SUPPORTING RECORD 3.** | Type of Document: Transcript of school record | By whom issued and signed: University of Idaho | Date Issued: Aug.31,1972 | Date Orig. Entry: Sept.14,1920 |
| | Date of Birth: Feb 10,1902 / Birth Place: Grangeville,Idaho | Full Name of Mother: --- | Name of Father: A. F. Parker | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Ulick | Evidence reviewed by: Glenda Larson | Date Filed: March 29, 1973 |

FORM BH 56067

8-8-72 gml

MAR 3 0 1973

897-102-015-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 73-346

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: George Anson Higginson | | | 2. Date Of Birth (month) (day) (year): June 2, 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County | b. City or Town of Birth: Hatch |
| **FATHER** | 6. Full Name of Father: George Taylor Higginson | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Alzina C. Loveland | | | 9. State or Country of Mother's Birth: Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: G. A. Higginson | | 11. Present Address of Registrant: R.F.D. #5 Box 190 Blackfoot, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 16, 1973 | 12. Signature of Notary: Melvin Wilcox | | 13. Notary Commission expires: Nov. 1 1976 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Ordination as a teacher | | By whom issued and signed: LDS Church, Hatch Ward, Idaho Stake, Thos. A. Hatch, High Pr. | Date Issued: Mar. 1, 1920 | Date Orig. Entry: ordained Feb. 22, 1920 |
| | Date of Birth: June 2, 1902 | Birth Place: Hatch, Idaho | Full Name of Mother: Alzina Call Loveland | Name of Father: George (Higginson) | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by father | | By whom issued and signed: George T. Higginson | Date Issued: May 16, 1973 | Date Orig. Entry: --- |
| | Date of Birth: June 2, 1902 | Birth Place: Hatch, Idaho Bannock (now Caribou) | Full Name of Mother: Alzina C. Loveland Higginson | Name of Father: George T. Higginson | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | | By whom issued and signed: On file Idaho #184561 | Date Issued: ---- | Date Orig. Entry: child born Sept. 30, 1930 |
| | Date of Birth: Age: 28 | Birth Place: Hatch, Idaho | Full Name of Mother: ---- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Glenda Larson | Date Filed: June 5, 1973 |

FORM BH 56067 NM

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JUN 5 1973

415-204-036-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-465

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lona Daniels | | | 2. Date Of Birth (month) (day) (year): September 4, 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Oneida | b. City or Town of Birth: Malad |
| **FATHER** | 6. Full Name of Father: Daniel M. Daniels | | | 7. State or Country of Father's Birth: Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Catherine Owens | | | 9. State or Country of Mother's Birth: Malad, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lona Brush | | 11. Present Address of Registrant: 4515 Kootenai, Boise, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 27 1973 | 12. Signature of Notary: John H. Perry Jr. | | 13. Notary Commission expires: July 18 1974 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Vital Statistics, Idaho #108103 | Date Issued: | Date Orig. Entry: Child born Nov. 6, 1922 |
| | Date of Birth: Age 20 | Birth Place: Malad, Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of Baptism | By whom issued and signed: LDS Church-Bishop, James Jensen ----- | Date Issued: | Date Orig. Entry: Baptized Nov 5,1910 |
| | Date of Birth: Sept.4,1902 | Birth Place: Malad, Idaho | Full Name of Mother: Catherine Owens | Name of Father: Daniel M. Daniels |
| **SUPPORTING RECORD 3.** | Type of Document: Statement regarding church records | By whom issued and signed: LDS Church, G.C.Richard Galloway, Boise 3rd Ward, Clerk | Date Issued: ---- | Date Orig. Entry: blessed Mar.5,1903 |
| | Date of Birth: Sep.4,1902 | Birth Place: Malad, Oneida County, Idaho | Full Name of Mother: Catherine Owens Daniels | Name of Father: Daniel M. Daniels |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: ses Glenda Larson fc sl | Date Filed: July 27, 1973 |

FORM BH 56067

JUL 2 7 1973

695-224-022-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DF 74-541
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Ebba Viola Frederiksen | | 2. Date of Birth (month) (day) (year): October 24 1902 |
| | 3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Fremont (Clark) b. City or Town of Birth: Kilgore |
| **FATHER** | 6. Full Name of Father: Frederik Frederiksen | | 7. State or Country of Father's Birth: Denmark |
| **MOTHER** | 8. Full Maiden Name of Mother: Christine Christiansen | | 9. State or Country of Mother's Birth: Denmark |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: x Ebba V. Cederberg | 11. Present Address of Registrant: x RR1 Firth, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 9, 1974 | 12. Signature of Notary: David L. Harter | 13. Notary Commission expires: DAVID L. HARTERT Notary Public Residing at Idaho Falls, Idaho My Commission Expires March 1, 1975 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document (at time of birth): Affidavit by friend of family | By whom issued and signed: Christine Kelson (over 10 yrs) | Date Issued: Nov.16,1954 | Date Orig. Entry: ----- |
| Class* | Date of Birth: Oct.24,1902 / Birth Place: Kilgore, Idaho | Full Name of Mother: Christine Christiansen | Name of Father: Frederik Frederiksen | |
| **SUPPORTING RECORD 2.** | Type of Document: Certified copy of marriage license affidavit #61272 | By whom issued and signed: Bonneville County, Idaho | Date Issued: Aug.30,1974 | Date Orig. Entry: June 12,1923 |
| Class | Date of Birth: Age: 20 / Birth Place: --- | Full Name of Mother: -- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: On file Idaho #155800 | Date Issued: ---- | Date Orig. Entry: child born Oct.30,1927 |
| Class | Date of Birth: Age: 25 / Birth Place: Kilgore, Idaho | Full Name of Mother: --- | Name of Father: ---- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: fc Glenda Larson | Date Filed: OCT 17 1974 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067 7/71

OCT 1 8 1974

366-204-003-638

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE:75-338

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Vivian Irene Cooper | | | 2. Date Of Birth (month) Feb. (day) 4 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Pocatello Bannock | b. City or Town of Birth: Pocatello Idaho |
| **FATHER** | 6. Full Name of Father: Edward Mackey Cooper | | | 7. State or Country of Father's Birth: Illinois |
| **MOTHER** | 8. Full Maiden Name of Mother: Nellie Mabel Fly Cooper | | | 9. State or Country of Mother's Birth: Illinois |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Vivian C. Phillips | | 11. Present Address of Registrant: 165 Blossom Hill Rd. #176 San Jose Calif. 95123 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Nov 15th 1971 | 12. Signature of Notary: Stanley B Johnson | | 13. Notary Commission expires: Nov. 29th 1974 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by maternal aunt | By whom issued and signed: Bess Fly Fuller Age: 89 | Date Issued: Oct.4,1971 | Date Orig. Entry: --- |
| | Date of Birth: Feb.4,1902 / Birth Place: Pocatello, Idaho | Full Name of Mother: Nelle Fly Cooper | Name of Father: Edward Cooper | |
| **SUPPORTING RECORD 2.** | Type of Document: Statement regarding school records School #55 | By whom issued and signed: Indianapolis Public Schools, Indiana, Mary Stout, Pupil Rec. | Date Issued: July 16,1971 | Date Orig. Entry: June 1908 |
| | Date of Birth: Age: 6 / Birth Place: --- | Full Name of Mother: ---- | Name of Father: ---- | |
| **SUPPORTING RECORD 3.** | Type of Document: Census Record | By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census | Date issued: Aug.21,1974 | Date Orig. Entry: April 13,1910 |
| | Date of Birth: Age 8 / Birth Place: Idaho | Full Name of Mother: Nellie Cooper | Name of Father: --- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: gml Margaret Davis | Date Filed: JUN 4 1975 |

FORM BH 56067

P 8-2-71 gml

Phillips

JUN 4 1975

386219-002-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE 77-083

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eunice Blanche Thorp | | | 2. Date of Birth (month) (day) (year): October 19 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Adams | b. City or Town of Birth: Goodrich |
| **FATHER** | 6. Full Name of Father: James Thomas Thorp | | | 7. State or Country of Father's Birth: Oregon |
| **MOTHER** | 8. Full Maiden Name of Mother: Edith Margaret Wallace | | | 9. State or Country of Mother's Birth: Iowa |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Blanche E Smith | | 11. Present Address of Registrant: Rt. #2 Box 203H Nampa, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: February 24, 1977 | 12. Signature of Notary: Florence Curtright | | 13. Notary Commission expires: April 20 1978 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Baptism | By whom issued and signed: L.D.S.Church | Date Issued: Apr.6,1942 | Date Orig. Entry: Baptized Apr.5,1942 |
| | Date of Birth: Oct.19,1902 / Birth Place: Goodrich | Full Name of ~~Mother~~ Father: James Thomas Thorp | Name of ~~Father~~ Mother: Edith Margaret Wallace | |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by Aunt age 73 | By whom issued and signed: Irma B. Gilderoy | Date Issued: Jul.23,1964 | Date Orig. Entry: ------- |
| | Date of Birth: Oct.19,1902 / Birth Place: Goodrich, Idaho | Full Name of Mother: Margaret Edith Thorp | Name of Father: James T. Thorp | |
| **SUPPORTING RECORD 3.** | Type of Document: Insurance Policy | By whom issued and signed: Metropolitan Life Ins. Co. | Date Issued: Jan.27,1941 | Date Orig. Entry: Jan 27,1941 |
| | Date of Birth: Age next br. 39 / Birth Place: Idaho | Full Name of Mother: ------ | Name of Father: --------- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Florence Curtright | Date Filed: Feb. 24, 1977 |

FORM BH 56067

4.90

113-228-041-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-322

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Heber LeRoy Jacobsen | | 2. Date Of Birth (month) November (day) 28, (year) 1902 | |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Teton | b. City or Town of Birth: Darby |
| **FATHER** | 6. Full Name of Father: Christian Jacobsen | | 7. State or Country of Father's Birth: Lendum, Denmark | |
| **MOTHER** | 8. Full Maiden Name of Mother: Johanna Peterson | | 9. State or Country of Mother's Birth: Lindesborg, Orebro, Sweden | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Heber LeRoy Jacobsen | 11. Present Address of Registrant: 328 E Maple, Pocatello, Idaho | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 6-28 1977 | 12. Signature of Notary: Marge George | 13. Notary Commission expires 7-7- 1977 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church certificate of birth | By whom issued and signed: LDS Church | Date Issued: Apr.9,1943 | Date Orig. Entry: Aug.27,1911 |
| | Date of Birth: Nov.28,1902 / Birth Place: Darby, Idaho | Full Name of Mother: Johanna Peterson | Name of Father: Christian Jacobsen | |
| **SUPPORTING RECORD 2.** | Type of Document: Bible record notarized copy | By whom issued and signed: Family record M.L. Scott, Notary | Date Issued: June30,1977 | Date Orig. Entry: Obviously old |
| | Date of Birth: Nov.28,1902 / Birth Place: --------- | Full Name of Mother: Johanna Jacobson | Name of Father: Christain Jacobson | |
| **SUPPORTING RECORD 3.** | Type of Document: Lodge record notarized copy | By whom issued and signed: International Association of Machinists | Date Issued: June30,1977 | Date Orig. Entry: Oct.3,1967 |
| | Date of Birth: Nov.28,1902 / Birth Place: ------- | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wicks | Evidence reviewed by: cc Colleen Cunningham | Date Filed: JUL 07 1977 |

FORM BH 56067

Jackson

JUL 7 1977
JUL 8 1977

892-228-005-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-166

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: SADIE JANE HIBNER | | | 2. Date Of Birth (month) DEC. (day) 28 (year) 1902 |
| | 3. Color or Race: WHITE | 4. Sex: FEMALE | 5. Place of Birth a. County: BENEWAH | b. City or Town of Birth: ST. MARIES |
| **FATHER** | 6. Full Name of Father: ARTHUR FRANCIS HIBNER | | | 7. State or Country of Father's Birth: MICHIGAN |
| **MOTHER** | 8. Full Maiden Name of Mother: MAGGIE JANE THOMAS | | | 9. State or Country of Mother's Birth: NEW YORK |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Sadie Jane Solaro | | 11. Present Address of Registrant: P.O. BOX 4063 (718 F. ST.) EASTSIDE, OREGON 97420 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: APRIL 18 1978 | 12. Signature of Notary: Willard W. McCulley | | 13. Notary Commission expires: JULY 28 1978 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Identification card | By whom issued and signed: U.S. Coast Guard | Date Issued: June2,1942 | Date Orig. Entry: June2,1942 |
| | Date of Birth: Dec.28,1902 / Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: State of Oregon | Date Issued: Feb.10,1942 | Date Orig. Entry: child born July27,1923 |
| | Date of Birth: Age: 20 / Birth Place: St. Maries, Idaho | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt, born 1890 | By whom issued and signed: Zella May Thomas | Date Issued: Apr.20,1978 | Date Orig. Entry: Apr.20,1978 |
| | Date of Birth: Dec.28,1902 / Birth Place: St. Maries, Idaho | Full Name of Mother: Maggie Jane Thomas | Name of Father: Arthur Francis Hibner | |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Colleen Cunningham | Date Filed: APR 25 1978 |

FORM BH 56067 3cc # 4130 4-14-78

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APR 25 1978

899J03-022-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE78-214

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Robert Daniel Hirschi | | | 2. Date Of Birth (month) August (day) 3, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: Male | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Salem, |
| **FATHER** | 6. Full Name of Father: David Hirschi | | | 7. State or Country of Father's Birth: Bern, Switzerland |
| **MOTHER** | 8. Full Maiden Name of Mother: Magdelena Wurthrich | | | 9. State or Country of Mother's Birth: Bern, Switzerland |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Robert D Hirschi | | 11. Present Address of Registrant: RFD #2 Box 89 Rexburg, Idaho 83440 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: May 18, 1978 | 12. Signature of Notary: Neeth Garner | | 13. Notary Commission expires: Jan. 19 79 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church birth certificate | By whom issued and signed: LDS Church | Date Issued: May11,1978 | Date Orig. Entry: Nov.2,1902 |
| | Date of Birth: Aug.3,1902 | Birth Place: Salem, Idaho | Full Name of Mother: Magdalena Wurtherich | Name of Father: David Hirschi |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage license | By whom issued and signed: Cache County, Utah | Date Issued: May12,1978 | Date Orig. Entry: May3,1933 |
| | Date of Birth: Age: 30 | Birth Place: ------ | Full Name of Mother: -------- | Name of Father: ------- |
| **SUPPORTING RECORD 3.** | Type of Document: Census report, school dist.#4 | By whom issued and signed: Madison County, Idaho | Date Issued: May18,1978 | Date Orig. Entry: Sep.2,1914 |
| | Date of Birth: Age: 12 | Birth Place: ------ | Full Name of Mother: Maggie Hirschi | Name of Father: David Hirschi |
| **QUALIFYING INFORMATION** | | | | |

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|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Colleen Cunningham | Date Filed: MAY 23 1978 |

FORM BH 56067 1 E 6174

5-15-78

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MAY 24 1978

249-208-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-437

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Eda Virgil Smith | | | 2. Date Of Birth (month) (day) (year): November 8 1902 |
| | 3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Idaho Oneida | b. City or Town of Birth: Fairview, Idaho |
| **FATHER** | 6. Full Name of Father: Fred Smith | | | 7. State or Country of Father's Birth: England |
| **MOTHER** | 8. Full Maiden Name of Mother: Lena Cole | | | 9. State or Country of Mother's Birth: Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Eda Virgil Smith | | 11. Present Address of Registrant: 1616 W. 4800 So Murray Utah |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Sept. 6 1978 | 12. Signature of Notary: Margaret D. Davis | | 13. Notary Commission expires: Lifetime 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of Birth issued by Historical Dept. | By whom issued and signed: LDS Church, Salt Lake City | Date Issued: 4 Sept. 78 | Date Orig. Entry: 6 Aug. 1911 |
| | Date of Birth: 8/11/02 | Birth Place: Fairview, Id. | Full Name of Mother: Lena Cole | Name of Father: Fred Smith |
| **SUPPORTING RECORD 2.** | Type of Document: Own child's birth certificate | By whom issued and signed: State of Idaho #238209 | Date Issued: 9/6/78 | Date Orig. Entry: child born 10/11/35 |
| | Date of Birth: 33yrs. | Birth Place: Idaho | Full Name of Mother: --- | Name of Father: --- |
| **SUPPORTING RECORD 3.** | Type of Document: Marriage license application | By whom issued and signed: Salt Lake County, Utah | Date Issued: Sep.29,1978 | Date Orig. Entry: Nov.6,1923 |
| | Date of Birth: Nov.8,1902 | Birth Place: Fairview, ID | Full Name of Mother: Lena Cole | Name of Father: Fred Smith |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Colleen Cunningham | Date Filed: OCT 24 1978 |

FORM BH 56067

9-6-78

OCT 24 1978

386-221-004-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-494

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Lula Ellen Thornock | | | 2. Date Of Birth (month) Oct. (day) 21, (year) 1902 |
| | 3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Bloomington, Bear Lake, Idaho | b. City or Town of Birth: Bloomington |
| **FATHER** | 6. Full Name of Father: Joseph Boot Thornock | | | 7. State or Country of Father's Birth: Idaho, U.S.A. |
| **MOTHER** | 8. Full Maiden Name of Mother: Ellen Sabina Painter | | | 9. State or Country of Mother's Birth: England |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Lula Ellen Mouritsen | | 11. Present Address of Registrant |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: Dec-7 19 78 | 12. Signature of Notary: Roger M. Facer | | 13. Notary Commission expires: Lifetime 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church birth certificate | By whom issued and signed: LDS Church | Date Issued: Mar.7,1968 | Date Orig. Entry: Dec.7,1902 |
| | Date of Birth: Oct.21,1902 / Birth Place: Bloomington, ID | Full Name of Mother: Ellen Sabina Painter | Name of Father: Joseph Bott Thornock | |
| **SUPPORTING RECORD 2.** | Type of Document: Marriage license application | By whom issued and signed: Salt Lake County, UT | Date Issued: Dec.8,1978 | Date Orig. Entry: Oct.16,1919 |
| | Date of Birth: Oct.21,1902 / Birth Place: Bloomington, ID | Full Name of Mother: Helen S. Painter | Name of Father: Jos. B. Thornock | |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: State of Idaho #137094 | Date Issued: on file | Date Orig. Entry: child born Feb.21,1925 |
| | Date of Birth: Age: 22 / Birth Place: Bloomington, ID | Full Name of Mother: ---------- | Name of Father: ---------- | |
| **QUALIFYING INFORMATION** | | | | |
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar: Janet M. Wicks | Evidence reviewed by: Colleen Cunningham cc | | Date Filed: DEC 11 1978 |

FORM BH 56067

DEC 11 1978

343-114-035-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE79-025

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Cecil Frank Culp | | 2. Date Of Birth (month) March (day) 14 (year) 1902 | |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Nez Perce | b. City or Town of Birth: Nez Perce Idaho |
| **FATHER** | 6. Full Name of Father: John Sherman Culp | | 7. State or Country of Father's Birth: ~~Idaho~~ Ohio | |
| **MOTHER** | 8. Full Maiden Name of Mother: Elizabeth Myers Reiff | | 9. State or Country of Mother's Birth: Indiana | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Cecil Frank Culp. | 11. Present Address of Registrant: 543 [illegible] | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on 10-30-1978 | 12. Signature of Notary: John Ledgerwood | 13. Notary Commission expires 4-1 1979 | |

APPLICANT — DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by father | By whom issued and signed: John Sherman Culp | Date Issued: Oct.2,1936 | Date Orig. Entry: Oct.2,1936 |
| | Date of Birth: Mar.14,1902 | Birth Place: Nezperce, Idaho | Full Name of Mother: --------- | Name of Father: John Sherman Culp |
| **SUPPORTING RECORD 2.** | Type of Document: Canada, Certificate of marriage | By whom issued and signed: Government of Province of Alberta | Date Issued: Jan.31,1930 | Date Orig. Entry: Jan.26,1930 ~~married~~ |
| | Date of Birth: Age: 27 | Birth Place: Nezperse, Idaho | Full Name of Mother: Lizzie Myers Reiff | Name of Father: John Sherman Culp |
| **SUPPORTING RECORD 3.** | Type of Document: Voter registration | By whom issued and signed: Grant County, Washington | Date Issued: Jan.12,1979 | Date Orig. Entry: Aug.16,1966 |
| | Date of Birth: Mar.14,1902 | Birth Place: Nez Perce, ID | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| Janet M. Wicks | cc Colleen Cunningham | JAN 31 1979 |

FORM BH 56067

2 cc #2550

10-10-78

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FEB 1 1979

169-207-025-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE79-157

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Annie Jorgenson | | | 2. Date of Birth (month) (day) (year): Jan 7 1902 |
| | 3. Color or Race: W | 4. Sex: F | 5. Place of Birth a. County: Idaho; Idaho Cottonwood | b. City or Town of Birth: Cottonwood |
| **FATHER** | 6. Full Name of Father: August Jorgensen | | | 7. State or Country of Father's Birth: Sweden |
| **MOTHER** | 8. Full Maiden Name of Mother: Carrie ~~Jor~~ Larson | | | 9. State or Country of Mother's Birth: Sweden |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Annie Jorgenson | | 11. Present Address of Registrant: 19251 SW 50th St Tualatin Oregon |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: 4-23 1979 | 12. Signature of Notary: Cynthia A. Mun | | 13. Notary Commission expires: 4-8 1983 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Affidavit by cousin, age 86 | By whom issued and signed: Annie E. Webster ~~born Aug.30,1892~~ | Date Issued: Apr.12,1979 | Date Orig. Entry: Apr.12,1979 |
| | Date of Birth: Jan.7,1902 | Birth Place: Cottonwood, ID | Full Name of Mother: Carrie Jorgenson | Name of Father: August Jorgenson |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of marriage | By whom issued and signed: Clark C ounty, WA | Date Issued: Sep.20,1966 | Date Orig. Entry: July15,1931 |
| | Date of Birth: Age: 28 | Birth Place: Idaho | Full Name of Mother: Carrie Larson | Name of Father: August Jorgenson |
| **SUPPORTING RECORD 3.** | Type of Document: Province record | By whom issued and signed: Saskatchewan Province Dominion of Canada | Date Issued: May26,1933 | Date Orig. Entry: May26,1933 |
| | Date of Birth: Jan.7,1902 | Birth Place: Cottonwood, ID | Full Name of Mother: Carrie Jorgenson | Name of Father: August Jorgenson |
| **QUALIFYING INFORMATION** | | | | |

**REGISTRAR'S CERTIFICATION** (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| State Registrar | Evidence reviewed by | Date Filed |
|---|---|---|
| Janet M. Wick | Colleen Cunningham | APR 30 1979 |

FORM BH 56067 | c # 1145

APR 30 1979

319-224-022-066

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE79-324

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Myrtle Rosetta Carter | | | 2. Date of Birth (month) July (day) 24 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Chester |
| **FATHER** | 6. Full Name of Father: John Perry Carter | | | 7. State or Country of Father's Birth: Mount Pleasant, Sanpete Co. Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Rosetta Howard | | | 9. State or Country of Mother's Birth: |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Myrtle C. Egbert | | 11. Present Address of Registrant: 620 West Main, St. Anthony, Idaho |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: August 27 19 79 | 12. Signature of Notary: Doris E. Anderson | | 13. Notary Commission expires: 12 9 19 79 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Church record of birth | By whom issued and signed: LDS Church | Date Issued: Mar.10,1970 | Date Orig. Entry: Aug.7,1910 |
| | Date of Birth: July 24,1902 | Birth Place: Chester, Idaho | Full Name of Mother: Rosetta Howard | Name of Father: Perry Carter |
| **SUPPORTING RECORD 2.** | Type of Document: Affidavit by family friend, age 90 | By whom issued and signed: Ward Reynolds | Date Issued: Aug.6,1979 | Date Orig. Entry: Aug.6,1979 |
| | Date of Birth: July24,1902 | Birth Place: Chester, Idaho | Full Name of Mother: Rosetta Howard Carter | Name of Father: John Perry Carter |
| **SUPPORTING RECORD 3.** | Type of Document: Own child's birth certificate | By whom issued and signed: State of Montana | Date Issued: Aug.30,1979 | Date Orig. Entry: Child born June2,1928 |
| | Date of Birth: Age: 25 | Birth Place: Chester, ID | Full Name of Mother: ---------- | Name of Father: ---------- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Colleen Cunningham CC | Date Filed: SEP 12 1979 |

FORM BH 56067

8-21-79

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SEP 13 1979

864-123-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-287

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Gilman Jay Housley | | | 2. Date Of Birth (month) June (day) 23 (year) 1902 |
| | 3. Color or Race: White | 4. Sex: M | 5. Place of Birth a. County: Plano, Idaho Fremont | b. City or Town of Birth: Plano |
| **FATHER** | 6. Full Name of Father: Joseph Benjamin Housley | | | 7. State or Country of Father's Birth: Draper, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Lydia Ann Davis | | | 9. State or Country of Mother's Birth: Paradise, Utah |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant: Gilman Jay Housley | 11. Present Address of Registrant: 6321 Banderas Apt B Dallas, Tex |
| **NOTARY** (Seal) | Subscribed and sworn to before me on July 14 1980 | | 12. Signature of Notary: Peggy D. Young | 13. Notary Commission expires: February 2 1981 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of baptism/conf. | By whom issued and signed: LDS Church | Date Issued: --- | Date Orig. Entry: baptized Dec.3,1910 |
| | Date of Birth: June23,1902 | Birth Place: Plano, ID | Full Name of Mother: Lydia Davis | Name of Father: Joseph B. Housley |
| **SUPPORTING RECORD 2.** | Type of Document: Passport | By whom issued and signed: U.S.A. | Date Issued: May20,1970 | Date Orig. Entry: May20,1970 |
| | Date of Birth: June23,1902 | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Medical vaccination record | By whom issued and signed: City Health Dept., Dallas, TX | Date Issued: Aug.18,1980 | Date Orig. Entry: May20,1970 |
| | Date of Birth: June23,1902 | Birth Place: ----- | Full Name of Mother: ---- | Name of Father: ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: cc Colleen Cunningham | Date Filed: SEP 03 1980 |

FORM BH 56067

HOUSLEY

SEP 5 1980

365-204-022-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-023

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Sophia Mae Loveland | | | 2. Date Of Birth (month) June (day) 4 (year) 1902 |
| | 3. Color or Race: white | 4. Sex: female | 5. Place of Birth a. County: Fremont | b. City or Town of Birth: Salem |
| **FATHER** | 6. Full Name of Father: Eldorus Bertrum Loveland | | | 7. State or Country of Father's Birth: Brigham City, Utah |
| **MOTHER** | 8. Full Maiden Name of Mother: Laura Eliza Gray | | | 9. State or Country of Mother's Birth: Albion, Idaho |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Mae Loveland Housley | | 11. Present Address of Registrant: 6321 Bandera Dallas, Texas |
| **NOTARY** (Seal) | Subscribed and sworn to before me on: July 14 19 80 | 12. Signature of Notary: Peggy N Jordy | | 13. Notary Commission expires: February 2 19 81 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: Certificate of baptism/conf. | By whom issued and signed: LDS Church | Date Issued: June5,1910 | Date Orig. Entry: baptized June4,1910 |
| | Date of Birth: June4,1902 | Birth Place: Salem, Idaho | Full Name of Mother: Laura E. Gray | Name of Father: Eldorus Loveland |
| **SUPPORTING RECORD 2.** | Type of Document: Certificate of vaccination | By whom issued and signed: City Health Dept.,Dallas,TX | Date Issued: Aug.18,1980 | Date Orig. Entry: May21,1970 |
| | Date of Birth: June4,1902 | Birth Place: ------ | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: SOC. SEC. # APPLICATION | By whom issued and signed: SOC. SEC. ADM. | Date Issued: 11-26-80 | Date Orig. Entry: 11-2-72 |
| | Date of Birth: JUNE 4,1902 | Birth Place: SALEM, ID | Full Name of Mother: LAURA E. GRAY | Name of Father: ELDORUS B. LOVELAND |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Colleen Cunningham | Date Filed: FEB 4 1981 |

FORM BH 56067

LCC

6-18-81

HOUSLEY

FEB 5 1981

793-207-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-105

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | 1. Registrant's Full Name at Birth: Della May Gilbert | | 2. Date Of Birth (month) 3 (day) 7 (year) 1902 | |
| | 3. Color or Race | 4. Sex: Female | 5. Place of Birth a. County: Fairview Idaho, Oneida | b. City or Town of Birth: Fairview Idaho |
| **FATHER** | 6. Full Name of Father: Charles Gilbert | | 7. State or Country of Father's Birth: England | |
| **MOTHER** | 8. Full Maiden Name of Mother: Mary Elizabeth Cole | | 9. State or Country of Mother's Birth: Utah | |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant: Della Monson | 11. Present Address of Registrant: 502 Oak St. Elko Nev 89801 | |
| **NOTARY** (Seal) | Subscribed and sworn to before me on Jan. 28 1981 | 12. Signature of Notary: Dianna F. Hatch | 13. Notary Commission expires Jan. 28 1983 | |

DIANNA F. HATCH
Notary Public - State of Nevada
Elko County, Nevada
Commission expires Jan 28 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | Type of Document: 1920 Census record | By whom issued and signed: U.S. Dept of Commerce, D.C. | Date Issued: June 30, 1964 | Date Orig. Entry: Jan1,1920 |
| | Date of Birth: age 17 yrs | Birth Place: Fairview, Idaho | Full Name of Mother: ---------- | Name of Father: Charles Gilbert |
| **SUPPORTING RECORD 2.** | Type of Document: Baptismal record | By whom issued and signed: LDS Church | Date Issued: Mar 8,1910 | Date Orig. Entry: Mar 8,1910 |
| | Date of Birth: --------- | Birth Place: Idaho | Full Name of Mother: ---------- | Name of Father: ---------- |
| **SUPPORTING RECORD 3.** | Type of Document: Affidavit by aunt age 83 | By whom issued and signed: Mrs. Harry Hayes | Date Issued: May25,1964 | Date Orig. Entry: ------ |
| | Date of Birth: Mar 7,1902 | Birth Place: Fairview, Idaho | Full Name of Mother: Mary Elizabeth Cole | Name of Father: Charles Gilbert |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar: Janet M. Wick | Evidence reviewed by: Teresa L. Cleverly | Date Filed: MAR 10 1981 |

FORM BH 56067 (m) 4-26-63. 1 copy pd. rec. #03728.

MAR 11 1981

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH
## STATE OF IDAHO

State File No. DE89-0180

| | | | | |
|---|---|---|---|---|
| **REGISTRANT** (Person whose Birth is being registered) | **1. Registrant's Full Name at Birth** LEON G. BODILY | | | **2. Date Of Birth** (month) (day) (year) NOVEMBER 2, 1902 |
| | **3. Color or Race** White | **4. Sex** Male | **5. Place of Birth** a. County ONEIDA | b. City or Town of Birth FAIRVIEW |
| **FATHER** | **6. Full Name of Father** HENRY JAMES BODILY | | | **7. State or Country of Father's Birth** IDAHO |
| **MOTHER** | **8. Full Maiden Name of Mother** EVE MAY GRIFFETH | | | **9. State or Country of Mother's Birth** UTAH |
| **AFFIDAVIT** | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** Leon G Bodily | | **11. Present Address of Registrant** 935 East Center Poc. Ida. 83201 |
| **NOTARY** (Seal) | Subscribed and sworn to before me on OCTOBER 12 1989 | **12. Signature of Notary** [illegible] | | **13. Notary Commission expires** 10-2- 1992 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|---|---|---|---|---|
| **SUPPORTING RECORD 1.** | **Type of Document** Blessing Record | **By whom issued and signed** LDS Church, Salt Lake City, Utah | **Date Issued** Mar.18,1965 | **Date Orig. Entry** Blessed Dec.7,1902 |
| | **Date of Birth** Nov.2,1902 | **Birth Place** Fairview, Idaho | **Full Name of Mother** Eva May Griffith | **Name of Father** Henry J. Bodily |
| **SUPPORTING RECORD 2.** | **Type of Document** Certificate of Baptism | **By whom issued and signed** LDS Church | **Date Issued** Nov.6,1910 | **Date Orig. Entry** Baptized Nov. 2, 1910 |
| | **Date of Birth** Nov.2,1902 | **Birth Place** Fairview Idaho | **Full Name of Mother** Eva Griffeth | **Name of Father** Henry J. Bodily |
| **SUPPORTING RECORD 3.** | **Type of Document** Own daughter's birth certificate | **By whom issued and signed** State of Idaho #48-6412 | **Date Issued** Child born June 4, 1948 | **Date Orig. Entry** Child born June 4, 1948 |
| | **Date of Birth** age: 45yrs | **Birth Place** Fairview, Idaho | **Full Name of Mother** ---- | **Name of Father** ---- |
| **QUALIFYING INFORMATION** | | | | |

| | | | |
|---|---|---|---|
| **REGISTRAR'S CERTIFICATION** (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | **State Registrar** Richard W. Blair | **Evidence reviewed by** Teresa L. Cleverly | **Date Filed** OCT 18 1989 |

FORM BH 56067 NM

10-4-89

Bodily

OCT 18 1989

FILE # FROM DE89-181 TO DE89-0180 ON 8/30/12 KMC